OKLAHOMA
State Department
of Health

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

July 10, 2023

License Number: AL5598

Savanah Patt, Administrator
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

RE: Survey Event ID: 4VR711

Dear Ms. Patt:

On **May 30, 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 30, 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
	AL5598	A. BUILDING: _____ B. WING _____	05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

(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 05/25/23 and 05/30/23. Listed below are abbreviations used throughout this document. ACMA - advanced trained certified medication aide AM - before midday BID - twice a day dl - deciliter DM II - diabetes mellitus type 2 FSBS - finger stick blood sugar H - High or out of range HbA1c or A1c - hemoglobin A1C HS - at bedtime hosp - hospice Inj - injection MAR - medication administration record mg - milligram ml - milliliter PM - after midday RCC - resident care coordinator RN - registered nurse subq - subcutaneous (injection) U - unit	C 000		
C 911 SS=D	310:663-9-1(1) NURSE 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	C 911		

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C 911	Continued From page 1 nursing interventions; This Rule is not met as evidenced by: Based on record review and interview, the RN failed to monitor, provide supervision, and implement the center's negotiated service plan and assume responsibility for insulin administration and FSBS monitoring for one (#4) of one sampled insulin dependent resident who was an unstable diabetic. The "Resident Condition and Care Overview" report, dated 05/25/23, documented one resident with special care received injections. The administrator identified 31 residents resided at the center. Findings: The "Medication Services" policy, read in part, "...Family Assistance with Medications...The community allows family assistance with medications when the resident and family agree to this arrangement. The community will...Document in detail in the negotiated service plan each parties respective responsibilities...Pharmacy reviews....The community will ensure that all medication regimens are reviewed quarterly to promote appropriateness and accuracy. The community	C 911		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

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C 911	Continued From page 2 will work closely with the pharmacy and resident's physician to provide the safest and most accurate medication assistance possible..." The "Self Medicator RN Assessment" policy, read in part, "...A diagnosis of dementia...will prohibit self or family medication, unless family member lives with resident. With these issues identified, the community will assume responsibility for medication administration..." The "Medication Administration - General" policy, read in part, "...Residents only are administered medications properly ordered by a physician...safe administration practices are followed by all staff..." Resident #4's "resident agreement," dated 03/11/22, read in part, "...Assistance with Storage and Administration of Medications. Through its staff...will assist the Resident with storage and administration of medications to the extent allowed by state law and in accordance with the Medication Policy...shall monitor the Resident's health status to identify any changes...All residents are provided medication assistance including supervision and/or administration as required by the State governing Statute. The amount and type of assistance will be defined in the Resident's service plan...For the safety of our residents, all medications are stored in the locked medication room..." The resident's "Care Plan," dated 12/14/22, had no care item identified as diabetes or how the center would monitor FSBS, glucose or how they would intervene with physician ordered insulin or parameters, or how they would evaluate if the treatment was effective.	C 911		

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	AL5598	A. BUILDING: _____ B. WING _____	05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 911	Continued From page 3 Blood labwork, dated 02/14/23, read in part, "...Hemoglobin A1c...out of range 8.5 (H)..." A "Physician order," dated 03/03/23, read in part, "...increase Lantus to 30 units every day..." A "Physician order," dated 03/06/23, read in part, "...change Lantus to 20 units subq BID 8AM, 8PM..." A "Physician order," dated 03/22/23, read in part, "...change Lantus to 20 units at 8AM and 10 units subq at 8PM..." A "Physician order," dated 03/24/23, read in part, "...change insulin to Lantus 20 units every AM and 5 units every HS..." A "Physician order," dated 03/27/23, read in part, "...Lantus 20 units every AM..." The FSBS and administration of insulin was documented in a small notebook by the resident's spouse. March 2023, the resident's FSBS ranged from 50 - 574 and Hi (High which means blood glucose was higher than the top number the meter was able to display.) March 2023, insulin administration included in addition to physician ordered Lantus (long acting man-made) insulin was Humalog (fast acting) insulin. April 2023, the resident's FSBS ranged from 65 - 476 and broken meter. April 2023, insulin administration included in addition to physician ordered Lantus insulin was	C 911		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5598	A. BUILDING: _____ B. WING _____	05/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

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C 911	Continued From page 4 Humalog insulin. May 2023, the resident's FSBS ranged from 55 - 411. May 2023, insulin administration included in addition to physician ordered Lantus insulin was Humalog insulin. The "Comprehensive Assessment," dated 04/11/23, read in part, "...admission date: 03/11/22...disease diagnoses: dementia, DM II...alert, oriented x 1 (person), confused with poor judgement...poor mobility, strength, and gait...full assist with all transfers...geri-chair...total assist...one person assist with bathing, eating, dressing, transferring and toileting..." The "Quarterly Comprehensive Assessment," dated 04/17/23, read in part, "...diabetic...primary diagnosis: vascular dementia...non-ambulatory...Medication Assistance: Requires complete supervision in the administration of all medications...NOTES: medications administered by staff..." On 05/30/23 at 12:53 p.m., the RN stated there was no physician order for the spouse to administer insulin, when to notify the physician when FSBS were outside parameters, or to monitor FSBS or how frequently. On 05/30/23 at 12:58 p.m., the RN stated the residents insulin and FSBS should have been managed by somebody besides the spouse. On 05/30/23 at 1:12 p.m., the RN stated there was no physician order for Humalog insulin or a sliding scale, but it had been documented it had been given. The RN stated when the	C 911		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

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C 911	Continued From page 5 comprehensive assessment was updated (04/11/23) the care plan was not updated. The RN stated the resident's diagnosis of diabetes mellitus type 2 had not been care planned. On 05/30/23 at 1:16 p.m., the RN stated they didn't know what the husband was doing. On 05/30/23 at 4:11 p.m., the administrator was asked about a negotiated service plan. They stated there wasn't one.	C 911		

OKLAHOMA
State Department
of Health

Delivery via email to: executivedirector@jasmineestatesedmond.com

July 24, 2023

License Number: AL5598

Savanah Patt, Administrator/Executive Director
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

RE: Survey Event 4VR711

Dear Ms. Patt:

On **May 30, 2023,** agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **C0911**: This POC has not been accepted because it did not document how the corrective action would be monitored. It does not describe how the facility will monitor its corrective actions to assure that the deficient practice is being corrected and will not recur.

Please provide a new plan of correction for these deficiencies and return with amendments as soon as possible.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 7/21/2023
Facility Name: Jasmine Estates of Edmond
License Number: AL5598
Survey Event ID: 4VR711
Date Survey Completed: 5/30/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 911	Based on: Based on record review and interview, the RN failed to monitor, provide supervision, and implement the center's negotiated service plan and assume responsibility for insulin administration and FSBS monitoring for one (#4) of one sampled insulin dependent resident who was an unstable diabetic.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

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?	RN and Physician switched resident to an oral medication that is given rountinely by the communities designated and certified medication aids.
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 a diabetic diagnosis were reviewed to insure a negotiated service plan was in place, if nessisarry.
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?	RN, Administrator and Physician agree that family will not be allowed to administer any medications and that all medical needs will be care planned and signed off on.
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.	Administrator and RN will review assessment, diagnosis and medications prior to admission to ensure negotiated service plans are in place as needed. RN will order quarterly AIC's on all diabetics.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	7/20/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Savanah J. Patt **Date** 7/21/2023
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		**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

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

August 1, 2023

License Number: AL5598

Ms. Savanah Patt, Administrator
Jasmine Estates of Edmond
1001 S Bryant Ave
Edmond, OK 73034

RE: Survey Event 4VR711

Dear Ms. Patt:

On **May 30, 2023**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your amended plan of correction for these deficiencies. Your amended 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 **July 20, 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: 7/21/2023
Facility Name: Jasmine Estates of Edmond
License Number: AL5598
Survey Event ID: 4VR711
Date Survey Completed: 5/30/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 911	Based on: Based on record review and interview, the RN failed to monitor, provide supervision, and implement the center's negotiated service plan and assume responsibility for insulin administration and FSBS monitoring for one (#4) of one sampled insulin dependent resident who was an unstable diabetic.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

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?	RN and Physician switched resident to an oral medication that is given rountinely by the communities designated and certified medication aids.
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 a diabetic diagnosis were reviewed to insure a negotiated service plan was in place, if necessary.
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?	RN, Administrator and Physician agree that family will not be allowed to administer any medications.
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.	Administrator and RN will review assessment, diagnosis and medications prior to admission to ensure negotiated service plans are in place as needed. Weekly audit for 60 days identifying residents on diabetic medications to ensure proper physician orders and medication administration. Audit to be conducted by RN and signed off by administrator. Audits will be kept in the plan of correction binder in the director of nursing office. RN will order quarterly AIC's on all diabetics.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	7/20/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F) Savannah J Pratt **Date** 7/28/23

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 7/28/23 **Submitted by** Savannah J Pratt

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

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

September 7, 2023

License Number: AL5598

Savanah Patt, Administrator
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

RE: Survey Event 4VR712

Dear Ms. Patt:

On **September 5, 2023,** an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **May 30, 2023,** have now been corrected effective **July 20, 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
	AL5598	A. BUILDING: _____ B. WING _____	R 09/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 08/29/23 and 09/05/23. 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