OKLAHOMA
State Department
of Health

**Delivery via email to:** twolfe@primroseretirement.com

December 10, 2020

License Number: AL6009

Ms. Tonya Wolfe, Administrator
Primrose Retirement Community Of Stillwater
832 S Range Road
Stillwater, OK 74074

**Survey Event ID: ZOTO11**

Dear Ms. Wolfe:

On **November 20, 2020**, representatives from the Oklahoma State Department of Health (OSDH) concluded a Covid-19 Focused survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual arm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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 will be completed for each violation; and
(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 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) 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,

Users, Lisa D Calvin
Digitally signed by Users, Lisa D Calvin
Date: 2020.12.10 15:47:38 -06'00'

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL6009 | A. BUILDING: _____ B. WING _____ | 11/20/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PRIMROSE RETIREMENT COMMUNITY OF STILLWAT | 832 S RANGE ROAD 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<br><br>On 11/20/20, the Oklahoma State Department of Health completed a COVID-19 Focused Survey to determine if the facility was in compliance with implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19.<br><br>Total residents: 42. | C 000 | | |
| C1505 SS=E | 310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care<br><br>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<br><br>63 O.S. 1-1918.(B)(5)<br>(5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. | C1505 | | |

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|---|---|---|---|---|
| C1505 | Continued From page 1 | C1505 | | |

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, it was determined the center failed to ensure organized and accurate written records were maintained for three (#1, 2, and #3) of three sampled residents who were monitored two times a day for COVID-19.

This facility identified 42 residents who resided in the facility.

Findings:

A policy updated October 30, 2020 titled, "Care of the Suspected or Confirmed COVID-19 Resident," documented: "...All assisted and independent living residents will be screened daily for fever and respiratory symptoms and once every 12 hours for those community's in quarantine status...The steps to be taken in the event there are COVID-19 positive residents in your facility...The daily resident screening should be increased to twice daily...A resident's condition with confirmed COVID-19 can deteriorate very quickly...At a minimum the isolated resident should have vital signs, including oximeter check every shift..."

On 11/20/20 at 9:43 a.m., the director of nurses (DON) stated all residents were screened two times a day for COVID-19 signs and symptoms, temperature checks, and oxygen saturations. In

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| C1505 | Continued From page 2 | C1505 | | |

addition, COVID-19 positive residents' blood pressures were monitored. The screening results were documented on a log each day by the 7:00 a.m.-3:00 p.m. shift or the 3:00 p.m.-11:00 p.m. shift. The DON stated the facility had started the screening logs on 11/10/20 as COVID-19 outbreak testing began and continued to the present day.

COVID-19 screening logs from 11/10/20 thru 11/19/20, 7:00 a.m.-3:00 p.m. and 3:00 p.m.-11:00 p.m. were submitted.

RESIDENT #1

Resident #1 was COVID-19 negative. The screening logs for COVID-19 had no documented results for six of 20 opportunities. The screening logs did not contain oximeter checks.

RESIDENT #2

Resident #2 was COVID-19 negative. The screening logs for COVID-19 had no documented results for nine of 20 opportunities. The screening logs did not contain oximeter checks.

RESIDENT #3

Resident #3 tested COVID-19 positive on 11/13/20. The screening logs for COVID-19 had no documented results for nine of 20 opportunities, eight of the 20 times were after he had tested positive. The screening logs did not contain oximeter checks or blood pressure checks.

At 1:00 p.m., licensed practical nurse (LPN) #1 stated she knew the screening logs had been completed every day for each shift, but the aides

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|---|---|---|---|---|
| C1505 | Continued From page 3<br>must have failed to write the results down or the screening logs were misplaced or filed someplace else. | C1505 | | |

OKLAHOMA
State Department
of Health

**Delivery Via Email**: twolfe@primroseretirement.com

January 5, 2021

License Number: AL6009

Ms. Tonya Wolfe, Administrator
Primrose Retirement Community of Stillwater
832 S Range Road
Stillwater, OK 74074

**RE: Survey Event ZOTO11**

Dear Ms. Wolfe:

On **November 20, 2020**, a Covid-19 Focused infection control inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **December 18, 2020**.

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.

Sincerely,

Katie Stagner

Digitally signed by Katie Stagner
DN: cn=Katie Stagner, o=Oklahoma State Department of Health, ou=Long Term Care, email=katies@health.ok.gov, c=US
Date: 2021.01.05 10:50:33 -06'00'

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Enclosure

| Oklahoma State Department of Health<br>Creating a State of Health<br><br>Protective Health Services<br>Long Term Care Service | **OPTIONAL PLAN OF CORRECTION TEMPLATE**<br>**Current Date: 12/18/2020**<br>**Facility Name:** Primrose Retirement Community<br>**License Number:** AL 6009<br>**Survey Event ID:** ZOTO11<br>**Date Survey Completed: 11/20/2020** |
|---|---|

| **SUMMARY OF DEFICIENCY CITED BY OSDH** | |
|---|---|
| ID Prefix Tag: C1505 | Based on: Every resident shall have the right to receive adequate and appropriate medical care conisten with established and recognized medical practice standards. |

**ASSISTED LIVING CENTER'S PLAN OF CORRECTION**

Assisted Living Center's Comments: The facility failed to meet C1505 expectation with lack of proper documentation of care.

| **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? | Daily screening logs will be completed accurately and maintained on file for easy access. Resident charts will have proper documentation of testing and testing results. |
| **OSDH Response: Element accepted** Yes ☐ No ☐ | |
| 2. How will other residents having the potential to be affected by the same deficient practice be identified? | Residents will be protected from effects of tags due to new organizational process and daily audits of charts by DON and ED |
| **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? | Organizational changes will ensure that all documents are maintained complete and in a proper filing order. |
| **OSDH Response: Element accepted** Yes ☐ No ☐ | |
| 4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:<br>a. How the correction will be evaluated for effectiveness;<br>b. How the correction will be incorporated into the center's quality assurance system; and<br>c. How monitoring records will be kept to evidence the correction. | Daily audits by DON and ED<br><br>Audits will be discussed and reccomendations will be made.<br><br>The changes will documented and discussed in monthly QA. The first QA reflecting notes of changes is dated 12/18/2020<br><br>Organized and kept in file folders labeled with dates |
| **OSDH Response: Element accepted** Yes ☐ No ☐ | |
| 5. On what date will corrective action be completed? | 12/18/2020 |
| **OSDH Response: Element accepted** Yes ☐ No ☐ | |

| **Administrator's Signature** OAC 310:663-25-4(F) | Administrator signature required. | **Date** Enter a date of signature. | 12-18-2020 |
|---|---|---|---|

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

| **Addendum Date** | Enter a date of addendum. | **Submitted by** | Enter name of person submitting addendum. |
|---|---|---|---|

**Items Below Are For OSDH Use Only**

Plan of Correction: ☐ Acceptable ☐ Unacceptable **Date:** Click here to enter a date. **Surveyor:** Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

**Delivery via email to:** twolfe@primroseretirement.com

September 16, 2021

License Number: AL6009

Ms. Tonya Wolfe, Administrator
Primrose Retirement Community of Stillwater
832 S Range Road
Stillwater, OK 74074

**RE: Survey Event ZOTO12**

Dear Ms. Wolfe:

On **September 13, 2021,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **November 20, 2020,** have now been corrected effective **December 18, 2020.**

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

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2021.09.16 15:45:01 -05'00'

Katie Stagner, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State Department of Health

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|---|---|---|---|---|
| {C 000} | INITIAL COMMENTS<br><br>An offsite/paper revisit was conducted on 09/13/21. The center submitted credible evidence of correction for the deficient practice.<br><br>Total residents: 33 | {C 000} | | |

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