OKLAHOMA
State Department
of Health

Delivery via email to: mlauback@apex-homecare.com; smclure@edencarehomes.com

October 27, 2022

License Number: AL5539

Ms. Mary Lauback, Administrator
Eden Care - The Greens
4025 Apple Valley Dr
Oklahoma City, OK 73120

RE: Survey Event ID: 05NR11

Dear Ms. Lauback:

On **October 20, 2022**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on October 20, 2022.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;

(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may

be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5539	A. BUILDING: _____ B. WING _____	10/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN CARE - THE GREENS	4025 APPLE VALLEY DR OKLAHOMA CITY, OK 73120

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments A relicensure survey was conducted 10/20/22. Listed below are abbreviations that will be used throughout this document. LPN-Licensed Practical Nurse LTCA-long term care aide	N 000		
N1105 SS=E	310:677-11-1 (a)(1)(2)(3) General Requirements - LTC (a) The facility shall: (1) Complete a performance review of every nurse aide at least once every twelve (12) months and provide two (2) hours of inservice training specific to their job assignment each month. (2) Have in-service education generally supervised by a registered nurse who has at least two years nursing experience with at least one (1) year of which shall be in the provision of long term care services. (3) Ensure that each nurse aide certification is current and not expired. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to ensure each long term care aide certification was current and not expired for two (#1 and #2) of seven sampled LTCA's employed	N1105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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EDEN CARE - THE GREENS	4025 APPLE VALLEY DR OKLAHOMA CITY, OK 73120

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N1105	Continued From page 1 by the center. Findings: On 10/20/22 at 12:12 p.m., the Administrator stated they had contacted LTCA #1 and LTCA #2 about their expired 09/30/22 long term care aide certification. The Administrator stated LTCA #1 and LTCA #2 had not updated their application with the Oklahoma Nurse Aide Registry. On 10/20/22 at 1:35 p.m., LPN #1 stated LTCA #1 and LTCA #2 should have filed their applications to renew their LTCA certification with the Oklahoma Nurse Aide Registry.	N1105		
C 000	INITIAL COMMENTS A relicensure survey was conducted 10/20/22. Listed below are abbreviations that will be used throughout this document. LPN-Licensed Practical Nurse LTCA-long term care aide	C 000		

OKLAHOMA
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Delivery via email to: mlauback@apex-homecare.com

November 10, 2022

License Number: AL5539

Ms. Mary Lauback, Administrator
Eden Care - The Greens
4025 Apple Valley Dr
Oklahoma City, OK 73120

RE: Survey Event 05NR11

Dear Ms. Lauback:

On **October 20, 2022**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **October 27, 2022**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Digitally signed by Tempal Killman
Date: 2022.11.10 08:47:53 -06'00'

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 11/3/2022** **Facility Name:** Eden Senior Care – The Greens **License Number:** AL5539 **Survey Event ID:** 05NR11 **Date Survey Completed: 10/20/2022**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: N1105	Based on: Based on record review and interview, the center failed to ensure each long term care aide certification was current and not expired for two #1 and #2 of seven sampled LTCA's employed by the center. Findings: On 10/20/22 at 12:12 p.m. the Administrator stated they had contacted LTCA #1 and LTCA #2 about their expired 09/30/22 long term care aide certification. The Administrator stated LTCA #1 and LTCA #2 had not updated their application with the Oklahoma Nurse Aide Registry. On 10/20/22 at 1:35 p.m., LPN #1 stated LTCA #1 and LTCA #2 should have filed their applications to renew their LTCA certification with the Oklahoma Nurse Aide Registry.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: All credentials are presently tracked on a spreadsheet in addition to the personnel file. This process will be augmented to include the facility Electronic Medical Record. This will ensure coordination between clinical scheduling, credentialing, and record keeping.

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	The Administrator and Home Nurse will ensure that all personnel credentials are current in order to ensure that residents are provided services with the personnel quailifed to do so.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The Administrator and Home Nurse will ensure that all personnel credentials are current in order to ensure that residents are provided services with the personnel quailifed to do so.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	1. LTCA #1 and LTCA #2 will renew the LTCA application that expired 9.30.22. 2. The Administrator will enter all staff credentials into the Electronic Medical Record (EMR) which will include certification expiration date and certification type.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	A credential report will be reviewed monthly by the Administrator from the EMR to ensure all certifications are active. Once the report is generated and reviewed, the report will be provided to the Home Nurse as a list of approved staff for scheduling. Evidence of monthly reviews will be provided at the quarterly QAPI Meetings. A threshold of 100% will be set for staff maintaining appropriate certifications.

	Presentation of report and the approval of the data will be documented and retained in the QAPI Meeting Minutes. Threshold will be maintained for a minimum of two consecutive quarters. Failure to successfully maintain two consecutive quarters will result in root cause analysis and a new plan of corrective being established.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	10/27/2022
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Mary Lauback** OAC 310:663-25-4(F)	**Date 11/3/2022**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.