OKLAHOMA
State Department
of Health

Delivery via email to: ashley.mendiaz@IrisSeniorLiving.com

December 21, 2023

License Number: AL5547

Ms. Ashley Mendiaz, Administrator
Iris Memory Care Of Edmond
2424 Nw 178th St
Edmond, OK 73012

RE: Survey Event ID: RC2Q11

Dear Ms. Mendiaz:

On **December 14, 2023**, agents from our office concluded a State Licensure survey along with a complaint investigation at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

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 Services**, then **click on Long Term Care**. 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 calendar from receipt of the State Form deficiency statement. 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, conducted in a face-to-face, or virtual 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.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Iris Memory Care of Edmond**
Address: **2424 NW 178th St**
City, State, Zip: **Edmond, OK 73012**
Provider #: **AL5547**
Complaint #: **OK00061691**
Investigation Date(s): 12/05/23, 12/06/23, 12/13/23, and 12/14/23

ALLEGATION(S)
The center failed to ensure residents were not physically, sexually, or psychosocially abused.
The center failed to ensure the 30-day notice of discharge was waived according to the contract.
The center failed to ensure staff wore name tags.

An unannounced on-site investigation was initiated 12/05/2023 at 10:10 a.m.

A sample of 3 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

An investigation related to incident reports, policies, the resident handbook, marketing material, the residency agreement (contract), nurses notes, physician progress notes, physician orders, comprehensive assessments, significant change assessment, care plan, internal investigation, and resident records was conducted.

At the time of the survey, staff were observed providing incontinent care with step by step instruction.

At the time of the survey, family members were interviewed. They had no problems with staff at the center.

At the time of the survey, staff were interviewed. Staff expressed an understanding of abuse. Stated they had not witnessed any at the center. Staff were able to identify who they would notify.

At the time of the survey, administration was interviewed. There had been allegations of abuse, but they followed their abuse policy and investigated. They were not able to verify abuse had occurred. They identified the residents care plan and/or dementia training not being followed. The staff was suspended during the investigation and terminated for not following the residents care plan and/or the dementia training provided.

At the time of the survey, there was no deficient practice related to abuse.

At the time of the survey, during the contract review, the terms of the contract were included in the document. The contract, comprehensive assessments, significant change assessment and care plans were all signed by a resident's representative. No document contained a preference for specific care staff only to provide care.

At the time of the survey, family members were interviewed. They had no problems with staff at the center.

At the time of the survey, staff were interviewed. They stated depending on the residents mood or the kind of day the resident was having they could be resistive toward care. They stated they would leave the resident and come back/reapproach the resident to give them time and to see if the resident would be cooperative. The staff stated they would also get another care provider to aide or assist because sometimes the resident would respond to different staff or staff they may be more familiar with. They stated they would notify the director of nursing.

At the time of the survey, administration was interviewed. They stated if a resident was non-compliant or refused care, staff were instructed to use a calm, gentle approach. Provide safe alternative choices. Be alert to triggers which can increase behaviors such as noise or crowded areas. Do not agitate by insisting resident be compliant. Take a break and try again later. Have care partner help if resident continues to be non-compliant/refuse. Report inability to provide care due to non-compliance or refusals to the wellness director (director of nursing.)

At the time of the survey, administration stated the family initiated the move of the resident. The date of discharge was extended further out by the family from October 23, 2023 until the resident was moved from the center November 6, 2023. The resident remained safe at the center and could be cared for medically. The family did not give a 30-day notice.

At the time of the survey, there was no deficient practice related to the terms of the contract.

At the time of the survey. Staff were observed wearing name tags with their titles.

At the time of the survey, family members were interviewed. They did not complain about the staff not wearing name tags or being able to identify staff.

At the time of the survey, staff stated they wore their name tags daily. It was part of their dress code.

At the time of the survey, administration stated name tags were part of the centers dress code.

At the time of the survey, there was no deficient practice related to name tags.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 12/14/2023

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
	AL5547	A. BUILDING: _____ B. WING _____	C 12/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRIS MEMORY CARE OF EDMOND	2424 NW 178TH ST EDMOND, OK 73012

(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 re-licensure survey was conducted 12/05/23, 12/06/23, 12/13/23 and 12/14/23. A complaint investigation (OK00061691) was conducted in conjunction with the survey. No deficiencies were cited. Resident census was 37.	C 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE