



Delivery via email to: mosborn@primroseretirement.com

September 27, 2021

License Number: AL6303

Ms. Malinda Osborn, Administrator
Primrose Retirement Community of Shawnee
1905 North Bryan
Shawnee, OK 74804

Survey Event ID: 0LDY11

Dear Ms. Osborn:

On **September 21, 2021**, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template. 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.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Sincerely,

Katie Stagner

Digitally signed by Katie
Stagner
Date: 2021.09.27 16:17:33
-05'00'

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

Enclosure

**INVESTIGATIVE REPORT
LICENSURE**

Facility: Primrose Retirement Community of Shawnee
Address: 1905 North Bryan
City, State, Zip: Shawnee, Oklahoma 74804
Provider #: AL6303
Complaint #: OK00057770
Investigation Date(s): September 20th and 21st, 2021

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide adequate supervision to prevent elopements and subsequent injuries.	S

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 09/20/2021 at 09:15 a.m.

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

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

A Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1505 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation OK00057770. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (S) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Thank you for bringing these concerns to our attention.

Mary Cooper by Pam Anderson

Mary Cooper RN/CHFS

Date report completed: 09/22/2021

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2021
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 NORTH BRYAN SHAWNEE, OK 74804		
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C 000	INITIAL COMMENTS An abbreviated survey was conducted on 09/20/2021 and 09/21/2021 to investigate complaint #OK00057770. Census was 36. The following abbreviations may have been used in the writing of this report. ED (Executive Director) DON (Director of Nursing) CNA (Certified Nursing Assistant) CMA (Certified Medication Assistant) S (seconds) MMSE (Mini Mental State Examination)	C 000		
C1505 SS=G	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's 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	C1505		

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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C1505	Continued From page 1 informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the center failed to ensure supervision for one (#2) of two sampled residents identified as at risk for elopement. Resident #2 eloped and suffered a fall, which resulted in a cervical spine fracture, pneumothorax (collapsed lung), multiple bruises to face and knees and left knee effusion (water on the knee). The center identified two residents at risk for elopement. Findings: Resident #2 was admitted to the center with diagnoses which included: Dementia, Back pain, Pain and Constipation. "Elopement Risk Assessment", dated 05/11/2021, documented, What is residents MMSE score? 24/30 (05/2020)...Mobility can the resident	C1505		

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C1505	Continued From page 2 physically leave the building? Yes. Is the resident highly mobile, likes to walk? Yes. Does the resident have a dementia related diagnosis? Yes. Does the resident exhibit disorientation or intermittent confusion? Yes. Does the resident had any sleep disturbances? At times (seldom). Does the resident hallucinate or look for individuals that are not present? X 2 incidents at night looking for family member not here ..." No new interventions were documented on the risk assessment. "Resident Service Plan Without Schedule" dated 05/12/2021, documented, "...Orientation: Requires regular prompting due to confusion and disorientation. Mini mental score=16. Staff will monitor every shift while awake and provide cueing and redirection as needed. Do not agitate resident with correction. Reorient only if in the best interest of the resident. Staff will report any changes in orientation or increase in confusion ...Wandering Behavior: Wanders in public areas but is not intrusive ...Staff will report any changes noted in status. Resident had one incident where she left the building and went for a walk off the grounds and fell near the country club. Met with family and discussed the need for family or husband to supervise walks. Family agrees with the plan. Resident has not wandered since this incident ..." "Elopement Risk Assessment", dated 08/20/21, documented, "Resident left the building/community on 09/27/2020. Mini-Mental score 16...cognitive level based on score: moderate impairment...Highly mobile likes to walk... 1) Resident voiced the intent to leave? No 2) Resident has wandered into other rooms or areas of concern? No	C1505		

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C1505	Continued From page 3 3) Resident hallucinates and/or looks for individuals that are not present? Yes Does the resident exhibit any of the following? 1) Does the resident have a dementia related diagnosis? Yes 2) Disorientation? Yes 3) Intermittent confusion? Yes... 7) Sleep disturbance or confusion (day or night)? Yes at times Current interventions? Periodic resident whereabouts, provide resident with familiar objects and possessions..." "Procedure: Missing Resident/Elopement" documented, 1. "A resident's risk related to wandering or elopement will be evaluated as part of the preadmission evaluation and upon any resident changes in cognition or functionality..." 3. A service plan with specific interventions to maintain the residents safety will be established and will include the type and amount of supervision provided..." "Door Alarm System-Assisted & Independent Living policy and procedure" effective date 08/17/2021, documented, "Procedures: Door Alarm/Alert B. Staff responding to the door alarm/alert must check for resident safety and acknowledge the alarm. Acknowledgement of an alarm should occur only by the staff person responding to the alarm...C. Staff must prioritize and respond to a door alarm/alert as soon as possible..." A Nurse note dated, 09/27/2020 at 4:30 p.m., documented,"resident family member returned the resident to the facility, he stated she was found near the country club, bystanders had witnessed her fall. The resident did not have her	C1505		

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C1505	Continued From page 4 pendant on. The resident did have her cell phone. The bystanders assisted the resident to call her daughter. Upon arrival the resident shirt was wet and she was warm from walking...She complained of toe pain. The left great toe was red in color around the toe nail..." A Nurse note dated, 05/21/2021 at 05:45 a.m., documented, "Observed resident upstairs going door to door opening and turning off room lights of occupied and unoccupied rooms. After asking what she was doing she responded saying she is working lots of lights need to be turned off and she is working here now..." A Nurse note dated, 06/19/2021 at 11:00 a.m., documented, "resident walked outside alone, followed to corner of building asked her what she was doing she responded saying the weeds need to be pulled and flowers needed watering..." A Nurse note dated, 06/18/2021 at 2:00 p.m. late entry, documented, "Resident decided to go for a walk out to a staff vehicle and reported I need to check my vehicle we are going for a drive, witnessed resident trying to get in staff vehicle..." A Nurse note dated, 06/21/2021 at 3:00 a.m., documented, "Residents husband pushed his pendant for help to redirect resident/wife to go back to bed, she stated she was going home..." A Nurse note dated, 07/2/2021 at 4:25 am documented, "Resident up in hallway in pajamas and verbalizes that she needs to go outside to the car because there is a lot of people in it..." A Nurse note dated 08/24/2021 at 08:45 a.m., documented "resident had a fall outside on 08/24/2021 at 06:50 a.m., aide responded to	C1505		

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C1505	Continued From page 5 pendant call at 06:45 a.m., was the spouse of the resident and asked where his wife was so staff began looking for her. About 5 minutes later she was observed in the west parking lot near the sign sitting on her bottom with knees bent in front of her only a night gown on and no shoes. When asked where she was going, she replied, "I am going home." She had injuries to her left eye, small cut and swelling, large goose egg to left cheek, abrasions to bilateral knees and hands, c/o pain to left hip, left side and left shoulder." A Nurse note dated, 08/24/2021 (untimed) documented family member reported that resident #1 was being transported to Integris Hospital in OKC for further evaluation and possible surgery. x 3 fractured ribs, punctured lung, possible hip fracture and neck. Will keep us posted." On 09/20/2021 at 10:59 a.m., this surveyor opened the southeast corner door near the stairs on floor #1. No staff was observed to physically come and open the door to investigate who exited the building. This surveyor observed the exit door until 11:09 a.m. "Door History Report" dated 9/20/2021 documented at "...10:59:32 a.m., Door Open ...C Wing Southside Entrance...26s {second}...resolved..." At 4:00 p.m., the ED was asked what her expectation was for door alarms. She stated "My expectation is if they (staff) hear an alarm they go down physically look outside of the door." So that is how staff should respond to door alarms. She replied, correct. On 09/21/2021 at 07:10 a.m., a statement dated, August 24, 2021, written by CNA #1 regarding resident #2 was reviewed with CNA #1. She was	C1505		

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C1505	Continued From page 6 asked to describe the elopement incident. She stated, "Her and CMA #1 was upstairs, I saw B wing alarm go off (Door alarms will notify staff on cell phone). I didn't give it much thought, a few minutes later A wing went off. I looked around and didn't see anyone. I looked out the door/window lounge area but I didn't go out the door. I asked CMA #1 if she had heard A and B alarm going off. She said she did not hear alarms. I went and finished showers." CNA #1 was asked if resident #1 was wandering at night. She replied, yes. One time she went down the hall and I caught her at the stairway. CNA #1 was asked if oncoming staff had found resident #1. She replied, yes, I had no idea she was up. At 07:59 a.m., a statement dated August 24, 2021 written by CMA #1 regarding resident #2 was reviewed with CMA #1. She was asked to describe the elopement incident. She stated, "The door alarm sounded for A and B." She was asked if she went and checked on the alarms. She replied, yes I did, I didn't go outside I looked out the windows and doors. She was asked how long she investigated the door alarms. She replied, we both came down here to first floor and looked on Independent Living hall main entrance windows. She was asked when was the resident found. She stated, "when day shift got here resident #1's husband pushed his pendant and notified staff resident #1 was not in her room. A staff member walked out in the parking lot and she was near the sign." CMA #1 stated, "One night resident #1 was coming up the hall, saying she wanted to go home." She was asked if resident #1 had gotten more adamant or frequently wanted to go home.	C1505		

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C1505	Continued From page 7 She replied, I would say it was yes. "Door History Report", dated 08/24/2021, documented, at "05:20:24 a.m., Door Open...B wing End Hall entrance...CNA#1...36s...resolved. At 05:21:45 a.m., Door Open A Wing Main Entrance...30s...CNA#1...resolved..." On 09/21/2021 at 08:57 a.m., Nurse notes documented residents increasing wandering, hallucinations and behaviors were reviewed with the DON. She was asked if the care plan had been updated to reflect residents decline in cognition and wandering behaviors. She stated, "No, don't believe it was." She did state, "the resident was assessed for a UTI on 06/21/2021, but it was not documented on the care plan." At 09:55 a.m., CNA #3 was interviewed via telephone. She was asked if she recalled the door alarm on the southeast corner at approximately 11:00 a.m., yesterday. She was asked if she actually went to the door and looked outside, did you open the door and look out. She replied, I told my nurse the door was activated that the maintenance man activated it and didn't resolve it. She stated, "No I didn't go to that one." "Door History Report", dated 9/20/2021, documented at "...10:59:32 a.m., Door Open...C Wing Southside Entrance...26s...CNA#3...resolved..." "Integris Hospital History and Physical" record ,dated 08/24/2021, documented, "...Acute on Chronic Cervical Spine Fracture... Tiny left apical pneumothorax...Multiple bruises on face, knees, etc...small supapatellar effusion over on left knee..."	C1505		

Oklahoma State Department of Health

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C1505	Continued From page 8 "Integris Hospital record", dated 08/24/2021, documented, "...Admission Problem list as Cervical Spine Fracture, Dementia, Fall, Hypertension and Pneumothorax..." "Integris Hospital record", dated 09/08/2021, documented, "...Active Hospital Diagnosis as Dementia, Cervical Spine Fracture and Hypertension...Resolved hospital diagnosis as Fall and Pneumothorax...Discharge diagnosis: Dementia, Cervical Spine Fracture and Hypertension..." Alzheimers Association Website documented, "...Mini-Mental State Exam (MMSE) and the Mini-Cog test. The MMSE and Mini-Cog test are two commonly used assessments. During the MMSE, a health professional asks a patient a series of questions designed to test a range of everyday mental skills. The maximum MMSE score is 30 points. A score of 20 to 24 suggests mild dementia, 13 to 20 suggests moderate dementia, and less than 12 indicates severe dementia. On average, the MMSE score of a person with Alzheimer's declines about two to four points each year..." (1) 1. https://www.alz.org/alzheimers-dementia/diagnoses/medical_tests	C1505		

Delivery via email to: mosborn@primroseretirement.com

October 1, 2021

License Number: AL6303

Ms. Malinda Osborn, Administrator
Primrose Retirement Community of Shawnee
1905 North Bryan
Shawnee, OK 74804

Survey Event ID: 0LDY11

Dear Ms. Osborn:

On **September 21, 2021**, agents from our office completed a complaint investigation at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **Tag C1505** - The time frame on the Plan of Correction does not allow enough time for monitoring and follow up.

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

Sincerely,

Katie Stagner
Digitally signed by Katie
Stagner
Date: 2021.10.01 13:27:22
-05'00'

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

PRIMROSE RETIREMENT COMMUNITY OF SHAWNEE

**1905 NORTH BRYAN
SHAWNEE, OK 74804**

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C 000	INITIAL COMMENTS An abbreviated survey was conducted on 09/20/2021 and 09/21/2021 to investigate complaint #OK00057770. Census was 36. The following abbreviations may have been used in the writing of this report. ED (Executive Director) DON (Director of Nursing) CNA (Certified Nursing Assistant) CMA (Certified Medication Assistant) S (seconds) MMSE (Mini Mental State Examination)	C 000	1. Resident # 2 no longer resides in the community. 2. DON or Designee shall complete a chart audit to identify residents that are at risk of elopement, and ensure that appropriate interventions are in place in the Negotiated Service plan. 3. All appropriate staff will be re-educated on the door alarm policy. All appropriate staff will be educated on entering the identity of the person activating the door alarm in the note section of the door alarm acknowledgment.	
C1505 SS=G	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's 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	C1505	DON will be re-educated on the importance of updating the Negotiated Service Plan with appropriate interventions by the Regional Nurse Manager. Elopement drill will be completed per Primrose policy. 4. The Executive Director and Director of Nursing will review on a monthly basis as part of the Quality Assurance Committee the results of any updated service plans and the report of door alarm acknowledgments by staff for continued compliance for a minimum of 3 months or until deficient practice is resolved. 5. Corrective Action will be completed 10/6/2021.	

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

OLDY11

TITLE (X6) DATE
Malinda Osborn Executive Director
9/29/21

If continuation sheet 1 of 9

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/21/2021
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C1505	Continued From page 3 3) Resident hallucinates and/or looks for individuals that are not present? Yes Does the resident exhibit any of the following? 1) Does the resident have a dementia related diagnosis? Yes 2) Disorientation? Yes 3) Intermittent confusion? Yes... 7) Sleep disturbance or confusion (day or night)? Yes at times Current interventions? Periodic resident whereabouts, provide resident with familiar objects and possessions..." "Procedure: Missing Resident/Elopement" documented, 1. "A resident's risk related to wandering or elopement will be evaluated as part of the preadmission evaluation and upon any resident changes in cognition or functionality..." 3. A service plan with specific interventions to maintain the residents safety will be established and will include the type and amount of supervision provided..." "Door Alarm System-Assisted & Independent Living policy and procedure" effective date 08/17/2021, documented, "Procedures: Door Alarm/Alert B. Staff responding to the door alarm/alert must check for resident safety and acknowledge the alarm. Acknowledgement of an alarm should occur only by the staff person responding to the alarm...C. Staff must prioritize and respond to a door alarm/alert as soon as possible..." A Nurse note dated, 09/27/2020 at 4:30 p.m., documented, "resident family member returned the resident to the facility, he stated she was found near the country club, bystanders had witnessed her fall. The resident did not have her	C1505		

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C1505	Continued From page 4 pendant on. The resident did have her cell phone. The bystanders assisted the resident to call her daughter. Upon arrival the resident shirt was wet and she was warm from walking...She complained of toe pain. The left great toe was red in color around the toe nail..." A Nurse note dated, 05/21/2021 at 05:45 a.m., documented, "Observed resident upstairs going door to door opening and turning off room lights of occupied and unoccupied rooms. After asking what she was doing she responded saying she is working lots of lights need to be turned off and she is working here now..." A Nurse note dated, 06/19/2021 at 11:00 a.m., documented, "resident walked outside alone, followed to corner of building asked her what she was doing she responded saying the weeds need to be pulled and flowers needed watering..." A Nurse note dated, 06/18/2021 at 2:00 p.m. late entry, documented, "Resident decided to go for a walk out to a staff vehicle and reported I need to check my vehicle we are going for a drive, witnessed resident trying to get in staff vehicle..." A Nurse note dated, 06/21/2021 at 3:00 a.m., documented, "Residents husband pushed his pendant for help to redirect resident/wife to go back to bed, she stated she was going home..." A Nurse note dated, 07/2/2021 at 4:25 am documented, "Resident up in hallway in pajamas and verbalizes that she needs to go outside to the car because there is a lot of people in it..." A Nurse note dated 08/24/2021 at 08:45 a.m., documented "resident had a fall outside on 08/24/2021 at 06:50 a.m., aide responded to	C1505		

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C1505	Continued From page 5 pendant call at 06:45 a.m., was the spouse of the resident and asked where his wife was so staff began looking for her. About 5 minutes later she was observed in the west parking lot near the sign sitting on her bottom with knees bent in front of her only a night gown on and no shoes. When asked where she was going, she replied, "I am going home." She had injuries to her left eye, small cut and swelling, large goose egg to left cheek, abrasions to bilateral knees and hands, c/o pain to left hip, left side and left shoulder." A Nurse note dated, 08/24/2021 (untimed) documented family member reported that resident #1 was being transported to Integris Hospital in OKC for further evaluation and possible surgery. x 3 fractured ribs, punctured lung, possible hip fracture and neck. Will keep us posted." On 09/20/2021 at 10:59 a.m., this surveyor opened the southeast corner door near the stairs on floor #1. No staff was observed to physically come and open the door to investigate who exited the building. This surveyor observed the exit door until 11:09 a.m. "Door History Report" dated 9/20/2021 documented at "...10:59:32 a.m., Door Open ...C Wing Southside Entrance...26s {second}...resolved..." At 4:00 p.m., the ED was asked what her expectation was for door alarms. She stated "My expectation is if they (staff) hear an alarm they go down physically look outside of the door." So that is how staff should respond to door alarms. She replied, correct. On 09/21/2021 at 07:10 a.m., a statement dated, August 24, 2021, written by CNA #1 regarding resident #2 was reviewed with CNA #1. She was	C1505		

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C1505	Continued From page 6 asked to describe the elopement incident. She stated, "Her and CMA #1 was upstairs, I saw B wing alarm go off (Door alarms will notify staff on cell phone). I didn't give it much thought, a few minutes later A wing went off. I looked around and didn't see anyone. I looked out the door/window lounge area but I didn't go out the door. I asked CMA #1 if she had heard A and B alarm going off. She said she did not hear alarms. I went and finished showers." CNA #1 was asked if resident #1 was wandering at night. She replied, yes. One time she went down the hall and I caught her at the stairway. CNA #1 was asked if oncoming staff had found resident #1. She replied, yes, I had no idea she was up. At 07:59 a.m., a statement dated August 24, 2021 written by CMA #1 regarding resident #2 was reviewed with CMA #1. She was asked to describe the elopement incident. She stated, "The door alarm sounded for A and B." She was asked if she went and checked on the alarms. She replied, yes I did, I didn't go outside I looked out the windows and doors. She was asked how long she investigated the door alarms. She replied, we both came down here to first floor and looked on Independent Living hall main entrance windows. She was asked when was the resident found. She stated, "when day shift got here resident #1's husband pushed his pendant and notified staff resident #1 was not in her room. A staff member walked out in the parking lot and she was near the sign." CMA #1 stated, "One night resident #1 was coming up the hall, saying she wanted to go home." She was asked if resident #1 had gotten more adamant or frequently wanted to go home.	C1505		

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C1505	Continued From page 7 She replied, I would say it was yes. "Door History Report", dated 08/24/2021, documented, at "05:20:24 a.m., Door Open...B wing End Hall entrance...CNA#1...36s...resolved. At 05:21:45 a.m., Door Open A Wing Main Entrance...30s...CNA#1...resolved..." On 09/21/2021 at 08:57 a.m., Nurse notes documented residents increasing wandering, hallucinations and behaviors were reviewed with the DON. She was asked if the care plan had been updated to reflect residents decline in cognition and wandering behaviors. She stated, "No, don't believe it was." She did state, "the resident was assessed for a UTI on 06/21/2021 but it was not documented on the care plan." At 09:55 a.m., CNA #3 was interviewed via telephone. She was asked if she recalled the door alarm on the southeast corner at approximately 11:00 a.m., yesterday. She was asked if she actually went to the door and looked outside, did you open the door and look out. She replied, I told my nurse the door was activated that the maintenance man activated it and didn't resolve it. She stated, "No I didn't go to that one." "Door History Report", dated 9/20/2021, documented at "...10:59:32 a.m., Door Open...C Wing Southside Entrance...26s...CNA#3...resolved..." "Integris Hospital History and Physical" record, dated 08/24/2021, documented, "...Acute on Chronic Cervical Spine Fracture...Tiny left apical pneumothorax...Multiple bruises on face, knees, etc...small supapatellar effusion over on left knee..."	C1505			

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C1505	Continued From page 8 "Integris Hospital record", dated 08/24/2021, documented, "...Admission Problem list as Cervical Spine Fracture, Dementia, Fall, Hypertension and Pneumothorax..." "Integris Hospital record", dated 09/08/2021, documented, "...Active Hospital Diagnosis as Dementia, Cervical Spine Fracture and Hypertension...Resolved hospital diagnosis as Fall and Pneumothorax...Discharge diagnosis: Dementia, Cervical Spine Fracture and Hypertension..." Alzheimers Association Website documented, "...Mini-Mental State Exam (MMSE) and the Mini-Coq test. The MMSE and Mini-Coq test are two commonly used assessments. During the MMSE, a health professional asks a patient a series of questions designed to test a range of everyday mental skills. The maximum MMSE score is 30 points. A score of 20 to 24 suggests mild dementia, 13 to 20 suggests moderate dementia, and less than 12 indicates severe dementia. On average, the MMSE score of a person with Alzheimer's declines about two to four points each year..." (1) 1. https://www.alz.org/alzheimers-dementia/diagnos/s/medical_tests	C1505			



OKLAHOMA
State Department
of Health

Delivery via email to: mosborn@primroseretirement.com

October 5, 2021

License Number: AL6303

Malinda Osborn, Administrator
Primrose Retirement Community Of Shawnee
1905 North Bryan
Shawnee, OK 74804

Survey Event ID: 0LDY11

Dear Ms. Osborn:

On **September 21, 2021**, 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 **November 6, 2021**.

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,

Tempal Killman

Digitally signed by Tempal
Killman
Date: 2021.10.05 08:37:16 -05'00'

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

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(X6) DATE
9/29/21

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C1505	Continued From page 3 3) Resident hallucinates and/or looks for individuals that are not present? Yes Does the resident exhibit any of the following? 1) Does the resident have a dementia related diagnosis? Yes 2) Disorientation? Yes 3) Intermittent confusion? Yes... 7) Sleep disturbance or confusion (day or night)? Yes at times Current interventions? Periodic resident whereabouts, provide resident with familiar objects and possessions..." "Procedure: Missing Resident/Elopement" documented, 1. "A resident's risk related to wandering or elopement will be evaluated as part of the preadmission evaluation and upon any resident changes in cognition or functionality..." 3. A service plan with specific interventions to maintain the residents safety will be established and will include the type and amount of supervision provided..." "Door Alarm System-Assisted & Independent Living policy and procedure" effective date 08/17/2021, documented, "Procedures: Door Alarm/Alert B. Staff responding to the door alarm/alert must check for resident safety and acknowledge the alarm. Acknowledgement of an alarm should occur only by the staff person responding to the alarm...C. Staff must prioritize and respond to a door alarm/alert as soon as possible..." A Nurse note dated, 09/27/2020 at 4:30 p.m., documented, "resident family member returned the resident to the facility, he stated she was found near the country club, bystanders had witnessed her fall. The resident did not have her	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2021
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PRIMROSE RETIREMENT COMMUNITY OF SHAWNEE

**1905 NORTH BRYAN
SHAWNEE, OK 74804**

(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
C1505	Continued From page 4 pendant on. The resident did have her cell phone. The bystanders assisted the resident to call her daughter. Upon arrival the resident shirt was wet and she was warm from walking...She complained of toe pain. The left great toe was red in color around the toe nail..." A Nurse note dated, 05/21/2021 at 05:45 a.m., documented, "Observed resident upstairs going door to door opening and turning off room lights of occupied and unoccupied rooms. After asking what she was doing she responded saying she is working lots of lights need to be turned off and she is working here now..." A Nurse note dated, 06/19/2021 at 11:00 a.m., documented, "resident walked outside alone, followed to corner of building asked her what she was doing she responded saying the weeds need to be pulled and flowers needed watering..." A Nurse note dated, 06/18/2021 at 2:00 p.m. late entry, documented, "Resident decided to go for a walk out to a staff vehicle and reported I need to check my vehicle we are going for a drive, witnessed resident trying to get in staff vehicle..." A Nurse note dated, 06/21/2021 at 3:00 a.m., documented, "Residents husband pushed his pendant for help to redirect resident/wife to go back to bed, she stated she was going home..." A Nurse note dated, 07/2/2021 at 4:25 am documented, "Resident up in hallway in pajamas and verbalizes that she needs to go outside to the car because there is a lot of people in it..." A Nurse note dated 08/24/2021 at 08:45 a.m., documented "resident had a fall outside on 08/24/2021 at 06:50 a.m., aide responded to	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2021
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 NORTH BRYAN SHAWNEE, OK 74804		
(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
C1505	Continued From page 5 pendant call at 06:45 a.m., was the spouse of the resident and asked where his wife was so staff began looking for her. About 5 minutes later she was observed in the west parking lot near the sign sitting on her bottom with knees bent in front of her only a night gown on and no shoes. When asked where she was going, she replied, "I am going home." She had injuries to her left eye, small cut and swelling, large goose egg to left cheek, abrasions to bilateral knees and hands, c/o pain to left hip, left side and left shoulder." A Nurse note dated, 08/24/2021 (untimed) documented family member reported that resident #1 was being transported to Integris Hospital in OKC for further evaluation and possible surgery. x 3 fractured ribs, punctured lung, possible hip fracture and neck. Will keep us posted." On 09/20/2021 at 10:59 a.m., this surveyor opened the southeast corner door near the stairs on floor #1. No staff was observed to physically come and open the door to investigate who exited the building. This surveyor observed the exit door until 11:09 a.m. "Door History Report" dated 9/20/2021 documented at "...10:59:32 a.m., Door Open ...C Wing Southside Entrance...26s {second}...resolved..." At 4:00 p.m., the ED was asked what her expectation was for door alarms. She stated "My expectation is if they (staff) hear an alarm they go down physically look outside of the door." So that is how staff should respond to door alarms. She replied, correct. On 09/21/2021 at 07:10 a.m., a statement dated, August 24, 2021, written by CNA #1 regarding resident #2 was reviewed with CNA #1. She was	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2021
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NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF SHAWNEE	STREET ADDRESS, CITY, STATE, ZIP CODE 1905 NORTH BRYAN SHAWNEE, OK 74804
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C1505	Continued From page 6 asked to describe the elopement incident. She stated, "Her and CMA #1 was upstairs, I saw B wing alarm go off (Door alarms will notify staff on cell phone). I didn't give it much thought, a few minutes later A wing went off. I looked around and didn't see anyone. I looked out the door/window lounge area but I didn't go out the door. I asked CMA #1 if she had heard A and B alarm going off. She said she did not hear alarms. I went and finished showers." CNA #1 was asked if resident #1 was wandering at night. She replied, yes. One time she went down the hall and I caught her at the stairway. CNA #1 was asked if oncoming staff had found resident #1. She replied, yes, I had no idea she was up. At 07:59 a.m., a statement dated August 24, 2021 written by CMA #1 regarding resident #2 was reviewed with CMA #1. She was asked to describe the elopement incident. She stated, "The door alarm sounded for A and B." She was asked if she went and checked on the alarms. She replied, yes I did, I didn't go outside I looked out the windows and doors. She was asked how long she investigated the door alarms. She replied, we both came down here to first floor and looked on Independent Living hall main entrance windows. She was asked when was the resident found. She stated, "when day shift got here resident #1's husband pushed his pendant and notified staff resident #1 was not in her room. A staff member walked out in the parking lot and she was near the sign." CMA #1 stated, "One night resident #1 was coming up the hall, saying she wanted to go home." She was asked if resident #1 had gotten more adamant or frequently wanted to go home.	C1505		

Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF SHAWNEE	STREET ADDRESS, CITY, STATE, ZIP CODE 1905 NORTH BRYAN SHAWNEE, OK 74804
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C1505	Continued From page 7 She replied, I would say it was yes. "Door History Report", dated 08/24/2021, documented, at "05:20:24 a.m., Door Open...B wing End Hall entrance...CNA#1...36s...resolved. At 05:21:45 a.m., Door Open A Wing Main Entrance...30s...CNA#1...resolved..." On 09/21/2021 at 08:57 a.m., Nurse notes documented residents increasing wandering, hallucinations and behaviors were reviewed with the DON. She was asked if the care plan had been updated to reflect residents decline in cognition and wandering behaviors. She stated, "No, don't believe it was." She did state, "the resident was assessed for a UTI on 06/21/2021, but it was not documented on the care plan." At 09:55 a.m., CNA #3 was interviewed via telephone. She was asked if she recalled the door alarm on the southeast corner at approximately 11:00 a.m., yesterday. She was asked if she actually went to the door and looked outside, did you open the door and look out. She replied, I told my nurse the door was activated that the maintenance man activated it and didn't resolve it. She stated, "No I didn't go to that one." "Door History Report", dated 9/20/2021, documented at "...10:59:32 a.m., Door Open...C Wing Southside Entrance...26s...CNA#3...resolved..." "Integris Hospital History and Physical" record, dated 08/24/2021, documented, "...Acute on Chronic Cervical Spine Fracture... Tiny left apical pneumothorax...Multiple bruises on face, knees, etc...small supapatellar effusion over on left knee..."	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2021
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 NORTH BRYAN SHAWNEE, OK 74804		
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C1505	Continued From page 8 "Integris Hospital record", dated 08/24/2021, documented, "...Admission Problem list as Cervical Spine Fracture, Dementia, Fall, Hypertension and Pneumothorax..." "Integris Hospital record", dated 09/08/2021, documented, "...Active Hospital Diagnosis as Dementia, Cervical Spine Fracture and Hypertension...Resolved hospital diagnosis as Fall and Pneumothorax...Discharge diagnosis: Dementia, Cervical Spine Fracture and Hypertension..." Alzheimers Association Website documented, "...Mini-Mental State Exam (MMSE) and the Mini-Cog test. The MMSE and Mini-Cog test are two commonly used assessments. During the MMSE, a health professional asks a patient a series of questions designed to test a range of everyday mental skills. The maximum MMSE score is 30 points. A score of 20 to 24 suggests mild dementia, 13 to 20 suggests moderate dementia, and less than 12 indicates severe dementia. On average, the MMSE score of a person with Alzheimer's declines about two to four points each year..." (1) 1. https://www.alz.org/alzheimers-dementia/diagnosi/s/medical_tests	C1505		

Delivery via email to: mosborn@primroseretirement.com

March 10, 2022

License Number: AL6303

Malinda Osborn, Administrator
Primrose Retirement Community Of Shawnee
1905 North Bryan
Shawnee, OK 74804

Survey Event ID: 0LDY12

Dear Ms. Osborn:

A revisit conducted **March 2, 2022**, revealed that your facility corrected deficiencies effective **November 6, 2021**.

We will notify you of any enforcement actions being taken. If you have any questions, please contact me at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure:

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/02/2022
NAME OF PROVIDER OR SUPPLIER PRIMROSE RETIREMENT COMMUNITY OF SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 1905 NORTH BRYAN SHAWNEE, OK 74804		
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{C 000}	INITIAL COMMENTS A revisit was conducted on 03/02/22. All deficiencies from the 09/21/21 survey were cleared.	{C 000}		

Oklahoma State Department of Health

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

TITLE

(X6) DATE