OKLAHOMA
State Department
of Health

Delivery via email to: Savannah.Patt@jasmineestatesedmond.com

May 5, 2023

License Number: AL5543

Savannah Patt, Executive Director/Administrator
Jasmine Estates Of Oklahoma City
2232 Southwest 104th Street
Oklahoma City, OK 73159

RE: Survey Event ID: WOBV11

Dear Ms. Patt:

On **May 1, 2023**, 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 May 1, 2023.

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
	AL5543	A. BUILDING: _____ B. WING _____	05/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF OKLAHOMA CITY	2232 SOUTHWEST 104TH STREET OKLAHOMA CITY, OK 73159

(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
C 000	INITIAL COMMENTS A relicensure survey was conducted on 04/27/23 and 05/01/23. Listed below are the abbreviations that will be used throughout this document. BID - twice a day BP - blood pressure CMA - certified medication aide DBP - diastolic blood pressure DON - director of nursing HTN - hypertension MAR - medication administration record mg - milligrams PRN - as needed Res - resident SBP - systolic blood pressure tab - tablet	C 000		
C1505 SS=E	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can	C1505		

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C1505	Continued From page 1 understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure physician orders were followed for: a. administering a BP medication for one (#2), b. checking BP for one (#2) of nine sampled residents reviewed for medications, and c. providing thickened liquids for two (#5 and #9) of two sampled residents reviewed for thickened liquids. The "Assisted Living Resident Condition and Care Overview" report, dated 04/27/23, documented 36 residents resided in the facility. It documented nine residents had special diets.	C1505		

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C1505	Continued From page 2	C1505		

Findings:

1. Res #2 had diagnoses which included HTN.

Physician orders, dated 01/31/23, documented to administer hydralazine (a vasodilator) tab 25 mg two times a day as needed when SBP greater than 145 or DBP greater than 85; and blood pressure check BID at 8:00 a.m. and 8:00 p.m. It was documented to refer to PRN hydralazine order and administer if SBP was greater than 145 or DBP greater than 85.

The February 2023 MAR was reviewed and documented hydralazine was not administered 15 out of 56 opportunities when the resident's SBP was greater than 145 or DBP was greater than 85.

The March 2023 MAR was reviewed and documented hydralazine was not administered 14 out of 61 opportunities when the resident's SBP was greater than 145 or DBP was greater than 85. On 03/10/23 at 8:00 a.m., there was no documentation the resident's BP was checked.

The April 2023 MAR was reviewed and documented hydralazine was not administered 15 out of 53 opportunities when the resident's SBP was greater than 145 or DBP was greater than 85.

On 04/27/23 at 1:22 p.m., the DON was shown the resident's physician orders and MARs where hydralazine was not administered when their SBP was greater than 145 or DBP greater than 85. They stated the medication should have been administered.

On 04/27/23 at 1:55 p.m., the DON was asked to

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	AL5543	A. BUILDING: _____ B. WING _____	05/01/2023

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C1505	Continued From page 3	C1505		

provide documentation the resident's BP was checked on 03/10/23 at 8:00 a.m.

On 04/27/23 at 3:06 p.m., the DON stated there was no documentation the resident's blood pressure was checked.

2. Res #5 had diagnoses which included weight loss, dysphagia, and Parkinson's disease.

A physician order report, dated April 2023, documented mechanical soft with chopped or ground meats and honey thick liquids; and nutritional supplement twice daily with breakfast and lunch.

On 05/01/23 at 11:58 a.m., Res #5 was observed with nectar thick tea and water, and a mighty shake not thickened. The DON was asked to verify the consistency of the resident's liquids. They were made aware the resident had an order for thickened liquids. They stated the tea and water were nectar thick and the mighty shake was not thickened. They stated the liquids should have been thickened.

3. Res #9 had diagnoses which included Parkinson's disease and frontotemporal lobe dementia.

A nurse note, dated 02/06/23 at 12:12 p.m., documented Res #9 was choking on thin liquids and a new order for nectar thick liquids was placed.

On record review, Res #9's diet was documented as mechanical soft with diced meat, nectar thick liquids, and no bread.

On 05/01/23 at 11:14 a.m., Res #9 was observed receiving medications from CMA #1. The CMA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1505	Continued From page 4 gave Res #9 regular water with their medications. On 05/01/23 at 12:15 p.m., the DON stated Res #9 should have received nectar thickened liquids during medication pass.	C1505		
C1923 SS=E	310:663-19-2(a)(3) MEDICATION ADMINISTRATION (3) An accurate written record of medications administered shall be maintained. The medication record shall include: (A) The identity and signature of the person administering the medication. (B) The medication administered within one hour of the scheduled time. (C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method. (D) Adverse reactions or results. (E) Injection sites. (F) An individual inventory record shall be maintained for each schedule II medication prescribed for a resident. (G) Medication error incident reports. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure PRN medication administration records included an outcome for the use of the medications for one (#2) of nine sampled residents reviewed for medications. The "Assisted Living Resident Condition and	C1923		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1923	Continued From page 5 Care Overview" report, dated 04/27/23, documented 36 residents resided in the facility. Findings: Res #2 had diagnoses which included anxiety. A physician order, dated 11/03/22, documented melatonin (a biogenic amine) 3 mg tab at bedtime as needed. A physician order, dated 02/13/23, documented lorazepam (antianxiety medication) 0.5 mg tab every four hours as needed. The February 2023 MAR was reviewed. There was no documented outcome on 02/13/23 and 02/28/23 for the administration of lorazepam. The March 2023 MAR was reviewed. There was no documented outcome on 03/02/23, 03/17/23, and 03/31/23 for the administration of lorazepam. There was no documented outcome on 03/31/23 for the administration of melatonin. The April 2023 MAR was reviewed. There was no documented outcome on 04/19/23 for the administration of lorazepam. On 04/27/23 at 1:55 p.m., the DON was asked what was the protocol for administering PRN medications. They stated the medication, date, time, dose, purpose, and outcome was to be documented. They were made aware the outcome was not documented on various dates during the months of February, March, and April 2023 when the resident was administered lorazepam and melatonin.	C1923		

OKLAHOMA
State Department
of Health

Delivery via email to: Savannah.Patt@jasmineestatesedmond.com;

June 7, 2023

License Number: AL5543

Ms. Savanah Patt, Executive Director
Jasmine Estates of Oklahoma City
2232 Southwest 104th Street
Oklahoma City, OK 73159

RE: Survey Event WOBV11

Dear Ms. Patt:

On **May 1, 2023**, 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 **May 16, 2023**.

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

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: 5/12/2023
Facility Name: Jasmine Estates OKC
License Number: AL5543
Survey Event ID: WOBV11
Date Survey Completed: 5/5/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1505	Based on: Observation, record review, and interview, the facility failed to ensure physician orders were followed for: administering a BP medicarion, checking BP , and providing thickened liquids during med pass.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

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?	WD, ED or RCC will complete 2x weekly audits on all residents with BP medications to make sure BP is recorded and medicine administered as prescribed. WD or RCC will audit med carts and perform weekly observations to make sure thickened liquids are used during med pass as prescribed.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Report will be pulled from EMR twice weekly, listing all residents who are on BP medications. Those residents will be audited. A report will be pulled twice weekly for all residents on therapeutic diets. Those will be the residents who are audited and whose med pass will be observed.
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?	In-service was completed for BP medication and perameters on 4/27/23 for all staff certified or licensed to pass meds.
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.	Report will be pulled from EMR twice weekly, listing all residents who are on BP medications. Those residents will be audited. A report will be pulled twice weekly for all residents on therapeutic diets. Those will be the residents who are audited and whose med pass will be observed. a. Through weekly aduits b. Audits will be reviwed in quarterly QA c. Will keep a POC book for this survey
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/16/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature (Administrator signature required.) Sarah J. Pace — **Date 5/15/2023**
OAC 310:663-25-4(F)

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			

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 5/12/2023** **Facility Name:** Jasmine Estates OKC **License Number:** AL5543 **Survey Event ID:** WOBV11 **Date Survey Completed: 5/5/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1923	Based on: Review and interview, the facility failed to ensure PRN medication administration records included an outcome for the use of the medications

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

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?	WD, ED or RCC will complete 2x weekly audits on all residents with PRN medications to make sure outcomes are recorded. WD or RCC will audit PRN MAR twice weekly for 60 days. In-service for documenting PRN outcomes was completed on 4/27/23 to all certified staff who pass medications.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents with prescribed PRN medications will be audited twice weekly for 60 days.
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?	In-service was completed for documentation of PRN medications for all staff certified or licensed to pass meds.
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.	WD, ED or RCC will complete 2x weekly audits on all residents with PRN medications to make sure outcomes are recorded. WD or RCC will audit PRN MAR twice weekly for 60 days. In-service for documenting PRN outcomes was completed on 4/27/23 to all certified staff who pass medications. a. Through weekly aduits b. Audits will be reviwed in quarterly QA c. Will keep a POC book for this survey
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/16/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required. Savannah Hart	**Date 5/15/2023**

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.

OKLAHOMA
State Department
of Health

Delivery via email to: savanah.patt@jasmineestatesedmond.com

August 2, 2023

License Number: AL5543

Savanah Patt, Administrator
Jasmine Estates Of Oklahoma City
2232 Southwest 104th Street
Oklahoma City, OK 73159

RE: Survey Event WOBV12

Dear Ms. Patt:

On **July 31, 2023,** an offsite paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **May 1, 2023,** have now been corrected effective **May 16, 2023.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5543	A. BUILDING: _____ B. WING _____	R 07/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 07/31/23. The facility was in substantial compliance.	{C 000}		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE