OKLAHOMA
State Department
of Health

Delivery via email to: dianecooper448@gmail.com; betty.lanning555@gmail.com

February 16, 2023

License Number: AL5597

Ms. Diane Cooper Timmerman-O'Connor, Administrator
The Heaven House, Llc
4613 St Clair
Oklahoma City, OK 73112

RE: Survey Event ID: ENTS11

Dear Ms. Timmerman-O'Connor:

On **February 13, 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.

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 <u>not</u> 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

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	AL5597	A. BUILDING: _____ B. WING _____	02/13/2023

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THE HEAVEN HOUSE, LLC	4613 ST CLAIR OKLAHOMA CITY, OK 73112

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C 000	INITIAL COMMENTS A relicensure survey was conducted 02/09/23 and 02/13/23. List below are abbreviations that will be used throughout this document: CNA-certified nurse aide COPD-chronic obstructive pulmonary disease DOO-director of operations ER-emergency room MAT-medication administration technician mg-milligrams PO-by mouth QID-four times a day RN-registered nurse TAR-treatment administration record	C 000		
C 552 SS=D	310:663-5-5(2) USE OF ASSESSMENT The assisted living center shall use the results of the resident's assessment for the following: (2) to develop a care plan for the resident, in consultation with the resident. This Rule is not met as evidenced by: Based on record review, observation, and interview, the center failed to ensure a service plan/care plan was developed and implemented for one (#1) of one sampled resident who required weekly skin assessments and daily wound treatments. Findings:	C 552		

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C 552	Continued From page 1 A "Service Agreement," dated 05/04/22, read in part, "...As documented on the resident's Individualized Plan of Care...will provide the following services...Additional assessment of the Resident will be based on Oklahoma Assisted Living Regulations..." No care plan or wound policies were provided at the time of survey. Resident #1 admitted 05/04/22 with diagnoses which included down's syndrome, COPD, and arthritis. Resident #1 required a one person assist with bathing, dressing and toileting. An incident report, dated 11/30/22, read in part, "...noticed a sore on Rt (right) buttocks...(center RN) nurse notified...family member notified..." On 02/09/23 at 1:15 p.m., during toileting, a dressing on Resident #1's right buttocks was observed with MAT #1 who stated there was a wound under the dressing on the right buttocks. MAT #1 stated Resident #1 had gone to the hyperbaric wound care clinic the day before. On 02/09/23 at 3:05 p.m., the RN stated there was no policy or documentation about the wound to the right buttocks. On 02/13/23 at 10:12 a.m., during record review, the director of operations stated Resident #1's care plan had not been updated since admission.	C 552		
C 911 SS=D	310:663-9-1(1) NURSE	C 911		

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C 911	Continued From page 2 Each assisted living center shall provide adequate staffing as necessary to meet the services described in the assisted living center's contract with each resident and in compliance with the provisions of the Oklahoma Nursing Practice Act, 59 O.S. Supp. 1997 Section 567.1 et seq. Nurse staffing shall be provided or arranged: (1) registered nurse supervision of skilled nursing interventions; This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure registered nurse supervision of skilled nursing interventions which included assessments, monitored skin assessments, monitored wound care, and nursing progress notes for 1 (#1) of 1 sampled resident who required skilled nursing interventions and documentation by a registered nurse. Findings: Resident #1 admitted to the center 05/04/22 with diagnoses to include down's syndrome, COPD and arthritis. A "Comprehensive Assessment", dated 05/07/22, read in part, "...Resident #1 was alert and oriented x 1 (person) confused at times with poor judgment...Good mobility, strength, with fair gait.	C 911		

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C 911	Continued From page 3 Full range of motion, weight bearing...needed a one person assist with bathing, dressing, toileting, and eating...was continent of bladder and bowel...had fair ability to communicate and was interviewable (soft spoken)...skin condition was fair general condition, fair turgor, and described as clean, dry and intact, warm to touch. There were no abnormalities described except for chapped lips and there were no wounds documented except a small red area beneath nasal cannula from irritation..." A "Resident Incident Report," dated 11/30/22, read in part, "...noticed a sore on Rt (right) buttocks..." signed by RN #1, 11/30/22. On 02/09/23 at 3:07 p.m., RN #1 stated there was no record or documentation of resident (#1's) ongoing worsening wound by RN #1. There was not a policy for care plans or wounds provided during the survey.	C 911		
C1505 SS=G	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	C1505		

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C1505	Continued From page 4 medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can 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 record review and interview, the center failed to: 1. Monitor and document a progressively worsening condition of a new wound; and 2. Follow physician ordered wound care: for one (#1) of one residents who had a skin issue which developed into a worsening wound. Findings: The service agreement, read in part, "...conforms with all federal and state laws that apply to	C1505		

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C1505	Continued From page 5 assisted living centers...intermittent or unscheduled nursing care...simple wound management...has a personal physician or other authorized healthcare provider willing to provide ongoing medical supervision...provision of a completed physician plan of care, current prescriptions...coordinating care with a resident's physician..." Resident #1 had diagnoses to include down syndrome, COPD and arthritis. A "Resident Incident Report," dated 11/30/22, read in part, "...noticed a sore on Rt (right) buttocks..." signed by RN #1 on 11/30/22. The were five days between the center's observation of the red, right buttock and medical attention at an ER. An "After Visit Summary" from an ER, dated 12/05/22, read in part, "...skin problem...bacterial skin problem...cellulitis: care instructions...skin infection caused by bacteria, most often strep or staph. It often occurs after a break in the skin from a scrape, cut, bite, or puncture, or after a rash..." A "Physician Order," dated 12/12/22, read in part, "...Tylenol 500 mg (2) PO QID for buttocks wound pain..." An "After Visit Summary" from a hyperbaric wound care clinic, dated 12/16/23, read in part, "...Apply nickel size thickness of santyl to wound daily, cover with gauze, secure with tape (On shower days, apply dressing after shower, okay to wash wound with soap and water). Keep dressing clean, dry, and intact. Keep pressure off the wound area as much as possible..."	C1505		

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C1505	Continued From page 6 A "Physician Order", dated 12/28/22, read in part, "...using aseptic technique cleanse wound with wound cleanser pat dry apply nonstick telfa mid back and secure with tape..." An "After Visit Summary" from a hyperbaric wound care clinic, dated 12/30/22, read in part, "...Apply nickel size thickness of santyl to wound daily, cover with saline moistened gauze, secure with an occlusive dressing (like tegaderm). (On shower days, apply dressing after shower, okay to wash wound area with soap and water). Keep dressing clean, dry, and intact. Keep pressure off the wound area as much as possible..." The December 2022 MAR/TAR, had no updated transcription with the 12/16/22, the 12/28/22, or the 12/30/22 wound care orders. There was no documentation Resident #1 had received the physician ordered daily wound care in the month of December (15 days of missed wound care). The January 2023 MAR/TAR was not updated with a wound care transcription until 01/13/23 (12 days of missed wound care). Resident #1 missed a total of 27 days of daily wound care ordered by a physician without skilled nursing documentation from home health or daily notes made by the center's RN. A "Home Health Plan of Care," dated 01/02/23, read in part, "...principal diagnosis Pressure ulcer of right buttock, stage 3..." A transcribed physician order on the January 2023 MAR/TAR (01/13/23), made by MAT #1 read in part, "...Home Health Care or RN wound care daily 8 a.m., clean wound with saline, pat	C1505		

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C1505	Continued From page 7	C1505		

dry. Apply ointment, cover with non-stick damp gauze and occlusive dressing..."

MAT #1's initials were on the January 2023 MAR/TAR from 01/13/23 through 01/31/23.

A "Home Health Report," dated 01/19/23, read in part, "...comments/concerns: R (right) buttock wound with yellow slough present and black eschar..."

A "Home Health Report," dated 01/26/23, read in part, "...comments/concerns: wound is progressing approx (approximately) 75% eschar 25% yellow slough..."

An "After Visit Summary" from a hyperbaric wound care clinic, dated 01/27/23, read in part, "...Apply nickel size thickness of santyl to wound daily, cover with saline moistened gauze, secure with an occlusive dressing (like tegaderm). (On shower days, apply dressing after shower, okay to wash wound area with soap and water). Keep dressing clean, dry, and intact. Keep pressure off the wound area as much as possible..."

A "Nurse's Note," not dated January 2023, read in part, "...(family) taking (resident #1) to wound care clinic...necrotic area debriding..."

A "Nurse's Note," dated Dec. 22 - Jan. 20, read in part, "...(RN#1) instructed (MAT #1) on daily dressing change. RN #1 supervised and observed CNA doing dressing changes...daily dressing changes done by one delegated staff member..."

A February 2023 MAR/TAR, was updated by MAT #1, with MAT #1's initials from 02/01/23 through 02/08/23, read in part, "...wound care (a nurse)

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C1505	Continued From page 8 using aseptic technique, clean with wound cleanser, pat dry, apply ointment (santyl), apply nonstick telfa mid back and secure with tape daily (add: Gentamicin 02/03/23). A "Home Health Report," dated 02/03/23, read in part, "...culture of wound..." A "Physician Order," dated 02/03/23, read in part, "...cleanse wound with sterile normal saline, pat dry, apply santyl, apply Gentamicin, cover with gauze and secure with opsite daily..." An "After Visit Summary" from a hyperbaric wound care clinic, dated 02/08/23, read in part, "...Change dressing to right glute. Cleanse wound with saline, apply santyl/Gentamicin mix to wound, cover with gauze and tegaderm..." On 02/09/23 at 3:05 p.m., RN #1 was asked for a wound care policy. RN #1 stated, "We don't have one." RN #1 stated the dressing change could be delegated when an RN was not at the center. RN #1 stated, "I will be more diligent about making progress notes." At 3:15 p.m., RN #1 stated, "I chart by exception." RN #1 provided no documentation of weekly wound/skin observations or daily documentation wound care was provided as ordered by the physician. There were no shower sheets or skin assessments to review. On 02/13/23 at 9:51 a.m., the DOO stated during record review, it looked like MAT #1 was providing the wound care since the Jan/Feb 2023 MARs/TARs were initialed by MAT #1. MAT #1	C1505		

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C1505	Continued From page 9 denied providing wound care.	C1505		
C1951 SS=D	310:663-19-3(a) MAINTENANCE OF RECORDS (a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided under the direction of a licensed health care professional consistent with professional standards of practice. This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure: 1. MAR/TAR, 2. Weekly nursing progress notes to include wound monitoring and progressively worsening wound observations, and change of mental status, 3. Home health reports were kept and/or home health skilled nursing notes were available; and were accurate for one (#1) of one residents who was to receive wound care by a licensed healthcare professional. Findings: 1. The December 2022 MAR/TAR, had no updated transcription with the 12/16/22, the 12/28/22, or the 12/30/22 wound care orders. There was no documentation Resident #1 had received the physician ordered daily wound care in the month of December (15 days of missed	C1951		

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C1951	Continued From page 10	C1951		

wound care).

The January 2023 MAR/TAR was not updated with a wound care transcription until 01/13/23 (12 days of missed wound care).

A transcribed physician order on the January 2023 MAR/TAR (01/13/23), made by MAT #1 read in part, "...Home Health Care or RN wound care daily 8 a.m., clean wound with saline, pat dry. Apply ointment, cover with non-stick damp gauze and occlusive dressing..."

MAT #1's initials were on the January 2023 MAR/TAR from 01/13/23 through 01/31/23.

A February 2023 MAR/TAR, was updated by MAT #1, with MAT #1's initials from 02/01/23 through 02/08/23, read in part, "...wound care (a nurse) using aseptic technique, clean with wound cleanser, pat dry, apply ointment (santyl), apply nonstick telfa mid back and secure with tape daily (add: Gentamicin 02/03/23).

2. There were no skilled nursing notes about the wound in the center at the time of the survey. Not from home health or RN #1.

An "After Visit Summary" from an ER, dated 12/19/22, read in part, "...altered mental status..." There was no documentation in relation to the altered mental status made by staff at the center. No nursing progress note was provided.

3. A "Home Health Report," dated 01/19/23, read in part, "...comments/concerns: R (right) buttock wound with yellow slough present and black eschar..."

A "Home Health Report," dated 01/26/23, read in

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C1951	Continued From page 11 part, "...comments/concerns: wound is progressing approx (approximately) 75% eschar 25% yellow slough..." There were only a few home health reports available during survey for review. On 02/09/23 at 3:25 p.m., MAT #1 stated they destroyed the coordination of care notes after the RN had signed them. On 02/13/23 at 9:51 a.m., the DOO stated during record review, it looked like MAT #1 was providing the wound care since the Jan/Feb 2023 MARs/TARs were initialed by MAT #1. MAT #1 denied providing wound care. During record review, the director of operations was asked about nurse progress notes pertaining to resident #1's change in mental status on 12/19/22. DOO stated there were no nurse progress notes. Family was notified and they took (resident #1) to the ER. At 10:12 a.m., the DOO was asked about daily RN notes or home health skilled nursing notes. DOO stated home health had not given them any skilled nursing notes and there were no RN notes available.	C1951		
C5010 SS=D	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act.	C5010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5597	A. BUILDING: _____ B. WING _____	02/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEAVEN HOUSE, LLC	4613 ST CLAIR OKLAHOMA CITY, OK 73112

(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
C5010	Continued From page 12 B. Residents of an assisted living center may receive hospice home services under the provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act. D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident. This Rule is not met as evidenced by: Based on record review, observation, and interview, the center failed to coordinate care with the home health company to ensure wound care was completed as ordered by the physician for one (#1) of one resident who had a wound and was on home health. Findings: Resident #1 had diagnoses which included down's syndrome, COPD, and arthritis.	C5010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5597	A. BUILDING: _____ B. WING _____	02/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEAVEN HOUSE, LLC	4613 ST CLAIR OKLAHOMA CITY, OK 73112

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C5010	Continued From page 13 A "Home Health Plan of Care," dated 01/02/23, read in part, "...principal diagnosis Pressure ulcer of right buttock, stage 3..." A transcribed physician order on the January 2023 MAR/TAR (01/13/23), made by MAT #1 read in part, "...Home Health Care or RN wound care daily 8 a.m., clean wound with saline, pat dry. Apply ointment, cover with non-stick damp gauze and occlusive dressing..." There was no documentation the physician ordered daily wound care had been completed by the center's licensed staff or the home health company from 01/01/23 through 01/31/22. A February 2023 MAR/TAR, was updated by MAT #1, with MAT #1's initials from 02/01/23 through 02/08/23, read in part, "...wound care (a nurse) using aseptic technique, clean with wound cleanser, pat dry, apply ointment (santyl), apply nonstick telfa mid back ad secure with tape daily (add: Gentamicin 02/03/23). There was no documentation the physician ordered daily wound care had been completed by the center's licensed staff or the home health company from 02/01/23 through 02/08/23. On 02/09/23 at 3:05 p.m., RN #1 stated the dressing change could be delegated when an RN was not at the center. On 02/09/23 at 3:15 p.m., RN #1 stated, "I chart by exception." RN #1 provided no documentation of weekly wound/skin observations or daily documentation wound care was provided as ordered by the physician.	C5010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5597	A. BUILDING: _____ B. WING _____	02/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEAVEN HOUSE, LLC	4613 ST CLAIR OKLAHOMA CITY, OK 73112

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C5010	Continued From page 14 There were no home health skilled nursing notes at the center at the time of the survey to ensure they were coordinating care with the third party provider.	C5010		

OKLAHOMA
State Department
of Health

Delivery via email to: dianecooper448@gmail.com

March 9, 2023

License Number: AL5597

Ms. Diane Cooper Timmerman-O'Connor, Administrator
The Heaven House, Llc
4613 St Clair
Oklahoma City, OK 73112

RE: Survey Event ENTS11

Dear Ms. Timmerman-O'Connor:

On **February 13, 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 will be corrected and you will be in substantial compliance by **March 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
Digitally signed by Tempal Killman
Date: 2023.03.09 08:37:41 -06'00'

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

enc

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 2/27/2023** **Facility Name:** The Heaven House LLC, 4613 St. Clair Oklahoma City, OK 73112 **License Number:** AL5597 **Survey Event ID:** ENTS11 **Date Survey Completed: 2/13/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 552 Use of Assessment	Based on: record review, observation, and interview, the center failed to ensure a service plan/care plan was developed and implemented for one (#1) of one of the sampled resident who required weekly skin assessments and daily wound treatments.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Heaven House administrative and nursing teams are committed to take immediate corrective action and to prevent recurrence

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?	On 01/04/2023, an initial assessment and wound management plan for resident was completed. On 02/09/2023 and 02/13/2023, documentation was not in the resident's clinical record or home healthcare folder available for surveyor review. Corrective action: The HH nurse requested and received resident's clinical records from the HHC office supervisor. The 116-page document includes an admission assessment and focused wound assessments, scheduled treatment summaries, progress notes, and communications with the physicians and HH staff. This document was reviewed in detail and placed in a notebook with the resident's clinical record. The HH nurse documented daily wound care on the treatment administration record and on the nurse notes in the clinical record. On 02/28/2023, resident (#1) clinical record included accurate, current assessment data and care plan information.
OSDH Response: Element accepted Yes No	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Each resident's clinical record has been examined to ensure documentation of a current, accurate assessment and care plan.
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?	When a resident needs skilled nursing service, the HH nurse will be notified of the initial HHC assessment visit. The HH nurse will review and initial each HHC nurse visit summary. The summaries will be included in the resident clinical record. The HH nurse will determine if the resident admission assessment and care plan needs modifications. The HH nurse documents on nurse notes section in the resident clinical record. The HH director of operations and house manager verifies compliance at the first of each month when other monthly records are updated in the resident clinical record.
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 resident checklist is maintained by the HH nurse and the director of operations indicating the assessment dates and dates for review & modification. HH quarterly QA meetings include review of the resident checklist as a reminder when a re-assessment is due. The director of operations maintains resident and meeting records per State regulations.

OSDH Response: Element accepted Yes No	
5. On what date will corrective action be completed?	02/28/2023
OSDH Response: Element accepted Yes No	
Administrator's Signature OAC 310:663-25-4(F) Diane Cooper	**Date** 2.28.2023
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	**Submitted by**
Items Below Are For OSDH Use Only	
Plan of Correction: Acceptable Unacceptable Date:	Surveyor:
If Plan of Correction is unacceptable, the reasons are as follows: Facility in Compliance by:	

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

Current Date: 2/27/2023

Facility Name: Heaven House LLC, 4613 St Clair, Oklahoma City OK 73112

License Number: AL5597

Survey Event ID: ENTS11

Date Survey Completed: 2/13/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 911 Nurse Supervision	Based on: record review and interview, the center failed to ensure registered nurse supervision of skilled nursing interventions which included assessments, monitored skin assessments, monitored wound care, and nursing progress notes for one (#1) of one sampled residents who required skilled nursing interventions and documentation by a registered nurse.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Heaven House administrative and nursing teams are committed to take immediate corrective action and prevent recurrence.

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?	Immediately following the survey visit, the following corrective action plan was developed and implemented: 1) HH nurse called the HHC assigned nurse to discuss the resident's assessments, treatment plan, and progress notes. 2) HH nurse called the HHC office case manager/supervisor regarding the physician orders and home visit schedule. 3) HH nurse texted the resident's sister/primary care manager and the HHC nurse regarding the daily wound care order. HH nurse communicated that only licensed nurses can provide wound care. All wound care must be supervised by the HH registered nurse. 4) HHC nurse will provide wound care 3 days/week. 5) HH licensed nurse will provide wound care 4 days/week to ensure the resident receives physician-ordered daily wound care. 6) All nursing assessments and interventions will be documented on the TAR and the nurse notes in the resident clinical record.
OSDH Response: Element accepted Yes No	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Each resident receiving home healthcare or hospice service was identified.
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?	Corrective action: A licensed practical nurse was hired with a start date of 02/26/2023. This will provide additional nurse staff hours for supervision. The policy and procedures related to RN supervision of skilled nursing care provided by home healthcare agency nurses will be developed and communicated to all staff in writing and through in-service education.
OSDH Response: Element accepted Yes No	
4. How will the assisted living center monitor its performance to make sure corrections are sustained?	The house manager and director of operations will evaluate the process of documentation monthly.

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.	The director of operations will monitor and report findings during the quarterly QA meeting (03/16/2023).
OSDH Response: Element accepted Yes No	
5. On what date will corrective action be completed?	03/16/2023
OSDH Response: Element accepted Yes No	

Administrator's Signature OAC 310:663-25-4(F) Jayne Cooper	**Date** 2.28.2023

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		**Submitted by**	

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Plan of Correction: Acceptable Unacceptable Date: Surveyor:
If Plan of Correction is unacceptable, the reasons are as follows: Facility in Compliance by:

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**Current Date: 2/27/2023** **Facility Name:** The Heaven House LLC, 4613 St. Clair Oklahoma City, OK 73112 **License Number:** AL5597 **Survey Event ID:** ENTS11 **Date Survey Completed: 2/13/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1505 **Medical Care**	Based on: record review, observation, and interview, the center failed to monitor and document a progressively worsening condition of a new wound and follow physician ordered wound care for one (#1) of one sampled resident who had a skin condition which developed into a worsening wound.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Heaven House administrative and nursing teams are committed to take immediate corrective action and to prevent recurrence.

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 initial focused skin assessment was completed by the HH RN and documented as a circular, red and tender area on the right upper buttock. The skin was intact. The staff reported a "suspected spider bite". The nurse notified the POA/sister who sought medical attention. The nurse continued to monitor the resident and home health agency skilled nursing treatments. This documentation was not available for review on 02/13/2023. Corrective action: Documentation was received from the HHC office by the House RN after the OSDH visit. The 116-page documentation of assessments, visits, progress notes, communications with the physicians and is in a notebook stored with the resident's clinical record. Reports from the wound management clinic are in the resident clinical record. The HH nurse is documenting supervision and monitoring of daily services and resident status weekly in the nurse notes section of the clinical record.
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 clinical record of each resident receiving external services will be reviewed for documentation of RN supervision and monitoring of service and resident's status.
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?	The director of operations and the house manager will review the resident clinical record monthly for documentation of RN supervision and monitoring. The importance of documentation will be an in-service education topic with written reminders.
OSDH Response: Element accepted Yes No	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? 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.	The policy and procedure for RN supervision and monitoring of the resident clinical record and resident's response to external services will be reviewed during the quarterly QA meetings.
OSDH Response: Element accepted Yes No	
5. On what date will corrective action be completed?	03/16/2023

OSDH Response: Element accepted Yes No			
Administrator's Signature OAC 310:663-25-4(F) Diane Cooper		**Date** 2.28.2023	
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		**Submitted by**	
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Plan of Correction: Acceptable Unacceptable	Date:	Surveyor:	

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

Current Date: 2/27/2023

Facility Name: The Heaven House LLC, 4613 St. Clair Oklahoma City, OK 73112

License Number: AL5597

Survey Event ID: ENTS11

Date Survey Completed: 2/13/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1951 **Maintenance of Records**	Based on: record review and interview, the center failed to ensure organized, accurate, clinical records for one (#1) of one sampled resident who was to receive wound care by a licensed healthcare professional. 1.Medication/Treatment Administration Records, 2. Weekly nursing progress notes to include wound monitoring and progressively worsening wound observations, and change of mental status.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Heaven House administrative and nursing teams are committed to take immediate corrective action and to prevent recurrence.

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?	Specific instructions and tools for the maintenance of organized, accurate, and current clinical records will be developed and implemented by director of operations, the house manager, and the nurses.
OSDH Response: Element accepted Yes No	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Each resident's active/current clinical record will be reviewed to ensure organized and accurate documentation of
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?	The HH nurse will document by checklist each month that each resident clinical record is organized, accurate, and current. The house manager will verify record maintenance each month when monthly MARs are replaced.
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.	The process for maintenance of records will be evaluated during quarterly QA meetings. Findings will be documented in the QA record.
OSDH Response: Element accepted Yes No	
5. On what date will corrective action be completed?	March 16, 2023
OSDH Response: Element accepted Yes No	

Administrator's Signature Dayne Cooper **Date** 2.28.2023
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.			
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Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

Current Date: 2/27/2023
Facility Name: The Heaven House LLC, 4613 St. Clair Oklahoma City, OK 73112
License Number: AL5597
Survey Event ID: ENTS11
Date Survey Completed: 2/13/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 5010 Coordination of Care Services	Based on: record review, observation, and interview, the center failed to coordinate care with the home health company to ensure wound care was completed as ordered by the physician for one (#1) of one of the sampled resident who had a wound and was on home health.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Heaven House administrative and nursing teams are committed to immediate corrective action.

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 home healthcare nurse and the Heaven House nurse have confirmed and documented that the physician-approved wound management orders are followed. The Treatment Administration Record (TAR) clearly indicates when and who completes the prescribed wound care assessment and treatment. Only a licensed nurse, whether from a home healthcare agency or the in-house nurse, will document the date, time, and observations related to the wound care procedure.
OSDH Response: Element accepted Yes No	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Each resident's clinical record was reviewed for the potential need for coordination of care services.
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?	When a resident's care needs require external providers, the coordination of care services policy and procedure will be added to the resident's clinical record. Nurse-nurse and interdisciplinary collaboration will be documented in the nurse notes section of the resident's clinical record. Reports from clinic office visits, home health/hospice staff will also be included in the resident clinical record. The director of operations or house manager will check monthly for documentation of collaboration.
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.	Residents receiving external care services are identified on the Residents Information document. Each resident's information is reviewed at the quarterly QA meetings.
OSDH Response: Element accepted Yes No	
5. On what date will corrective action be completed?	3/16/2023
OSDH Response: Element accepted Yes No	

Administrator's Signature Dimas Romero **Date** 2.28.2023

addendum and by whom it is submitted.

Addendum Date		**Submitted by**	
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Plan of Correction: Acceptable Unacceptable Date:			Surveyor:
If Plan of Correction is unacceptable, the reasons are as follows: Facility in Compliance by:			

OKLAHOMA
State Department
of Health

Delivery via email to: dianecooper448@gmail.com; betty.lanning555@gmail.com

FINAL DETERMINATION NOTICE
USPS #7021 2720 0002 0354 1518

June 1, 2023

License Number: AL5597

Ms. Diane Cooper Timmerman-O'Connor, Administrator
The Heaven House, Llc
4613 St Clair
Oklahoma City, OK 73112

Survey Event ID: ENTS12

Dear Ms. Cooper Timmerman-O'Connor:

A revisit conducted **May 24, 2023**, revealed that your facility corrected deficiencies effective **March 16, 2023**.

We will notify you of any enforcement actions being taken. If you have any questions, please contact me 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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure:

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
	AL5597	A. BUILDING: _____ B. WING _____	R 05/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEAVEN HOUSE, LLC	4613 ST CLAIR OKLAHOMA CITY, OK 73112

(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 revisit was conducted 05/24/23. All deficiencies from the 02/13/23 survey were cleared.	{C 000}		

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