



Oklahoma State Department of Health
Creating a State of Health

October 22, 2019

License Number: AL6003

Ms. Nicole Hall, Administrator
Golden Oaks Assisted Living
5505 West 19th Street
Stillwater, OK 74074

RE: Survey Event ID: XNIJ11

Dear Ms. Hall:

On **September 18, 2019**, 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 September 18, 2019.

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.

Board of Health

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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) 271-6868 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
1000 N.E. 10th
Oklahoma City, OK 73117-1299

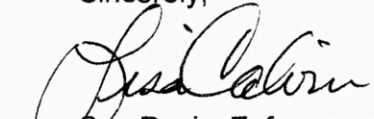
Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- 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 IDRCordinator@health.ok.gov, or telephone at (405) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. 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,



Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/lde

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER AL6003	(X2) MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 09/18/2019
NAME OF PROVIDER OR SUPPLIER GOLDEN OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5505 WEST 19TH STREET STILLWATER, OK 74074		
(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 09/17/19 and 09/18/19. Resident census was 74. The following deficient practices were cited.	C 000		
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview it was determined the center failed to comply with Chapter 257 food service establishment regulations. This deficient practice had widespread potential for more than minimal harm for all 74 residents that ate food from the kitchen. 310:257-7-82 Equipment, food-contact surface, nonfood-contact surfaces and utensils (c) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. 310:257-11-41. Cleaning, frequency and restrictions (a) The physical facilities shall be cleaned as often as necessary to keep them clean. (b) Cleaning shall be done during periods when the least amount of food is exposed such as after closing. This requirement does not apply to cleaning that is necessary due to a spill or other accident. On 09/17/19 at 11:45 a.m., There were two dead crickets observed in the storage room caught in a spider web behind the door, there was also food	C 391		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

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C 391	Continued From page 1 debris and dust on the floor. The tile floor felt sticky when walking on it. In the walk in refrigerator, there was lettuce and onion skins lying on the floor. The grates covering the fans on the coolant system were covered with dust and there was also dust stuck on the ceiling of the refrigerator surrounding the cooling system. The stove had a greasy thick yellow substance dried on the front of the doors and the ventilation hoods were caked with a brownish yellow substance. The flat top stove had a rusty orange colored substance stuck on the front and sides of the stove. At 4:50 p.m., the DM (dietary manager) was asked how often the floors are cleaned. She stated " they should be swept and mopped every night, we have just been so short staffed". She reported the refrigerator floor probably had not been cleaned in a week and a half and she was not aware of the dust accumulation on the fan covers and ceiling in the refrigerator.	C 391		
C 522 SS=E	310:663-5-2(b) ASSESSMENT TIMEFRAMES (b) The assisted living center shall complete the comprehensive assessment in accordance with the following: (1) within fourteen (14) days after admission of the resident; (2) once every twelve (12) months thereafter; and (3) promptly after a significant change in the resident's condition. This REQUIREMENT is not met as evidenced by: Based on observation interview and record review it was determined the center failed to ensure a	C 522		

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C 522	Continued From page 2 significant change assessment was completed for 1 (#4) of 1 sampled resident who had a significant change in condition. This deficient practice had the isolated potential for more than minimal harm. Findings: On 09/17/19 resident #4 was observed at the evening meal. She was seated in a high back wheelchair and was being fed by her daughter. On 09/18/19 at 8:55 a.m., resident #4 was observed in her room. The resident was lying in bed on a low air mattress, her eyes were closed and she did not awaken while in the room. A turn sheet was observed under the resident. A highback wheelchair was observed in the room. (LTCA) Long term care aide #2 reported resident #4 required the assistance of two staff for transfers, one staff for all personal care and was on a two hour check and change schedule due to bowel and bladder incontinence and needed staff to feed her at meal times. At 10:35 a.m., during record review RN (registered nurse) #1 reported when resident #4 moved into the center she was able to ambulate with a walker, could feed herself and could toilet with the assistance of one staff. RN #1 said resident #4 could no longer ambulate, needed staff assistance using a wheelchair for mobility and she was unable to feed herself and relied on staff to feed her at meals. RN #1 went on to say resident #4 had declined in two or more areas and a significant change assessment should have been completed.	C 522			
C 940 SS=E	310:663-9-4 DIETARY CONSULTANT Each assisted living center shall use a licensed	C 940			

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C 940	Continued From page 3 dietician or qualified nutritionist to develop the assisted living center's diet plan and address the needs of individuals with special diets. This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the center failed to ensure a licensed dietician or qualified nutritionist developed the center's menus for all residents who received their meals from the center and failed to address the diet plan for 5 (#1, 2, 5, 8, and #10) of 5 sampled residents who were on a physician ordered therapeutic diet. This failed practice had the widespread potential for more than minimal harm at a pattern. Findings: Resident #1 Resident #1 had a diagnosis of primary hypertension (high blood pressure) for which the resident took medication. The resident had a physician's order, dated 06/02/17, for a low sodium diet. The resident's most recent assessment documented the resident was on a low sodium diet and the care plan documented the staff would encourage the resident to comply with the prescribed diabetic diet (the resident had a physician ordered low sodium diet). Resident #2 Resident #2 had a diagnosis of type II diabetes mellitus. The resident also had a physician's order for a diabetic diet and FSBS (finger stick blood sugar) testing as needed for symptoms of high or low blood sugar. The resident's care plan documented the staff would encourage the	C 940		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOLDEN OAKS ASSISTED LIVING

**5505 WEST 19TH STREET
STILLWATER, OK 74074**

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C 940	Continued From page 4 resident to comply with the physician ordered diabetic diet. Resident #5 Resident #5 had a physician ordered diabetic diet and FSBS testing was to be done twice weekly. The resident had a diagnosis of type II diabetes mellitus. Resident #8 Resident #8 had a diagnosis of type II diabetes mellitus. The resident had a order for a regular diabetic diet. She did her own FSBS testing and self-managed an insulin pump. The resident's most recent assessment documented the resident was on a diabetic diet and her care plan documented the center's staff would encourage the resident to comply with the physician ordered diabetic diet. A FSBS log for August and September, 2019 was provided by the center. The log documented the resident's FSBS results ranged from a high of 380 mg/dl (milligrams per deciliter) to a low of 64 mg/dl. Resident #10 Resident #10 had a physician's order for a diabetic diet and FSBS testing was to be performed daily. The resident's assessment documented he had a history of diabetic foot ulcers and the care plan documented the staff would encourage the resident to be compliant with the prescribed diabetic diet. A log of the resident's FSBS testing was not provided by the center.	C 940		

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C 940	Continued From page 5 The contract signed by all residents upon move-in documented a registered dietician would be retained by the center to develop the center's diet plan and to address the needs of individuals with special diets. On 09/17/19, resident #8 stated she was on a diabetic diet and it was difficult for her to find appropriate food from the limited menu available at the center. At 5:00 p.m., the evening meal was observed. Only one menu (one page front and back) was available for residents to order from. The current menu included six choices for the breakfast meal, five house specialties, three different salads and six meal choices of sandwiches and burgers. None of the meals were designated as any type of special diet and none of the individual foods included in the meals were recommended as part of any special diet. The menu was not signed by a dietician. On 09/18/19 at 12:05 p.m., administrator #1 stated there were no menu extensions for residents on special diets. The residents ordered the meal they wanted from the menu and the kitchen served what the residents ordered. At 12:15 p.m., dietary aide/employee #1 was asked for a list of residents on special diets. He looked around the kitchen, then asked the dietary manager for a list of residents on special diets. The dietary manager looked around the kitchen and stated there was not a list of resident on special diets. She stated everyone just got served what they ordered.	C 940			

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C 940	Continued From page 6 At 12:25 p.m., resident #10 was shown the menu and asked what he would order for lunch. He said he would order the fried cod sandwich with tartar sauce, french fries and fruit. He stated no one on the staff had instructed him on appropriate food choices for his diabetic diet. He stated he would like to know more about diabetic food choices so he could make better food choices. The center provided documentation that the consultant dietician had been to the center on 05/10/19 and 08/09/19. The documentation did not include a diet plan for the center or address the needs of residents with physician ordered therapeutic diets. It only included proof the dietician inspected the kitchen and conducted a food handler's class for the staff. At 2:30 p.m., administrator #1 stated the dietician did address the diet needs of individual residents and there was no documentation the dietician helped develop the menus for the center.	C 940			
C1507 SS=E	310:663-15-1 & 63 OS 1-1918(B)(7) RESIDENT RIGHTS - Reasonable Accommodation 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)(7) (7) Every resident shall have the right to reside and to receive services with reasonable accommodation of individual needs and preferences, except where the health or safety of	C1507			

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C1507	Continued From page 7 the individual or other residents would be endangered; This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, it was determined the center failed to provide reasonable accommodation of individual needs and preferences related to serving a variety of foods appropriate to meet individual dietary needs and tastes for all residents who received their nutrition from the center's kitchen. This failed practice had the widespread potential for more than minimal harm. Findings: On 09/17/19 at 4:15 p.m., resident #3 stated she would like for the menu to change at least monthly, and when asked about the food, graded it a B- or C at best. On 09/17/19 at 4:30 p.m., the evening meal was observed. A menu was at each place setting. It was one page front and back as follows: Breakfast (Served with bacon or sausage) Sunshine Slammer - one egg, hash browns and wheat toast Waffles Cold Cereal (Honey Nut Cheerios or Frosted Flakes) Hot Oatmeal or Grits Biscuit and Gravy Muffin and Fruit House Specialties (Served with two sides. Additional sides \$1.00 extra per side) Crab cake Chicken tenders Hamburger Steak BBQ chicken thigh	C1507			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GOLDEN OAKS ASSISTED LIVING

**5505 WEST 19TH STREET
STILLWATER, OK 74074**

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C1507	Continued From page 8 Grilled pork chop Salads Taco Salad Chef Salad Strawberry Spinach Salad Sandwiches and Burgers (Served with two sides. Additional sides \$1.00 extra per side) Hamburger/Cheeseburger Hot Dog Fried Cod Sandwich Roast Beef Grilled Cheese Sandwich Classic Deli Sandwich Soup and Half Sandwich Sides Soup, House Salad, Vegetable Medley, Fruit, Baked Potato, French Fries. None of the meals or individual foods on the menu were designated as any type of special diet and the menu was not signed by a dietician. On 09/18/19, at 9:10 a.m., resident #2 stated she would like for the menu to change more often than every three months. She also stated the kitchen only offers two canned fruits that alternate every day. At 10:45 a.m., Resident #8 stated it was very hard for her to find something to order off the menu appropriate for her diabetic diet. She also stated the menu was very limited on choice and was only changed every three months. She was also upset because the portions had been cut down and now residents were charged one dollar for additional sides. She stated the residents now have to pay three dollars for breakfast and dinner, lunch was the only meal residents were not	C1507		

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C1507	Continued From page 9 charged for. She stated she only had a half a bologna sandwich and some chips for supper the evening before because she was tired of the same food over and over. Resident #8 stated she had brought her concerns to the administration, but nothing had changed. A FSBS log for August and September, 2019 for resident #8 was provided by the center. The log documented the resident's FSBS results ranged from a high of 380 mg/dl (milligrams per deciliter) to a low of 64 mg/dl. At 11:00 a.m., resident #10 stated he did not like the food because there were not enough choices. At 11:30 a.m., the noon meal was observed. The activities director stated the menu is changed every three months. Breakfast is served until 10:00 a.m., then the entire menu is available after 10:00 a.m. Entrees are served with two sides and additional sides are one dollar each. The kitchen also offers a soup and a fruit of the day. Today was chicken noodle soup and peaches. At 11:40 a.m., administrator #1 and administrator #2 both stated the menu was changed every three months and the current menu was initiated in August, 2019. Administrator #1 also stated the center offered a specialty meal at least once a week that was not on the menu. Administrator #1 said she was aware of the residents' concern about the limited menu. At 11:45 a.m., The dietary manager stated the menus were developed by herself and the food vendor then sent to corporate for approval. She knew there had been resident complaints about the lack of variety and the quality. She stated they were offering two specialty meals per week	C1507			

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C1507	Continued From page 10 that were not on the menu, but due to cost constraints the specialty meals were no longer offered, just the choices on the menu. On 09/18/19 at 12:05 p.m., administrator #1 stated there were no menu extensions for residents on special diets. At 12:25 p.m., resident #10 stated he did not care for the food. He stated it was the same food over and over. Menus for the past year were provided by the center. Menus were designated by the season and had the same number of choices available. On the winter 2019 menu, which was next in rotation, breakfast was exactly the same, chicken tenders and a pork chop were again on the specialty menu, chef salad was one of the salads offered and hamburger/cheeseburger, classic deli sandwich and soup and half sandwich had not been changed.	C1507			

STATE WORKLOAD REPORT

 Provider/Supplier Number
 AL6003

 Provider/Supplier Name
 GOLDEN OAKS ASSISTED LIVING

Type of Survey (select all that apply)

☒ 2 ☐ ☐ ☐ ☐

 A Complaint Investigation
 B Dumping Investigation
 C Federal Monitoring
 D Follow-up Visit
 M Other

 E Initial Certification
 F Inspection of Care
 G Validation
 H Life Safety Code

 I Recertification
 J Sanctions/Hearing
 K State License
 L CHOW

Extent of Survey (select all that apply)

☒ A ☐ ☐ ☐ ☐

 A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHA)
 D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 36967	09/17/2019	09/18/2019	0.25	0.00	15.50	0.00	3.00	5.00
2. 41872	09/17/2019	09/18/2019	0.25	0.00	15.50	0.00	3.50	3.00
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....

0.00

Total RO Supervisory Review Hours....

0.00

Total SA Clerical/Data Entry Hours....

0.00

Total RO Clerical/Data Entry Hours....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

 OCT 23 2019 *jm*



Oklahoma State Department of Health
Creating a State of Health

November 4, 2019

License Number: AL6003

Mr. Scott Bushong, Administrator
Golden Oaks Assisted Living
5505 West 19th Street
Stillwater, OK 74074

Survey Event ID: XNIJ11

Dear Mr. Bushong:

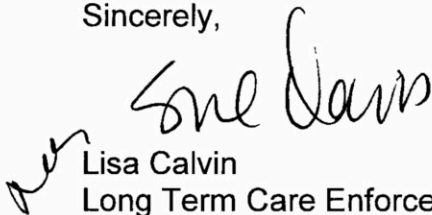
On September 18, 2019, a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

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 **October 25, 2019**.

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) 271-6868.

Sincerely,



Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

LC/ks

Board of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER AL6003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2019
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NAME OF PROVIDER OR SUPPLIER GOLDEN OAKS ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5505 WEST 19TH STREET STILLWATER, OK 74074
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(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 09/17/19 and 09/18/19. Resident census was 74. The following deficient practices were cited.	C 000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law and does not waive any appeal or other rights. C391 Food Storage, Preparation and Service 1. Kitchen deep cleaned to sanitary condition including storage room, floor, equipment, walk in refrigerator, ceilings, and stove. Licensed Dietician inspected cleanliness of kitchen. Dietary Manager re-educated on cleanliness of kitchen in compliance with Chapter 257 food service establishment regulations. 2. All Residents have the potential to be affected by this practice. 3. All dietary personnel re-educated on cleaning, frequency and restrictions on equipment, food-contact surface, nonfood-contact surfaces and utensils in accordance with Chapter 257 food service establishment regulations. Kitchen cleaning schedule and	
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview it was determined the center failed to comply with Chapter 257 food service establishment regulations. This deficient practice had widespread potential for more than minimal harm for all 74 residents that ate food from the kitchen. 310:257-7-82 Equipment, food-contact surface, nonfood-contact surfaces and utensils (c) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. 310:257-11-41. Cleaning, frequency and restrictions (a) The physical facilities shall be cleaned as often as necessary to keep them clean. (b) Cleaning shall be done during periods when the least amount of food is exposed such as after closing. This requirement does not apply to cleaning that is necessary due to a spill or other accident. On 09/17/19 at 11:45 a.m., There were two dead crickets observed in the storage room caught in a spider web behind the door, there was also food	C 391		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

XNIJ11

If continuation sheet, 1 of 11

[Signature]

Administrator

10/30/19

Oklahoma State Department of Health

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C 391	Continued From page 1 debris and dust on the floor. The tile floor felt sticky when walking on it. In the walk in refrigerator, there was lettuce and onion skins lying on the floor. The grates covering the fans on the coolant system were covered with dust and there was also dust stuck on the ceiling of the refrigerator surrounding the cooling system. The stove had a greasy thick yellow substance dried on the front of the doors and the ventilation hoods were caked with a brownish yellow substance. The flat top stove had a rusty orange colored substance stuck on the front and sides of the stove. At 4:50 p.m., the DM (dietary manager) was asked how often the floors are cleaned. She stated " they should be swept and mopped every night, we have just been so short staffed". She reported the refrigerator floor probably had not been cleaned in a week and a half and she was not aware of the dust accumulation on the fan covers and ceiling in the refrigerator.	C 391	checkoff list implemented. Dietary staff educated on cleaning schedule and checkoff list. Dietary Manager to monitor cleaning tasks completion on a daily basis for compliance. 4. Dietary Manager will monitor the completion of daily cleaning schedule and checkoff list for compliance. Administrator will review the completion of daily cleaning tasks and monitor the kitchen cleanliness at random on a daily basis for effectiveness. Quarterly monitoring of the reviews will be performed. Any corrections needed for compliance will initiate a Performance Improvement Project. All reviews will be documented to evidence the correction.	
C 522 SS=E	310:663-5-2(b) ASSESSMENT TIMEFRAMES (b) The assisted living center shall complete the comprehensive assessment in accordance with the following: (1) within fourteen (14) days after admission of the resident; (2) once every twelve (12) months thereafter; and (3) promptly after a significant change in the resident's condition. This REQUIREMENT is not met as evidenced by: Based on observation interview and record review it was determined the center failed to ensure a	C 522	5. Completion Date: 10/22/2019 C522 Assessment Timeframes 1. Resident #4 assessed by Registered Nurse; no adverse effect noted from practice cited. Assessment for Resident #4 completed by Registered Nurse. Director of nursing re-educated on timeframes of assessments to include	

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C 522	Continued From page 2 significant change assessment was completed for 1 (#4) of 1 sampled resident who had a significant change in condition. This deficient practice had the isolated potential for more than minimal harm. Findings: On 09/17/19 resident #4 was observed at the evening meal. She was seated in a high back wheelchair and was being fed by her daughter. On 09/18/19 at 8:55 a.m., resident #4 was observed in her room. The resident was lying in bed on a low air mattress, her eyes were closed and she did not awaken while in the room. A turn sheet was observed under the resident. A highback wheelchair was observed in the room. (LTCA) Long term care aide #2 reported resident #4 required the assistance of two staff for transfers, one staff for all personal care and was on a two hour check and change schedule due to bowel and bladder incontinence and needed staff to feed her at meal times. At 10:35 a.m., during record review RN (registered nurse) #1 reported when resident #4 moved into the center she was able to ambulate with a walker, could feed herself and could toilet with the assistance of one staff. RN #1 said resident #4 could no longer ambulate, needed staff assistance using a wheelchair for mobility and she was unable to feed herself and relied on staff to feed her at meals. RN #1 went on to say resident #4 had declined in two or more areas and a significant change assessment should have been completed.	C 522	completing a comprehensive assessment promptly after a significant change in a resident's condition. 2. All Residents have the potential to be affected by this practice. 3. Director of Nursing re-educated on assessment timeframes to include completing a comprehensive assessment promptly after a significant change in a resident's condition. Quality Assurance Registered Nurse completed audit of resident assessments; assessments complete and documented on all residents. Process implemented for Administrator and Director of Nursing to review residents with a change in condition during Inter-Disciplinary Team morning meeting for prompt completion of comprehensive assessments. Process to track comprehensive assessment timeframes implemented for compliance. 4. Administrator and Director of Nursing to monitor residents with a change in condition assessments daily during Inter-Disciplinary morning meeting for compliance in assessment timeframes. Quality Assurance Registered Nurse to	
C 940 SS=E	310 663-9-4 DIETARY CONSULTANT Each assisted living center shall use a licensed	C 940		

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C 940	Continued From page 3 dietician or qualified nutritionist to develop the assisted living center's diet plan and address the needs of individuals with special diets. This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the center failed to ensure a licensed dietician or qualified nutritionist developed the center's menus for all residents who received their meals from the center and failed to address the diet plan for 5 (#1, 2, 5, 8, and #10) of 5 sampled residents who were on a physician ordered therapeutic diet. This failed practice had the widespread potential for more than minimal harm at a pattern. Findings: Resident #1 Resident #1 had a diagnosis of primary hypertension (high blood pressure) for which the resident took medication. The resident had a physician's order, dated 06/02/17, for a low sodium diet. The resident's most recent assessment documented the resident was on a low sodium diet and the care plan documented the staff would encourage the resident to comply with the prescribed diabetic diet (the resident had a physician ordered low sodium diet). Resident #2 Resident #2 had a diagnosis of type II diabetes mellitus. The resident also had a physician's order for a diabetic diet and FSBS (finger stick blood sugar) testing as needed for symptoms of high or low blood sugar. The resident's care plan documented the staff would encourage the	C 940	review assessment completion timeframes at random for compliance. Quarterly monitoring of the reviews will be performed. Any corrections needed for compliance will initiate a Performance Improvement Project. All reviews will be documented to evidence the correction. 5. Completion Date: 10/25/2019 C940 Dietary Consultant Residents #1, #2, #5, #8, and #10 assessed by Registered Nurse; no adverse effects noted from practice cited. Dietician addressed the diet plan for residents #1, #2, #5, #8, and #10. Dietician approved center's menu for all residents. Menu extension obtained from licensed dietician and posted for use by dietary staff. Administrator #1 re-educated on menu extensions for residents on special diets. Dietary Aide #1 and Dietary Manager re-educated on listing of	

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C 940	Continued From page 4 resident to comply with the physician ordered diabetic diet. Resident #5 Resident #5 had a physician ordered diabetic diet and FSBS testing was to be done twice weekly. The resident had a diagnosis of type II diabetes mellitus. Resident #8 Resident #8 had a diagnosis of type II diabetes mellitus. The resident had a order for a regular diabetic diet. She did her own FSBS testing and self-managed an insulin pump. The resident's most recent assessment documented the resident was on a diabetic diet and her care plan documented the center's staff would encourage the resident to comply with the physician ordered diabetic diet. A FSBS log for August and September, 2019 was provided by the center. The log documented the resident's FSBS results ranged from a high of 380 mg/dl (milligrams per deciliter) to a low of 64 mg/dl. Resident #10 Resident #10 had a physician's order for a diabetic diet and FSBS testing was to be performed daily. The resident's assessment documented he had a history of diabetic foot ulcers and the care plan documented the staff would encourage the resident to be compliant with the prescribed diabetic diet. A log of the resident's FSBS testing was not provided by the center.	C 940	residents on special diets and providing residents therapeutic diets. 2. All Residents have the potential to be affected by this practice. 3. Administrator, Director of Nursing and Dietary Manager re-educated on a licensed dietician completing the development of center's diet plan and addressing the needs of individuals with special diets. All diabetic residents invited to attend educational meeting on diabetic diets presented by Licensed Dietician. All staff re-educated on therapeutic diets, menu extensions, and listing of residents on special diets. Inter-Disciplinary Team to review therapeutic diet orders for compliance in providing special diet needs to residents. Inter-Disciplinary Team will review dietary consultant reports for compliance of addressing the needs of individuals on special diets. Dietary Manager to obtain signature from the Licensed Dietician on menu development participation and approval as well as obtaining and posting of the menu extensions. Administrator will monitor participation and signature of approval by licensed dietician for compliance in menu	

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C 940	Continued From page 5 The contract signed by all residents upon move-in documented a registered dietician would be retained by the center to develop the center's diet plan and to address the needs of individuals with special diets. On 09/17/19, resident #8 stated she was on a diabetic diet and it was difficult for her to find appropriate food from the limited menu available at the center. At 5:00 p.m., the evening meal was observed. Only one menu (one page front and back) was available for residents to order from. The current menu included six choices for the breakfast meal, five house specialties, three different salads and six meal choices of sandwiches and burgers. None of the meals were designated as any type of special diet and none of the individual foods included in the meals were recommended as part of any special diet. The menu was not signed by a dietician. On 09/18/19 at 12 05 p.m., administrator #1 stated there were no menu extensions for residents on special diets. The residents ordered the meal they wanted from the menu and the kitchen served what the residents ordered. At 12:15 p.m., dietary aide/employee #1 was asked for a list of residents on special diets. He looked around the kitchen, then asked the dietary manager for a list of residents on special diets. The dietary manager looked around the kitchen and stated there was not a list of resident on special diets. She stated everyone just got served what they ordered.	C 940	development to also include obtaining menu extensions and posting for use. 4. Dietary Manager will monitor quarterly dietary consultant reports for compliance in addressing needs of residents with special diets. Dietary Manager will monitor menu development to include participation and approval signature of Licensed Dietician, use of dietary extensions, and listing of residents with therapeutic diets regularly for compliance. Administrator to review and monitor the dietary consultant reports quarterly for compliance. Administrator to review development of menu to include participation and signature of approval by Licensed Dietician, use of dietary extensions, and listing of residents with therapeutic diets regularly for compliance. Quarterly monitoring of the reviews will be performed. Any corrections needed for compliance will initiate a Performance Improvement Project. All reviews will be documented to evidence the correction. 5. Completion Date: 10/25/2019	

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C 940	Continued From page 6 At 12:25 p.m., resident #10 was shown the menu and asked what he would order for lunch. He said he would order the fried cod sandwich with tartar sauce, french fries and fruit. He stated no one on the staff had instructed him on appropriate food choices for his diabetic diet. He stated he would like to know more about diabetic food choices so he could make better food choices. The center provided documentation that the consultant dietician had been to the center on 05/10/19 and 08/09/19. The documentation did not include a diet plan for the center or address the needs of residents with physician ordered therapeutic diets. It only included proof the dietician inspected the kitchen and conducted a food handler's class for the staff. At 2:30 p.m., administrator #1 stated the dietician did address the diet needs of individual residents and there was no documentation the dietician helped develop the menus for the center.	C 940		
C1507 SS=E	310.663-15-1 & 63 OS 1-1918(B)(7) RESIDENT RIGHTS - Reasonable Accommodation 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)(7) (7) Every resident shall have the right to reside and to receive services with reasonable accommodation of individual needs and preferences, except where the health or safety of	C1507	C1507 Resident Rights 1. Menu extensions for therapeutic diets obtained from Licensed Dietician and posted in kitchen for use. New Licensed Dietician assigned to facility. All residents personally invited to food forum for resident input into menu choices. New menu developed with Licensed Dietician and resident preferences. Dietary Manager	

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C1507	Continued From page 7 the individual or other residents would be endangered; This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, it was determined the center failed to provide reasonable accommodation of individual needs and preferences related to serving a variety of foods appropriate to meet individual dietary needs and tastes for all residents who received their nutrition from the center's kitchen. This failed practice had the widespread potential for more than minimal harm. Findings: On 09/17/19 at 4:15 p.m., resident #3 stated she would like for the menu to change at least monthly, and when asked about the food, graded it a B- or C at best. On 09/17/19 at 4 30 p.m., the evening meal was observed. A menu was at each place setting. It was one page front and back as follows: Breakfast (Served with bacon or sausage) Sunshine Slammer - one egg, hash browns and wheat toast Waffles Cold Cereal (Honey Nut Cheerios or Frosted Flakes) Hot Oatmeal or Grits Biscuit and Gravy Muffin and Fruit House Specialties (Served with two sides. Additional sides \$1.00 extra per side) Crab cake Chicken tenders Hamburger Steak BBQ chicken thigh	C1507	re-educated on providing reasonable accommodations of individual needs and preferences related to serving a variety of foods appropriate to meet individual dietary needs and tastes for all residents. 2. All Residents have the potential to be affected by this practice. 3. Staff re-educated on providing reasonable accommodations on individual needs and preferences related to serving a variety of foods appropriate to meet individual dietary needs and tastes for all residents, including diabetic diet extensions. Food forums will be held every other month for input from residents on menu options. Menus will be developed with Licensed Dietician every other month to expand variety. Licensed Dietician will provide menu extensions with each new menu development. Administrator to monitor menu development to include menu variety for compliance. Administrator to	

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C1507	Continued From page 8 Grilled pork chop Salads Taco Salad Chef Salad Strawberry Spinach Salad Sandwiches and Burgers (Served with two sides. Additional sides \$1.00 extra per side) Hamburger/Cheeseburger Hot Dog Fried Cod Sandwich Roast Beef Grilled Cheese Sandwich Classic Deli Sandwich Soup and Half Sandwich Sides Soup, House Salad, Vegetable Medley, Fruit, Baked Potato, French Fries. None of the meals or individual foods on the menu were designated as any type of special diet and the menu was not signed by a dietician. On 09/18/19, at 9:10 a.m., resident #2 stated she would like for the menu to change more often than every three months. She also stated the kitchen only offers two canned fruits that alternate every day. At 10:45 a.m., Resident #8 stated it was very hard for her to find something to order off the menu appropriate for her diabetic diet. She also stated the menu was very limited on choice and was only changed every three months. She was also upset because the portions had been cut down and now residents were charged one dollar for additional sides. She stated the residents now have to pay three dollars for breakfast and dinner, lunch was the only meal residents were not	C1507	monitor use of diabetic menu extensions daily for compliance. 4. Administrator to monitor menu development with Licensed Dietician. Administrator to monitor use and availability of diabetic menu extensions at random on a daily basis for compliance. Administrative consultant to review monitoring of menu development and use of diabetic menu extensions on a weekly basis for compliance. Quarterly monitoring of the reviews will be performed. Any corrections needed for compliance will initiate a Performance Improvement Project. All reviews will be documented to evidence the correction. 5. Completion Date: 10/25/2019	

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C1507	Continued From page 9 charged for. She stated she only had a half a bologna sandwich and some chips for supper the evening before because she was tired of the same food over and over. Resident #8 stated she had brought her concerns to the administration, but nothing had changed. A FSBS log for August and September, 2019 for resident #8 was provided by the center. The log documented the resident's FSBS results ranged from a high of 380 mg/dl (milligrams per deciliter) to a low of 64 mg/dl. At 11:00 a.m., resident #10 stated he did not like the food because there were not enough choices. At 11:30 a.m., the noon meal was observed. The activities director stated the menu is changed every three months. Breakfast is served until 10:00 a.m., then the entire menu is available after 10:00 a.m. Entrees are served with two sides and additional sides are one dollar each. The kitchen also offers a soup and a fruit of the day. Today was chicken noodle soup and peaches. At 11:40 a.m., administrator #1 and administrator #2 both stated the menu was changed every three months and the current menu was initiated in August, 2019. Administrator #1 also stated the center offered a specialty meal at least once a week that was not on the menu. Administrator #1 said she was aware of the residents' concern about the limited menu. At 11:45 a.m., The dietary manager stated the menus were developed by herself and the food vendor then sent to corporate for approval. She knew there had been resident complaints about the lack of variety and the quality. She stated they were offering two specialty meals per week	C1507		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER AL6003	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 09/18/2019
NAME OF PROVIDER OR SUPPLIER GOLDEN OAKS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5505 WEST 19TH STREET STILLWATER, OK 74074		
(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
C1507	Continued From page 10 that were not on the menu, but due to cost constraints the specialty meals were no longer offered, just the choices on the menu. On 09/18/19 at 12:05 p.m., administrator #1 stated there were no menu extensions for residents on special diets. At 12.25 p.m., resident #10 stated he did not care for the food. He stated it was the same food over and over. Menus for the past year were provided by the center. Menus were designated by the season and had the same number of choices available. On the winter 2019 menu, which was next in rotation, breakfast was exactly the same, chicken tenders and a pork chop were again on the specialty menu, chef salad was one of the salads offered and hamburger/cheeseburger, classic deli sandwich and soup and half sandwich had not been changed.	C1507		

Golden Oaks Assisted Living

License #: **AL6003**

Facility ID #: **XNIJ11**

Survey Exit Date: **09/18/2019**

Tag #: **C522 Assessment Timeframes**

Scope and Severity: **E**

Request for Severity Reduction Explanation:

Thank you for your consideration and review of the attached documentation in response to the above listed tag. We ask for a reduction in the severity of the practice cited due to the following circumstances.

Prior to the annual site visit by surveyors, the facility had previously self-identified non-compliance of assessment timeframes and completion, and had taken steps to correct this concern. When said non-compliance had been identified by the Quality Assurance Committee, the facility promptly initiated a Quality Assurance Action plan for assessment compliance as required by OSDH regulation.

As part of the QA Action plan the Director of Nursing was re-educated on assessment timeframes to include completing a comprehensive assessment promptly after a significant change in a resident's condition. Also, as part of the Quality Assurance Action plan, resident records were in the process of being reviewed for assessment compliance. At the time OSDH surveyors arrived on-site to perform the annual visit, this Quality Assurance Action plan was fully in process.

Resident #4 was identified in the QA audit. The resident received appropriate care services based on current condition as evidenced by the coordination of care by facility and hospice provider. Although, we do acknowledge that the assessment did not specify the resident's current condition, however, services were in fact provided to the resident appropriate to her current condition. A complete head-to-toe assessment was performed on resident #4 by the Advanced Practice Registered Nurse (APRN); no adverse effects were noted related to the deficient practice cited.

Although, assessments were not fully in compliance at the time of site visit, please take into consideration that we had already self-identified the concern and had taken immediate action to correct the deficient practice cited.

We cordially request that you review and consider reducing the severity for the deficient practice cited based on the corrective actions taken by the facility.

OCT 30 2019

ACTION PLAN

Date: 9/13/2019

Person Completing Form: Nicole Hall, Administrator

Facility: Golden Oaks Village

STATEMENT OF OBJECTIVE / GOALS

Accurate scheduling of 14-Day, significant change and annual assessments for RN to identify upcoming assessment deadlines and complete by on or before deadline.

IMPLEMENTATION			EVALUATION	
What Needs to be Done?	By Whom and When?	What Resources?	What Evidence Indicates Progress?	How and When Will Evidence be Gathered?
RN assessments completed by deadline.	RN and administrator to review dates for upcoming due assessments daily. RN and administrator to audit completed RN assessments at the end of each month.	RN will run a report of tasks assigned as "assessments" in Matrix flowsheet for the month at the 1st of each month. Administrator and RN will synchronize calendars with 14-day assessment due dates with each admission.	Assessments completed by due date.	Completed assessments will be gathered in Matrix for review of completion.

Addendum on 10/24/2019: Changed method for how nurse and administrator identify accurate assessment dates. Now implemented a chronological file card system available to DON and administrator.

Nicole Hall, DON

Nicole Hall, M.D.

[Signature]

Coordination of Care

Patient: [REDACTED]

Date: 4/16/19

Hospice Diagnosis: Diastolic Heart Failure

Medications:

- List of hospice related and covered medications provided to Golden Oaks.
- All medications administered by facility staff.
- Facility nurses and hospice nurses will consult with one another regarding any changes to medication regimen.

DME/Medical Supplies:

- Hospice providing the following: personal wipes, pull-ups, bed pads, bathing and hygiene supplies, hospital bed with low air loss mattress, 2 U-bars, shower bench.
- DME supplied and delivered by contracted company – Advance Medical
- Facility nurse will notify Hospice RN of any additional supplies needed and/or any repairs/replacement required for DME.

Personal Hygiene:

- Hospice HHA to see patient 3x week for bathing and personal hygiene. Barrier cream will be applied to perineum PRN. Bed linens will be changed and room straighten each visit.
- Facility aides will provide assistance with personal care when hospice aide is not present.

Diet:

- Facility staff will routinely assist Mrs. Freldemann with her meals.
- Hospice staff will be available to assist with meals as needed/requested.

Communication:

- Any and all communication with attending physician will be shared between Hospice and Facility nurses.
- Hospice RN and Facility nurse will report to their counterpart any changes to condition, including skin breakdown, falls, and c/o pain, nausea, or dyspnea.
- Hospice team members will be available to participate in any family conferences, care plan meetings, etc. that Facility arranges.

Discipline Visit Frequency:

- SN 1-4x week and PRN
- MSW 1-2x month.
- Music Therapy 2-3 x month

Signature: _____

[Handwritten Signature]

Date: _____

4.16.19

ADL Administration History: 04/11/2019 - 05/11/2019

U/R/B: A2/215/A

MR#: 2299

(DNR)

Physician: Jenkins, Woody ph: (405) 743-7300

Resident Status = In House from 04/11/2019 - 05/11/2019

Administration

Notes:

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Bathroom Assistance	Every Shift			11/01/2018 - Open Ended

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
Day 7:30 AM - 3:30 PM	HA	HA	HA	MF	KKS	ST2	HA	SRB1	ST2	RM3	RMD	HA	AA1	KKS	AA1	AW10
Evening 3:30 PM - 11:30 PM	KKS	KKS	MF	KKS	(GG1)	GG1	KKS	MF	KKS	KKS	KKS	MF	AM7	MF	KKS	AM7
Night 11:30 PM - 7:30 AM	AN	(HA)*	FB	FB	DMG1	AN	MM7	DMG1	DMG1	FB	FB	PG	PG	PG	DMG1	AN

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
Day 7:30 AM - 3:30 PM	HA	AA1	RMD	SRB1	TL5	SRB1	AW10	KKS	MF	HA	HA	SRB1	SRB1	AA	KKS
Evening 3:30 PM - 11:30 PM	AM7	GG1	MF	AM7	MF	AA1	ST2	MF	KKS	MF	RM3	AW10	ST2	MF	RM3
Night 11:30 PM - 7:30 AM	DMG1	DMG1	PG	PG	PG	DMG1	DMG1	FB	FB	DMG1	AN	AN	DMG1	DMG1	DMG1

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Dining Room Assistance	With Meals			11/01/2018 - Open Ended

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
Breakfast 7:00 AM - 9:00 AM	HA*	HA*	HA*	MF*	KKS*	ST2*	HA*	SRB1*	ST2*	(RM3)	RMD*	HA*	AA1*	KKS	AA1*	AW10*
Lunch 11:00 AM - 1:00 PM	HA*	HA*	HA	MF*	KKS	ST2*	(HA)	SRB1*	ST2	RM3*	RMD*	HA*	AA1*	KKS	AA1*	AW10*
Dinner 5:00 PM - 7:00 PM	KKS	KKS	MF*	KKS	(GG1)	GG1*	KKS	MF*	KKS	KKS	KKS	MF*	AM7*	MF*	KKS*	AM7*

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
Breakfast 7:00 AM - 9:00 AM	HA*	AA1*	RMD*	SRB1*	TL5*	SRB1*	AW10*	KKS*	MF*	HA*	HA*	SRB1*	SRB1*	AA*	KKS*
Lunch 11:00 AM - 1:00 PM	HA*	(AA1)*	(RMD)*	SRB1*	TL5*	SRB1	AW10	KKS	MF*	HA	HA*	SRB1	SRB1*	AA	HG2
Dinner 5:00 PM - 7:00 PM	AM7*	GG1*	MF*	AM7*	MF*	AA1*	ST2*	(MF)	KKS*	(MF)*	RM3*	AW10*	ST2*	MF*	RM3*

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Dressing Assistance	Twice A Day			11/01/2018 - Open Ended

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
AM 7:00 AM - 11:00 AM	HA	HA*	HA*	MF	KKS	ST2*	HA*	SRB1*	ST2*	RM3*	RMD*	HA*	AA1*	KKS	AA1*	AW10
PM 7:00 PM - 11:00 PM	KKS	KKS	MF	KKS	(GG1)	GG1	KKS	MF	KKS	KKS	KKS	MF	AM7*	MF	KKS	AM7

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
AM 7:00 AM - 11:00 AM	HA*	AA1*	RMD*	SRB1*	TL5*	SRB1	AW10	KKS	MF*	HA	HA*	SRB1*	SRB1*	AA*	KKS
PM 7:00 PM - 11:00 PM	AM7	GG1	MF	AM7	MF	AA1	ST2	MF	KKS	MF	RM3	AW10	ST2	MF	RM3

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Laundry	Every Shift on Wed			11/01/2018 - Open Ended

ADL Administration History: 04/11/2019 - 05/11/2019

Friedrich, (DNR)

U/R/B: A2/215/A

MR#: 2299

Physician: Jenkins, Woody ph: (405) 743-7300

Resident Status = In House from 04/11/2019 - 05/11/2019

Administration

Notes:

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
Day 7:30 AM - 3:30 PM	X	X	X	X	X	X	HA	X	X	X	X	X	X	KKS	X	X

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
Day 7:30 AM - 3:30 PM	X	X	X	X	TL5	X	X	X	X	X	X	SRB1	X	X	X

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Make Bed	Every Shift			11/01/2018 - Open Ended

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
Day 7:30 AM - 3:30 PM	(HA)*	HA	HA	MF	KKS	ST2	HA	SRB1	ST2	RM3	RMD	HA	AA1	KKS	AA1	AW10

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
Day 7:30 AM - 3:30 PM	HA	AA1	RMD	SRB1	TL5	SRB1	AW10	KKS	MF	HA	HA	SRB1	SRB1	AA	KKS

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Monthly weight and record.	Once A Day on the 1st of the Month			12/17/2018 - Open Ended

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
7:30 AM - 3:30 PM	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
7:30 AM - 3:30 PM	X	X	X	X	(MF)*	X	X	X	X	X	X	X	X	X	X
Weight	X	X	X	X	(MF)	X	X	X	X	X	X	X	X	X	X

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Oral Care	Every Shift			11/01/2018 - Open Ended

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
Day 7:30 AM - 3:30 PM	(HA)*	HA	HA	(MF)	KKS	ST2	(HA)	SRB1	ST2	(RM3)	RMD	HA	AA1	KKS	AA1	AW10
Evening 3:30 PM - 11:30 PM	KKS	KKS	(MF)	KKS	(GG1)	(GG1)	KKS	(MF)	KKS	KKS	KKS	KKS	AM7	(MF)	KKS	AM7
Night 11:30 PM - 7:30 AM	AN	(HA)*	(FB)	FB	DMG1	AN	(MM7)*	DMG1	DMG1	FB	(FB)	PG	PG	PG	DMG1	AN

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
Day 7:30 AM - 3:30 PM	HA	AA1	RMD	SRB1	TL5	SRB1	AW10	KKS	(MF)	HA	(HA)	SRB1	SRB1	AA	KKS
Evening 3:30 PM - 11:30 PM	AM7	GG1	(MF)	(AM7)	(MF)	AA1	ST2	(MF)	KKS	(MF)	(RM3)	AW10	ST2	(MF)	(RM3)
Night 11:30 PM - 7:30 AM	DMG1	DMG1	PG	PG	PG	DMG1	DMG1	(FB)	(FB)	DMG1	AN	AN	DMG1	DMG1	DMG1

ADL Administration History: 04/11/2019 - 05/11/2019**(DNR)****U/R/B: A2/215/A****MR#: 2299****Physician:** Jenkins, Woody ph: (405) 743-7300**Resident Status =** In House from 04/11/2019 - 05/11/2019**Administration****Notes:**

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Shower	Every Shift on Mon, Wed, Fri			11/01/2018 - Open Ended

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
Evening 3:30 PM - 11:30 PM	X	(KKS)*	X	X	(GG1)	X	KKS	X	KKS	X	X	(MF)*	X	(MF)*	X	AM7

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
Evening 3:30 PM - 11:30 PM	X	X	(MF)	X	(MF)	X	(ST2)*	X	X	(MF)	X	(AW10)*	X	(MF)*	X

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Tidy Apartment/Empty Trash	Every Shift			11/01/2018 - Open Ended

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
Day 7:30 AM - 3:30 PM	(HA)*	HA	HA	MF	KKS	ST2	HA	SRB1	ST2	RM3	RMD	RMD	AA1	KKS	AA1	AW10
Evening 3:30 PM - 11:30 PM	KKS	KKS	MF	KKS	(GG1)	GG1	KKS	MF	KKS	KKS	KKS	MF	AM7	MF	KKS	AM7
Night 11:30 PM - 7:30 AM	AN	(HA)*	FB	FB	DMG1	AN	MM7	DMG1	DMG1	FB	FB	PG	PG	PG	DMG1	AN

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
Day 7:30 AM - 3:30 PM	HA	MF	RMD	SRB1	TL5	SRB1	AW10	KKS	MF	HA	HA	SRB1	SRB1	AA	KKS
Evening 3:30 PM - 11:30 PM	AM7	GG1	MF	AM7	MF	AA1	ST2	MF	KKS	MF	RM3	AW10	ST2	MF	RM3
Night 11:30 PM - 7:30 AM	DMG1	DMG1	PG	PG	PG	DMG1	DMG1	FB	FB	DMG1	AN	AN	DMG1	DMG1	DMG1

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Turndown bed	Every Shift			11/01/2018 - Open Ended

Time	Thu 11	Fri 12	Sat 13	Sun 14	Mon 15	Tue 16	Wed 17	Thu 18	Fri 19	Sat 20	Sun 21	Mon 22	Tue 23	Wed 24	Thu 25	Fri 26
Evening 3:30 PM - 11:30 PM	KKS	KKS	MF	KKS	(GG1)	GG1	KKS	MF	KKS	KKS	KKS	KKS	AM7	MF	KKS	AM7

Time	Sat 27	Sun 28	Mon 29	Tue 30	Wed 1	Thu 2	Fri 3	Sat 4	Sun 5	Mon 6	Tue 7	Wed 8	Thu 9	Fri 10	Sat 11
Evening 3:30 PM - 11:30 PM	AM7	GG1	MF	AM7	MF	AA1	ST2	MF	KKS	MF	RM3	AW10	ST2	MF	RM3

Information Key:

PRN Reasons: BI*=Behavior Issue, CP=Chest Pain, Cg=Congestion, Cn = Constipation, Ch=Cough, D=Diarrhea, DE=Dry Eyes, F=Fever, I=Itching, NV=Nausea/Vomit, P*=Pain, S=Sleep, US=Upset Stomach, O*=Other

PRN Results: E=Effective, NE=Not Effective, SE=Somewhat Effective, O*=Other

* = Comment in Reasons/Comments,

Initial parenthesized = Not Administered or Not Charted, see Reasons/Comments

H = Hospital Leave, T = Therapeutic Leave

Init	Name/Title	Init	Name/Title	Init	Name/Title
AA	Amy Adams, CMA	AA1	April Allred, CNA	AM7	Alyssa McDonald, CNA
AN	Anieca Nicholson, CNA	AW10	April Waters, CNA	DMG1	Don M Gaona, MAT
FB	Farran R Bohnert, CNA	GG1	Grace Gosney, Activ/CNA	HA	Hunter Anderson, CNA

ADL Administration History: 04/11/2019 - 05/11/2019**(DNR)****U/R/B: A2/215/A****MR#: 2299****Physician:** Jenkins, Woody ph: (405) 743-7300**Resident Status =** In House from 04/11/2019 - 05/11/2019**Administration****Notes:**

Init	Name/Title	Init	Name/Title	Init	Name/Title
HG2	Haylee Genzel, MAT	KKS	Kendra K Scott, CNA	MF	Madison Frohn, CNA
MM7	Megan Morrow, CNA	PG	Patricia Gosney, LPN	RM3	Rachael Metz, CNA
RMD	Rebecca M Durham, CNA	SRB1	Stephanie R Blackwell, MAT	ST2	Sheryl Thornburg, CNA
TL5	Tiffany Lewis, CMA/MAT				

Resident:		MR#:	2299	Unit:	A2	Room/Bed:	215/A
Admit Date:	11/2/2018 2:00:00PM	DOB:	09/21/1923	Age:	96	Sex:	F
Physician:	Jenkins, Woody ph: (405) 743-7300	Diagnosis:	S42.411D Displaced simple supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with routine healing(Admission), G30.9 Alzheimer's disease, unspecified, I10 Essential (primary) hypertension, I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris, I35.0 Nonrheumatic aortic (valve) stenosis, I50.30 Unspecified diastolic (congestive) heart failure, R41.0 Disorientation, unspecified, S32.599A Other specified fracture of unspecified pubis, initial encounter for closed fracture, E55.9 Vitamin D deficiency, unspecified, E78.5 Hyperlipidemia, unspecified, F03.90 Unspecified dementia without behavioral disturbance, F33.8 Other recurrent depressive disorders, F39 Unspecified mood [affective] disorder, Z86.73 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits, Z87.11 Personal history of peptic ulcer disease, K58.8 Other irritable bowel syndrome				
Allergies:	codeine sulfate, iodine, meperidine, sulfanilamide (bulk)						

Units: N/A**Reasons/Comments:** No**Diagnosis:** No**Diagnosis Notes:** No**Signature Page:** No**Sort By:** N/A**Page Break By Order:** No

ADL Administration History: 05/12/2019 - 06/11/2019**(DNR)****U/R/B: A2/215/A****MR#: 2299****Physician:** Jenkins, Woody ph: (405) 743-7300**Resident Status =** In House from 05/12/2019 - 06/11/2019**Administration****Notes:**

Init	Name/Title	Init	Name/Title	Init	Name/Title
HG2	Haylee Genzel, MAT	KKS	Kendra K Scott, CNA	MF	Madison Frohn, CNA
MM7	Megan Morrow, CNA	PG	Patricia Gosney, LPN	RM3	Rachael Metz, CNA
RMD	Rebecca M Durham, CNA	SRB1	Stephanie R Blackwell, MAT	ST2	Sheryl Thornburg, CNA
TL5	Tiffany Lewis, CMA/MAT				

Resident:		MR#:	2299	Unit:	A2	Room/Bed:	215/A
Admit Date:	11/2/2018 2:00:00PM	DOB:	09/21/1923	Age:	96	Sex:	F
Physician:	Jenkins, Woody ph: (405) 743-7300	Diagnosis:	S42.411D Displaced simple supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with routine healing(Admission), G30.9 Alzheimer's disease, unspecified, I10 Essential (primary) hypertension, I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris, I35.0 Nonrheumatic aortic (valve) stenosis, I50.30 Unspecified diastolic (congestive) heart failure, R41.0 Disorientation, unspecified, S32.599A Other specified fracture of unspecified pubis, initial encounter for closed fracture, E55.9 Vitamin D deficiency, unspecified, E78.5 Hyperlipidemia, unspecified, F03.90 Unspecified dementia without behavioral disturbance, F33.8 Other recurrent depressive disorders, F39 Unspecified mood [affective] disorder, Z86.73 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits, Z87.11 Personal history of peptic ulcer disease, K58.8 Other irritable bowel syndrome				
Allergies:	codeine sulfate, iodine, meperidine, sulfanilamide (bulk)						

Units: N/A**Reasons/Comments:** No**Diagnosis:** No**Diagnosis Notes:** No**Signature Page:** No**Sort By:** N/A**Page Break By Order:** No

ADL Administration History: 05/12/2019 - 06/11/2019

U/R/B: A2/215/A

MR#: 2299

(DNR)

Physician: Jenkins, Woody ph: (405) 743-7300

Resident Status = In House from 05/12/2019 - 06/11/2019

Administration

Notes:

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Shower	Every Shift on Mon, Wed, Fri			11/01/2018 - Open Ended

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
Evening 3:30 PM - 11:30 PM	X	(AA1)*	X	(MF)	X	(RM3)	X	X	(RM3)	X	(RM3)*	X	(AA1)*	X	X	MF

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
Evening 3:30 PM - 11:30 PM	X	(RM3)*	X	(MF)*	X	X	(RM3)*	X	MF	X	RM3	X	X	(GG1)*	X

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Tidy Apartment/Empty Trash	Every Shift			11/01/2018 - Open Ended

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
Day 7:30 AM - 3:30 PM	MF	SRB1	ST2*	AA1	BF1	AW10	KKS	AW10	AW10	(MF)*	(RM3)*	KKS	KKS	AW10	MF	HA
Evening 3:30 PM - 11:30 PM	RM3	AA1	PG*	MF	ST2	RM3	MF	RM3	RM3	MF	RM3	RM3	AA1	RM3	RM3	MF
Night 11:30 PM - 7:30 AM	DMG1	PG	PG	PG	DMG1	AN	DMG1	FB	PG	PG	FB	AN	DMG1	DMG1	DMG1	FB

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
Day 7:30 AM - 3:30 PM	SRB1	TL5	HG2	KKS	HG2	AA1	HA	GG1	TL5	RMD	KKS	KKS	RMD	HA	SRB1
Evening 3:30 PM - 11:30 PM	AA1	RM3	MF	MF	MF	MF	RM3	RM3	MF	MF	RM3	RM3	ST2	GG1	MF
Night 11:30 PM - 7:30 AM	AN	FB	DMG1	DMG1	MM7	FB	PG	DMG1	FB	AN	AN	DMG1	DMG1	AN	PG

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Turndown bed	Every Shift			11/01/2018 - Open Ended

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
Evening 3:30 PM - 11:30 PM	RM3	AA1	PG*	MF	ST2	RM3	MF	RM3	RM3	MF	RM3	RM3	AA1	RM3	RM3	MF

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
Evening 3:30 PM - 11:30 PM	AA1	RM3	MF	MF	MF	MF	RM3	RM3	MF	MF	RM3	RM3	ST2	GG1	MF

Information Key:

PRN Reasons: BI*=Behavior Issue, CP=Chest Pain, Cg=Congestion, Cn = Constipation, Ch=Cough, D=Diarrhea, DE=Dry Eyes, F=Fever, I=Itching, NV=Nausea/Vomit, P*=Pain, S=Sleep, US=Upset Stomach, O*=Other

PRN Results: E=Effective, NE=Not Effective, SE=Somewhat Effective, O*=Other

* = Comment in Reasons/Comments, Initial parenthesized = Not Administered or Not Charted, see Reasons/Comments

H = Hospital Leave, T = Therapeutic Leave

Init	Name/Title	Init	Name/Title	Init	Name/Title
AA	Amy Adams, CMA	AA1	April Allred, CNA	AN	Anieca Nicholson, CNA
AW10	April Waters, CNA	BF1	Brittani Fettes, CNA	DMG1	Don M Gaona, MAT
FB	Farran R Bohnert, CNA	GG1	Grace Gosney, Activ/CNA	HA	Hunter Anderson, CNA

ADL Administration History: 05/12/2019 - 06/11/2019**(DNR)****U/R/B: A2/215/A****MR#: 2299****Physician:** Jenkins, Woody ph: (405) 743-7300**Resident Status** = In House from 05/12/2019 - 06/11/2019**Administration****Notes:**

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Bathroom Assistance	Every Shift			11/01/2018 - Open Ended

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
Day 7:30 AM - 3:30 PM	MF	SRB1	ST2*	AA1	BF1	AW10	KKS	AW10	AW10	(MF)*	(RM3)*	KKS	KKS	AW10	MF	HA
Evening 3:30 PM - 11:30 PM	RM3	AA1	ST2	MF	ST2	RM3	MF	RM3	RM3	MF	RM3	RM3	AA1	RM3	RM3	MF
Night 11:30 PM - 7:30 AM	DMG1	PG	PG	PG	DMG1	AN	DMG1	FB	PG	PG	FB	AN	DMG1	DMG1	DMG1	FB

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
Day 7:30 AM - 3:30 PM	HA	TL5	HG2	KKS	HG2	AA1	HA	GG1	TL5	RMD	KKS	KKS	RMD	HA	SRB1
Evening 3:30 PM - 11:30 PM	AA1	RM3	MF	MF	MF	MF	RM3	RM3	MF	MF	RM3	RM3	ST2	GG1	MF
Night 11:30 PM - 7:30 AM	AN	FB	DMG1	DMG1	MM7	FB	PG	DMG1	FB	AN	AN	DMG1	DMG1	AN	PG

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Dining Room Assistance	With Meals			11/01/2018 - Open Ended

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
Breakfast 7:00 AM - 9:00 AM	(MF)*	SRB1*		AA1*	BF1	AW10	KKS	AW10*	AW10*			KKS*	KKS*	AW10*	MF*	HA*
Lunch 11:00 AM - 1:00 PM	MF	SRB1		AA1*	BF1*	AW10	KKS	AA1*	AW10		(RM3)*	KKS	(AA)*	AW10	MF*	HA*
Dinner 5:00 PM - 7:00 PM	RM3	AA1	ST2*	MF*	MF	RM3*	MF*	RM3*	RM3*	MF*	RM3*	RM3*	AA1*	RM3*	RM3*	MF*

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
Breakfast 7:00 AM - 9:00 AM	HA*	TL5	HG2	KKS	HG2	AA1*	HA*	GG1*	TL5	RMD*	KKS*	KKS*	RMD*	HA*	SRB1*
Lunch 11:00 AM - 1:00 PM	SRB1*	TL5	HG2	KKS*	KKS	AA1	HA*	GG1*	TL5	RMD*	KKS*	KKS*	RMD*	HA*	SRB1
Dinner 5:00 PM - 7:00 PM	AA1	RM3*	MF*	MF*	MF*	MF*	RM3*	RM3	MF*	MF*	RM3*	RM3*	ST2*	GG1*	MF*

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Dressing Assistance	Twice A Day			11/01/2018 - Open Ended

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
AM 7:00 AM - 11:00 AM	(MF)*	SRB1*		AA1*	BF1	AW10	KKS	AW10	AW10		(RM3)*	KKS	KKS	AW10	MF	HA
PM 7:00 PM - 11:00 PM	RM3	AA1	ST2*	MF*	ST2	RM3	MF	RM3	RM3	MF	RM3	RM3	AA1	RM3	RM3	MF

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
AM 7:00 AM - 11:00 AM	HA*	TL5	HG2	KKS	HG2	AA1	HA*	GG1*	TL5	RMD*	KKS*	KKS	RMD*	HA	SRB1*
PM 7:00 PM - 11:00 PM	AA1	RM3	MF	MF	MF	MF	RM3	RM3	MF	MF	RM3	RM3	ST2	GG1	MF

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Laundry	Every Shift on Wed			11/01/2018 - Open Ended

ADL Administration History: 05/12/2019 - 06/11/2019

(DNR)

U/R/B: A2/215/A

MR#: 2299

Physician: Jenkins, Woody ph: (405) 743-7300

Resident Status = In House from 05/12/2019 - 06/11/2019

Administration

Notes:

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
Day 7:30 AM - 3:30 PM	X	X	X	AA1	X	X	X	X	X	X	(RM3)*	X	X	X	X	X

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
Day 7:30 AM - 3:30 PM	X	TL5	X	X	X	X	X	X	TL5	X	X	X	X	X	X

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Make Bed	Every Shift			11/01/2018 - Open Ended

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
Day 7:30 AM - 3:30 PM	(MF)*	SRB1	ST2*	AA1	BF1	AW10	KKS	AW10	AW10	(MF)*	(RM3)*	KKS	KKS	AW10	MF	HA

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
Day 7:30 AM - 3:30 PM	HA	TL5	HG2	KKS	HG2	AA1	HA	GG1	TL5	RMD	KKS	KKS	RMD	HA	SRB1

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Monthly weight and record.	Once A Day on the 1st of the Month			12/17/2018 - Open Ended

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
7:30 AM - 3:30 PM	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
7:30 AM - 3:30 PM	X	X	X	X	KKS	X	X	X	X	X	X	X	X	X	X
Weight	X	X	X	X	93.4 lbs	X	X	X	X	X	X	X	X	X	X

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Oral Care	Every Shift			11/01/2018 - Open Ended

Time	Sun 12	Mon 13	Tue 14	Wed 15	Thu 16	Fri 17	Sat 18	Sun 19	Mon 20	Tue 21	Wed 22	Thu 23	Fri 24	Sat 25	Sun 26	Mon 27
Day 7:30 AM - 3:30 PM	(MF)*	SRB1	ST2*	AA1	BF1	AW10	KKS	AW10	AW10	(MF)*	(RM3)*	KKS	KKS	AW10	(MF)	HA
Evening 3:30 PM - 11:30 PM	(RM3)*	AA1	PG*	(MF)	ST2	(RM3)	(MF)	(RM3)	(RM3)	(MF)	(RM3)	(RM3)	AA1	(RM3)	(RM3)	(MF)
Night 11:30 PM - 7:30 AM	DMG1	PG	PG	PG	DMG1	AN	(DMG1)	(FB)	PG	PG	(FB)	AN	DMG1	(DMG1)	(DMG1)	(FB)

Time	Tue 28	Wed 29	Thu 30	Fri 31	Sat 1	Sun 2	Mon 3	Tue 4	Wed 5	Thu 6	Fri 7	Sat 8	Sun 9	Mon 10	Tue 11
Day 7:30 AM - 3:30 PM	HA	TL5	HG2	KKS	(HG2)	AA1	HA	GG1	TL5	RMD	KKS	KKS	RMD	(HA)*	SRB1
Evening 3:30 PM - 11:30 PM	AA1	(RM3)	(MF)	(MF)	(MF)	(MF)	(RM3)	(RM3)	(MF)	(MF)	RM3	(RM3)	ST2	GG1	MF
Night 11:30 PM - 7:30 AM	AN	(FB)	(DMG1)	DMG1	(MM7)*	(FB)	PG	DMG1	(FB)	AN	DMG1	(DMG1)	DMG1	AN	PG

ADL Administration History: 06/12/2019 - 07/12/2019**(DNR)****U/R/B: A2/215/A****MR#: 2299****Physician:** Jenkins, Woody ph: (405) 743-7300**Resident Status =** In House from 06/12/2019 - 07/12/2019**Administration****Notes:**

Init	Name/Title	Init	Name/Title	Init	Name/Title
MF	Madison Frohn, CNA	MM7	Megan Morrow, CNA	OM	Olivia Maulsby, CNA
PG	Patricia Gosney, LPN	RM3	Rachael Metz, CNA	RMD	Rebecca M Durham, CNA
SRB1	Stephanie R Blackwell, MAT	ST2	Sheryl Thornburg, CNA	TL5	Tiffany Lewis, CMA/MAT

Resident:		MR#:	2299	Unit:	A2	Room/Bed:	215/A
Admit Date:	11/2/2018 2:00:00PM	DOB:	09/21/1923	Age:	96	Sex:	F
Physician:	Jenkins, Woody ph: (405) 743-7300	Diagnosis:	S42.411D Displaced simple supracondylar fracture without intercondylar fracture of right humerus, subsequent encounter for fracture with routine healing(Admission), G30.9 Alzheimer's disease, unspecified, I10 Essential (primary) hypertension, I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris, I35.0 Nonrheumatic aortic (valve) stenosis, I50.30 Unspecified diastolic (congestive) heart failure, R41.0 Disorientation, unspecified, S32.599A Other specified fracture of unspecified pubis, initial encounter for closed fracture, E55.9 Vitamin D deficiency, unspecified, E78.5 Hyperlipidemia, unspecified, F03.90 Unspecified dementia without behavioral disturbance, F33.8 Other recurrent depressive disorders, F39 Unspecified mood [affective] disorder, Z86.73 Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits, Z87.11 Personal history of peptic ulcer disease, K58.8 Other irritable bowel syndrome				
Allergies:	codeine sulfate, iodine, meperidine, sulfanilamide (bulk)						

Units: N/A**Reasons/Comments:** No**Diagnosis:** No**Diagnosis Notes:** No**Signature Page:** No**Sort By:** N/A**Page Break By Order:** No

ADL Administration History: 06/12/2019 - 07/12/2019

[REDACTED] (DNR)

U/R/B: A2/215/A

MR#: 2299

Physician: Jenkins, Woody ph: (405) 743-7300

Resident Status = In House from 06/12/2019 - 07/12/2019

Administration

Notes:

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Bathroom Assistance	Every Shift			11/01/2018 - Open Ended

Time	Wed 12	Thu 13	Fri 14	Sat 15	Sun 16	Mon 17	Tue 18	Wed 19	Thu 20	Fri 21	Sat 22	Sun 23	Mon 24	Tue 25	Wed 26	Thu 27
Day 7:30 AM - 3:30 PM	SRB1	HG2	HA	HA	RMD	HA	HA	HA	GG1	SRB1	BF1	RM3	BF1	ST2	SRB1	TL5
Evening 3:30 PM - 11:30 PM	MF	MF	RM3	RM3	MF	GG1	RM3	MF	BF1	RM3	RM3	ST2	HG2	RM3	RM3	GG1
Night 11:30 PM - 7:30 AM	PG	AN	DMG1	DMG1	FB	PG	PG	DMG1	DMG1	DMG1	DMG1	FB	PG	PG	DMG1	DMG1

Time	Fri 28	Sat 29	Sun 30	Mon 1	Tue 2	Wed 3	Thu 4	Fri 5	Sat 6	Sun 7	Mon 8	Tue 9	Wed 10	Thu 11	Fri 12
Day 7:30 AM - 3:30 PM	KKS	KKS	BF1	ST2*	BF1	(RM3)*	BF1	SRB1	SRB1	SRB1	BF1	BF1	BF1	HG2	KKS
Evening 3:30 PM - 11:30 PM	MF	MF	LJ1	ST2	GG1	RM3	RM3	RM3	MF	RM3	MF	KKS	RM3	MF	RM3
Night 11:30 PM - 7:30 AM	DMG1	DMG1	DMG1	AN	PG	PG	AN	DMG1	DMG1	FB	PG	DMG1	MM7	DMG1	DMG1

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Dining Room Assistance	With Meals			11/01/2018 - Open Ended

Time	Wed 12	Thu 13	Fri 14	Sat 15	Sun 16	Mon 17	Tue 18	Wed 19	Thu 20	Fri 21	Sat 22	Sun 23	Mon 24	Tue 25	Wed 26	Thu 27
Breakfast 7:00 AM - 9:00 AM	SRB1*	HG2	HA*	KKS*	RMD*	HA*	HA*	HA*	GG1*	SRB1*	BF1*	RM3	BF1*	ST2*	SRB1*	TL5*
Lunch 11:00 AM - 1:00 PM	SRB1*	HG2	(HA)*	KKS	RMD*	HA*	(HA)*	HA*	GG1	SRB1*	(KKS)	RM3	BF1*	ST2*	SRB1*	TL5*
Dinner 5:00 PM - 7:00 PM	MF*	MF	RM3*	RM3*	MF*	GG1*	RM3*	MF*	BF1*	RM3	RM3*	ST2*	HG2	RM3*	RM3	GG1*

Time	Fri 28	Sat 29	Sun 30	Mon 1	Tue 2	Wed 3	Thu 4	Fri 5	Sat 6	Sun 7	Mon 8	Tue 9	Wed 10	Thu 11	Fri 12
Breakfast 7:00 AM - 9:00 AM	KKS*	KKS*	BF1*	ST2*	BF1*		BF1*	SRB1*	SRB1*	SRB1*	BF1*	BF1*	BF1*	HG2	KKS*
Lunch 11:00 AM - 1:00 PM	KKS	KKS	BF1*	ST2*	BF1*	(RM3)*	BF1*	SRB1*	SRB1*	SRB1	BF1	BF1*	BF1	HG2	KKS
Dinner 5:00 PM - 7:00 PM	MF*	MF	LJ1	LJ1	GG1*	RM3	RM3	RM3*	MF*	RM3*	MF*	KKS	RM3*	MF*	RM3*

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Dressing Assistance	Twice A Day			11/01/2018 - Open Ended

Time	Wed 12	Thu 13	Fri 14	Sat 15	Sun 16	Mon 17	Tue 18	Wed 19	Thu 20	Fri 21	Sat 22	Sun 23	Mon 24	Tue 25	Wed 26	Thu 27
AM 7:00 AM - 11:00 AM	SRB1*	HG2	HA*	KKS*	RMD	HA*	HA*	HA*	GG1*	SRB1*	BF1	RM3	BF1*	ST2*	SRB1*	TL5*
PM 7:00 PM - 11:00 PM	MF	MF	RM3	RM3	MF	GG1	RM3	MF	BF1	RM3	RM3	ST2	BF1	RM3	RM3	GG1

Time	Fri 28	Sat 29	Sun 30	Mon 1	Tue 2	Wed 3	Thu 4	Fri 5	Sat 6	Sun 7	Mon 8	Tue 9	Wed 10	Thu 11	Fri 12
AM 7:00 AM - 11:00 AM	KKS*	KKS*	BF1*	ST2*	BF1*	(RM3)*	BF1*	SRB1*	SRB1*	SRB1*	BF1	BF1*	BF1*	HG2	KKS
PM 7:00 PM - 11:00 PM	MF	MF	LJ1	LJ1	GG1	RM3	KKS	RM3	MF	RM3	MF	KKS	RM3	MF	RM3

Order	Frequency	Special Instructions	Diagnosis	Start/End Date
Laundry	Every Shift on Wed			11/01/2018 - Open Ended