OKLAHOMA
State Department
of Health

Delivery via email to: vicky@unitedresource.biz

May 15, 2023

License Number: AL6701

Ms. Vicky Anderson, Administrator
Avonlea Cottage Of Seminole
2207 West Wrangler
Seminole, OK 74868

RE: Survey Event ID: YUHE11

Dear Ms. Anderson:

On **May 10, 2023**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on May 10, 2023.

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

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: http://www.ok.gov/health. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

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

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

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
	AL6701	A. BUILDING: _____ B. WING _____	05/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVONLEA COTTAGE OF SEMINOLE	2207 WEST WRANGLER SEMINOLE, OK 74868

(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 on 05/10/23. Listed below are abbreviations that will be used throughout this document. Res - Resident RN - registered nurse	C 000		
C 531 SS=D	310:663-5-3(a) ASSESSMENT FORM (a) The admission assessment form shall include but not be limited to the following: (1) resident's identification; (2) disease diagnosis/infections; (3) mental health history, and mental retardation or developmental disability; (4) physical functioning which includes the numbers of persons needed to assist with activities of daily living; (5) incontinence; (6) medications; (7) special treatment and procedures; (8) cognitive function; and (9) signatures and dates. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure admission assessments contained all required components for one (#5) of eight sampled residents reviewed for admission assessments.	C 531		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6701	A. BUILDING: _____ B. WING _____	05/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 531	Continued From page 1 The "Assisted Living Resident Condition and Care Overview" report, dated 05/10/23, documented 26 residents resided in the facility. Findings: 1. A resident assessment, dated 01/03/23, documented a preadmission assessment was completed for Res #5. There was no signature for the resident or representative interviewed. On 05/10/23 at 1:07 p.m., RN #1 was asked what components were required to be on the admission assessment and was shown the resident's assessment. They stated there should have been a resident or representative signature.	C 531		

OKLAHOMA
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Delivery via email to: vicky@unitedresource.biz

June 15, 2023

License Number: AL6701

Ms. Vicky Anderson, Administrator
Avonlea Cottage Of Seminole
2207 West Wrangler
Seminole, OK 74868

RE: Survey Event YUHE11

Dear Ms. Anderson:

On **May 10, 2023**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

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

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **May 25, 2023**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

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

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 5/18/2023** **Facility Name:** AVONLEA COTTAGE OF SEMINOLE **License Number:** AL6701 **Survey Event ID:** YUHE11 **Date Survey Completed: 5/10/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 531	Based on: Based on record and interview, the center failed to ensure admission assessments contained all requirements for one (#5) of eight sampled residents reviewed for admission assessments. There was no signature for the resident or representative interviewed.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

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?	*A resident assessment, dated 1/3/2023, documented preadmission assessment was completed for Res #5. A signature for the resident or representative #5 interviewed has been placed on the assessment on 5/17/2023. *All Resident's of Avonlea Cottage have potential to be affected by this deficiency practice. Avonlea Cottage Nurse conducted a review on all preadmission assessments of all Avonlea Cottage Residents to assure the component of a Resident or representative signature was provided. There were no similar findings. This was completed on 5/17/2023.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	*All Residents of Avonlea Cottage are required to have an admission assessment and identified to have potential to be affected by stated deficiency of the missing signature component on an admission assessment. *All Residents of Avonlea Cottage that were identified to obtain a preadmission assessment were reviewed with no similar findings. This was completed on 5/17/2023.
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?	*All Avonlea Cottage nursing staff are educated on completing an Assessment Form when hired. *All Avonlea Cottage nursing staff will receive additional training on completion of an Admission Assessment. This was completed on 5/17/2023.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness;	*Administrator, nurse, or designee will perform monthly audit review of all preadmission assessments for that month to ensure the components of the signature is included in the preadmission assessment to prevent this deficient practice from recur. This was initiated on

b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	5/17/2023 and will be performed monthly for one year. *A spreadsheet record will be used with a list of all Residents and their preadmission assessment record listed showing evidence the preadmission assessment was reviewed by the Administrator, nurse, or designee for the components required to prevent this deficient practice from recur. This was completed 5/17/2023. *The corrective action for this deficiency practice will be incorporated into Avonlea Cottage Quality Assurance quarterly meetings. The Quality Assurance Committee will review the monthly audit review on preadmission assessments for findings and reports. The QA committee will follow OK State Department of Health guidelines and Avonlea Cottage policy and procedure to ensure that all Residents Assessment components are completed. The QA committee will report any findings to the Administrator. This was incorporated into Avonlea Cottage Quality Assurance meeting on 5/17/2023 and will be reviewed each quarterly meeting for one year. *Monitoring records for assessments will be kept in the Avonlea Cottage Quality and Assurance Committee book. This was incorporated on 5/17/2023.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/25/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required. Vicky Anderson	**Date 5/18/2023**	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	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
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Delivery via email to: vicky@unitedresource.biz

June 27, 2023

License Number: AL6701

Ms. Vicky Anderson, Administrator
Avonlea Cottage Of Seminole
2207 West Wrangler
Seminole, OK 74868

RE: Survey Event YUHE12

Dear Ms. Anderson:

On **June 23, 2023,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **May 10, 2023,** have now been corrected effective **May 19, 2023.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6701	A. BUILDING: _____ B. WING _____	R 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVONLEA COTTAGE OF SEMINOLE	2207 WEST WRANGLER SEMINOLE, OK 74868

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 06/23/23. The facility was in substantial compliance.	{C 000}		

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