OKLAHOMA
State Department
of Health

Delivery via email to: lmeacham@beehivehomes.com

September 21, 2021

License Number: AL7242

Ms. Lisa Meacham, Administrator/Owner
Beehive Homes Of Glenpool
12570 South Vancouver Ave
Glenpool, OK 74033

RE: Survey Event ID: XZXU11

Dear Ms. Meacham:

On **September 15, 2021**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on September 15, 2021.

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.

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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 Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7242	A. BUILDING: _____ B. WING _____	09/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF GLENPOOL	12570 SOUTH VANCOUVER AVE GLENPOOL, OK 74033

(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 An initial survey was conducted on 09/13/21 through 09/15/21. Total residents: 22	C 000		
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.	C1505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7242	A. BUILDING: _____ B. WING _____	09/15/2021

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C1505	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on obse:rvation, interview and record review it was determined the center failed to ensure ~ eye drops were dated when they were opened; ~ eye drops were not administered past the after opened expiration date; and ~ eye drops were administered five minutes apart when multiple eye drops were administered for one (#9) of one sampled resident who received eye drops. The center identified 4 residents who received eye drops. Findings: The center's pharmacy policy titled, "Expired Medications and Medications with Shortened Expiration Dates", dated 2020, documented, "...Procedure...In the event that a medication has a 'shortened' expiration date once opened the medication (open dated) will be labeled with the date opened..." The center's pharmacy policy titled, "Eye Ointment Administration", dated 2020, documented, "...EYE DROPS...When two or more different eye ointments must be administered at the same time, allow a five-minute period between them. Each drug	C1505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7242	A. BUILDING: _____ B. WING _____	09/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF GLENPOOL	12570 SOUTH VANCOUVER AVE GLENPOOL, OK 74033

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C1505	Continued From page 2 must have sufficient time to spread over eye surface and be absorbed to prevent washout or dilution..." Resident #9 had an order for Dorzolamide HCL/Timolol eye drops, Refresh liquigel eye drops and Travoprost eye drops for glaucoma. On 09/14/21 at 7:40 a.m., certified medication aide (CMA) #2 administered Dorzolamide/Timolol eye drops one drop in each eye for resident #9. The Dorzolamide/Timolol had an open date of 07/13/21. She then within the same minute she administered the first eye drop medication, administered Refresh liquigel eye drop to each eye. She did not wait five minutes in between administration of the different eye drops. A review of the eye drops on the medication cart revealed a bottle of atropine eye drops, Lantanoprost eye drops and a bottle of Travoprost eye drops were opened and not dated. At 9:21 a.m., the registered nurse (RN) was asked when the Dorzolamide/Timolol eye drops expired after it was opened. She stated 90 days then stated 60 days. She stated she would check with the pharmacist. The RN stated she contacted the pharmacist and he stated six weeks. She stated it had to do with insurance. At 11:53 a.m., the pharmacy was contacted and asked the expiration date of the opened Dorzolamide/Timolol. The pharmacy technician stated in a long term care facility the Dorzolamide/Timolol eye drops expired 28 days after it was opened. At 3:49 p.m., the RN was informed of the	C1505		

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	AL7242	A. BUILDING: _____ B. WING _____	09/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF GLENPOOL	12570 SOUTH VANCOUVER AVE GLENPOOL, OK 74033

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C1505	Continued From page 3 observation of the eye drop administration and stated it was the center's policy to wait five minutes before the administration of the second eye drop medication. She was also made aware of the opened not dated eye drops on the medication cart. She stated the eye drops should be labeled when opened.	C1505		

OKLAHOMA
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Delivery via email to: lmeacham@beehivehomes.com

October 19, 2021

License Number: AL7242

Ms. Lisa Meacham, Administrator
Beehive Homes Of Glenpool
12570 South Vancouver Ave
Glenpool, OK 74033

RE: Survey Event XZXU11

Dear Ms. Meacham:

On **September 15, 2021**, an initial 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 t**he 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 1, 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: 2021.10.19 09:47:24 -05'00'

Tempal Killman, Administrative Assistant
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: 9/30/2021** **Facility Name:** Beehive Homes of Glenpool **License Number:** AL7242 **Survey Event ID:** XZXU11 **Date Survey Completed: 9/15/2021**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1505	Based on: observation, interview and record review it was determined the center failed to ensure eye drops were dated when they were opened; eye drops were not administered past the after opened expiration date; and eye drops were administered five minutes apart when multiple eye drops were administered for one (#9) of one sampled resident who received eye drops.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is being submitted pursuant to applicable state & federal regulations. Nothing contained herein shall be construed as an admission that the Beehive Homes of Glenpool violated any state or federal regulations or failed to follow any applicable standard 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?	Resident #9 was assessed and showed no signs or symptoms of adverse effects.
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 with eye drops has the potential to be affected. A review of all eye drops on the medication cart was conducted to ensure all bottles opened were dated and not expired.
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?	In order to prevent future occurrence of the noted deficient practice, education was provided to the medication technician staff on 9/27/21 on the proper administration of eye drops. This education will be included in new employee training for the community medication technicican staff.
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; 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.	To ensure ongoing compliance related to the above practice, the Director of Nursing or designee will conduct weekly audits of the medication cart for dates on open eye drops, expired eye drops and observation of administration of eye drops by the medication technicians. Director of Nursing or designee will observe eye drops being given and audit medication carts for expired eye drops and to ensure all open eye drops have an open date on them. Results of the audits will be presented and discussed in quality assurance meetings and additional interventions initiated as needed.

	Results of the audits will be documented on an audit sheet.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/1/2021
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Lisa Meacham** OAC 310:663-25-4(F)	**Date 9/30/2021**

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: lmeacham@beehivehomes.com

May 10, 2022

License Number: AL7242

Ms. Lisa Meacham, Administrator/Director
Beehive Homes Of Glenpool
12570 South Vancouver Ave
Glenpool, OK 74033

RE: Survey Event XZXU12

Dear Ms. Meacham:

On **April 28, 2022,** a revisit to your initial survey was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your initial survey on **September 15, 2021,** have now been corrected effective **November 1, 2021.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services
Oklahoma State Department of Health

Oklahoma State Department of Health

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	AL7242	A. BUILDING: _____ B. WING _____	04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF GLENPOOL	12570 SOUTH VANCOUVER AVE GLENPOOL, OK 74033

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C 000	INITIAL COMMENTS A revisit was conducted on 04/28/2022. All deficiencies from the 09/15/2021 survey were cleared.	C 000		

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