Oklahoma State Department of Health
Creating a State of Health

March 17, 2020

License Number: AL7226

Mr. Jacob Will, Administrator
Oklahoma Methodist Manor Inc
3130 South Sandusky Ave
Tulsa, OK 74135

RE: Survey Event ID: QIN511

Dear Mr. Will:

On **February 26, 2020**, 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 February 26, 2020.

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) 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 IDRCoordinator@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,

Katie Stagner

for Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/kgs

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
	AL7226	A BUILDING _____ B. WING _____	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OKLAHOMA METHODIST MANOR INC	3130 SOUTH SANDUSKY AVE TULSA, OK 74135

(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 re-licensure survey was conducted on 02/24/2020 through 02/26/2020. Current census was 37. The following deficient practices were cited.	C 000		
C1328 SS=E	310:663-13-2(8) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (8) term, renewal and cancellation of contract; This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure the resident service contracts contained a clear statement of terms, renewal and cancellation of the contract for 3 (#1, 2, and #6) of 3 sampled residents who signed a service contract in the past year. This failed practice resulted in the potential for more than minimal harm at a pattern. Findings: On 02/26/20 at 3:25 p.m., a review of resident service contracts revealed the contracts had not contained the terms, renewal and cancellation statements for the following residents: Resident #1 - signed the contract on 01/10/19; Resident #2 - signed the contract on 12/26/19; and Resident #6 - signed the contract on 07/26/19. At 3:42 p.m., the administrator stated the service contract had not specifically documented terms, renewal, and cancellation of the contract by the center.	C1328		

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C1505	Continued From page 1	C1505		
C1505 SS=E	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 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 laboratory tests were completed as ordered by the physician for 3 (#1, 3, and #6) of 3 sampled residents who had missing physician ordered blood tests. This failed practice resulted in the potential for more than minimal harm at a pattern. Findings: RESIDENT #1	C1505		

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C1505	Continued From page 2 On 02/25/20 at 1:34 p.m., a review of resident #1's chart documented a physician's order, dated 02/02/20, the following blood laboratory tests were to be drawn annually in January 2020: Chemistry (Chem) 14 - metabolism, health of kidneys and liver, electrolyte balance, and blood glucose levels; Complete Blood Count (CBC) - measured white blood cells, red blood cells, hemoglobin, and Hematocrit; Thyroid Stimulating Hormone (TSH) - measured the amount of hormone in the blood; Vitamin D - maintains strong bones and helps the body absorb calcium; B12/Folate - the body does not produce the nutrients and supplied by foods consumed; and Pre-Albumin - low Pre-Albumin may indicate malnutrition and high Pre-Albumin may indicate kidney disease. Resident #1's chart had not contained the physician ordered laboratory tests results. At 1:55 p.m., licensed practical nurse (LPN) #1 stated resident #1's physician ordered laboratory tests had not been drawn in January 2020. RESIDENT #3 At 2:32 p.m., a review of resident #3's chart documented a physician's ordered blood laboratory tests were to be drawn in May 2019: Chem 14, CBC, TSH, Vitamin D, B12/Folate, and Pre-Albumin. Resident #3's chart did not contain the physician ordered laboratory tests results. At 2:50 p.m., LPN #1 stated resident #3's physician ordered annual laboratory tests had not	C1505		

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C1505	Continued From page 3 been drawn in May 2019. RESIDENT #6 On 02/26/20 at 10:31 a.m., a review of resident #6's chart documented a physician's order, dated 07/26/19, a lipid panel (measures cholesterol) blood laboratory test was to be drawn every six months. Resident #6's chart had not contained the physician ordered laboratory test result for July 2019 or January 2020. At 1:14 p.m., LPN #2 stated resident #6's chart had not contained the Lipid panel laboratory test result because the laboratory test had not been drawn in July 2019 or January 2020.	C1505		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7226	OKLAHOMA METHODIST MANOR INC

Type of Survey (select all that apply)

2				

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

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)
1. 35195	02/24/2020	02/26/2020	1.00	0.00	20.25	0.00	8.25	4.00
2.								
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**

MAR 18 2020

OKLAHOMA
State Department
of Health

Delivery Via Email: mloyd@ommtulsa.org; jwill@ommtulsa.org

September 2, 2020

License Number: AL7226

Mr. Jacob Will, Administrator
Oklahoma Methodist Manor Inc.
3130 South Sandusky Ave.
Tulsa, OK 74135

RE: Survey Event QIN511

Dear Mr. Will:

On **February 26, 2020**, 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 will be corrected and you will be in substantial compliance by **May 22, 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) 271-6868.

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: 2020.09.02 15:34:05 -05'00'

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

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
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C 000	INITIAL COMMENTS A re-licensure survey was conducted on 02/24/2020 through 02/26/2020. Current census was 37. The following deficient practices were cited.	C 000	This plan of correction is submitted and executed only as required by State regulations; it does not constitute Oklahoma Methodist Manor's (OMM) agreement with, or the accuracy of, any allegation, statement or citation contained within the statement of deficiencies. OMM maintains that the alleged deficiencies neither individually nor collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan is not meant to establish any standard of care, contract, obligation, or position and OMM reserve all rights to raise all possible contentions and defenses in any civil or criminal claim, actions, or proceedings. This Statement of Deficiencies and associated plan of correction has been, or will be, taken to the facility's Quality Assurance Committee.	
C1328 SS=E	310:663-13-2(8) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (8) term, renewal and cancellation of contract; This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure the resident service contracts contained a clear statement of terms, renewal and cancellation of the contract for 3 (#1, 2, and #6) of 3 sampled residents who signed a service contract in the past year. This failed practice resulted in the potential for more than minimal harm at a pattern. Findings: On 02/26/20 at 3:25 p.m., a review of resident service contracts revealed the contracts had not contained the terms, renewal and cancellation statements for the following residents: Resident #1 - signed the contract on 01/10/19; Resident #2 - signed the contract on 12/26/19; and Resident #6 - signed the contract on 07/26/19. At 3:42 p.m., the administrator stated the service contract had not specifically documented terms, renewal, and cancellation of the contract by the center.	C1328	How will the corrective action be accomplished for those residents found to have been affected by the deficient practice? The Assisted Living Admission Contract was updated on 3/19/20 to include terms, renewal, and cancellation of the contract. An addendum was created for all current assisted living residents and/or their responsible party to sign explaining the 3/19/20 updated contract. How will other residents having the potential to be affected by the same deficient practice be identified? All residents of the ALF were affected. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? The Assisted Living Admission Contract was updated on 3/19/20 to include terms, renewal, and cancellation of the contract. The new contract will be used from the date of 3/19/20. How will the assisted living center monitor its performance to make sure corrections are sustained? A monthly audit of Admission Contracts will be completed over the next 4 months to ensure compliance. Findings will be taken to Quality Assurance meetings for review. Oklahoma Methodist Manor will be in full compliance with this regulation on:	05/22/20

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

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C1505	Continued From page 1	C1505	How will the corrective action be accomplished for those residents found to have been affected by the deficient practice? The physician ordered lab test results for residents 1, 3 & 6 were received on 3/11/20. How will other residents having the potential to be affected by the same deficient practice be identified? All residents of the assisted living could be affected. An audit of every resident chart was completed to find any outstanding lab tests. Any outstanding lab tests were completed by 03/27/20. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? A lab schedule was created with all reoccurring lab orders organized by month. A nurse must document when the lab was drawn and when the results were received in the lab schedule. Any new residents that move in will be added to the lab schedule. How will the assisted living center monitor its performance to make sure corrections are sustained? For the next 3 months the Director will review the lab schedule prior to the end of the month to review completed lab tests. Findings will be taken to Quality Assurance meetings for review. Oklahoma Methodist Manor will be in full compliance with this regulation on:	03/31/20
C1505 SS=E	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 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 laboratory tests were completed as ordered by the physician for 3 (#1, 3, and #6) of 3 sampled residents who had missing physician ordered blood tests. This failed practice resulted in the potential for more than minimal harm at a pattern. Findings: RESIDENT #1	C1505		

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OKLAHOMA
State Department
of Health

Delivery via email to: jwill@ommtulsa.org

November 17, 2020

License Number: AL7226

Mr. Jacob Will, Administrator
Oklahoma Methodist Manor Inc
3130 South Sandusky Ave
Tulsa, OK 74135

RE: Survey Event QIN512

Dear Mr. Will:

On **November 12, 2020,** an offsite/paper revisit was conducted with your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 26, 2020,** have now been corrected effective **May 22, 2020.**

If you have any questions concerning the information in this letter, please contact an Enforcement worker at (405) 271-6868.

Sincerely,

Users, Lisa D Calvin

Digitally signed by Users, Lisa D Calvin
Date: 2020.11.17 15:23:19 -06'00'

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

Oklahoma State Department of Health

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{C 000}	INITIAL COMMENTS A paper revisit was conducted on 11/12/2020. Credible evidence of correction was submitted for all deficiencies.	{C 000}		

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