

Delivery via email to: [mjames@beehivebrokenarrow.com](mailto:mjames@beehivebrokenarrow.com); [jharris@beehivebrokenarrow.com](mailto:jharris@beehivebrokenarrow.com)

April 16, 2021

License Number: AL7269

Ms. Magen James, Administrator  
Beehive Homes Of Broken Arrow  
3200 W Washington St  
Broken Arrow, OK 74012

**RE: Survey Event ID: RYHH11**

Dear Ms. James:

On **March 31, 2021**, agents from our office concluded an initial 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 **March 31, 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.



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](mailto: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](mailto: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,

**Users, Lisa**  
**D Calvin**

Digitally signed by  
Users, Lisa D Calvin  
Date: 2021.04.16  
12:40:11 -05'00'

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

LC/

Enclosure



Oklahoma State Department of Health

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| C 000                                                                    | INITIAL COMMENTS<br><br>On 03/29/21 through 03/31/21, an Initial survey was conducted in conjunction with, an Oklahoma State Department of Health COVID-19 Focused Survey to determine if the facility was in compliance with implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The census was 19. Deficient practice was cited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C 000                                                                                           |                                                                                                                          |                                                        |
| C 391<br>SS=E                                                            | 310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE<br><br>(a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements.<br><br>This STANDARD is not met as evidenced by: Based on observations and interviews, it was determined the facility failed to implement CDC (Centers for Disease Control and Prevention) guidelines for infection control procedures to help prevent the development and transmission of COVID-19 and/or other infections related to sanitizing hands during meal service for two (noon meals) of two meal services observed. The facility identified all 19 residents received meal service from the kitchen. Findings:<br><br>The CDC guidance titled, "Considerations for Retirement Communities and Independent Living Facilities", documented, "...Promoting behaviors that reduce spread...Reinforce handwashing in between interactions with residents as appropriate..."<br><br>The CDC guidance titled, "Hand hygiene in | C 391                                                                                           |                                                                                                                          |                                                        |

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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| C 391                                                                    | <p>Continued From page 1</p> <p>Healthcare Settings...Healthcare Providers...When to perform hand hygiene", documented, "...immediately before touching a patient...after touching a patient or a patient's immediate environment..."</p> <p>Guidance: Title 310 Oklahoma State Department of Health, Chapter 257 Food Establishments, Section 310:257-7-108, Soiled and clean tableware, documented, "...Soiled tableware shall be removed from consumer eating and drinking areas and handled so that clean tableware is not contaminated..."</p> <p>On 03/29/21 at 12:04 p.m., the noon meal service was observed in the dining room. Observed tables spaced out with two to four residents sitting at each table. Observed one shelf between the kitchen and dining room and one open door to the kitchen. Drinks were delivered to residents prior to the meal. The kitchen staff were observed to place a meal plate, napkin, and silverware on a shelf between the kitchen and the dining room. Dining room staff were observed to deliver the meal plates, napkin, and silverware to each resident. The staff delivering meals were not observed to sanitize their hands between meal plates.</p> <p>At 12:15 p.m., dining room staff members were observed to pick up a soiled glass from a resident, touching the rim of the glass, take the glass to the kitchen door, request a refill, and deliver the refilled glass to the resident. She was then observed to straighten the clothing protector of a different resident. She was not observed to sanitize her hands during this activity.</p> <p>At 12:20 p.m., after a drink refill was requested,</p> | C 391                                                                                           |                                                                                                                          |                                                        |

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| C 391                                                                    | <p>Continued From page 2</p> <p>kitchen staff were observed to handle the soiled glass, rinse the glass out in the sink, place the glass on the counter, remove the beverage container from the refrigerator, and refill the beverage. She was not observed to sanitize or wash her hands after this activity.</p> <p>On 03/30/21 at 12:00 p.m., the noon meal service was observed in the dining room. During meal service the dining room staff were observed to place soiled dishes on the shelf between the kitchen and dining room while clean meal plates were also being placed on the shelf for delivery to the residents. The shelf was not observed to be sanitized between the soiled dishes and the clean dishes. Dining room staff were observed to place soiled glasses on the shelf requesting beverage refills.</p> <p>A kitchen staff member was observed while she prepared dishes of ice cream. The staff member stopped activity when asked to refill a beverage. She was observed to handle the soiled beverage glass, refill the beverage, and then resume scooping ice cream into dishes. She was not observed to sanitize or wash her hands between activities.</p> <p>On 03/30/21 at 2:25 p.m., employee #3 was asked how she ensured infection control during meal service. She stated do not cross contaminate.</p> <p>She was asked to give an example. She stated do not help a resident in their room and return to the dining room without washing your hands.</p> <p>She was asked how she ensured infection control while in the dining room. She stated she had been</p> | C 391                                                                                           |                                                                                                                          |                                                        |

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| C 391                                                                    | <p>Continued From page 3</p> <p>doing this for 20 years and was not sure how to answer.</p> <p>She was asked where soiled dishes were placed after a meal. She stated they were taken to the kitchen area.</p> <p>She was asked if the procedure was for soiled dishes to be placed on the shelf between the kitchen and dining room. She stated "we have been."</p> <p>She was asked how she ensured infection control when soiled dishes were being placed on the same shelf as clean meals being served. She stated she did not know how to answer.</p> <p>She was asked what the procedure was when a resident requested a drink refill. She stated she would place the glass on the shelf or hand it to kitchen staff who would refill the drink.</p> <p>She was asked when hands should be sanitized during meal service. She stated after serving each plate or after touching a resident.</p> <p>She was asked why she had not sanitized her hands between plates being served or after touching residents during the noon meal services observed. She stated she "never thought about it."</p> <p>On 03/30/21 at 2:35 p.m., employee #4 was asked how she ensured infection control during meal service. She stated by wearing gloves, changing gloves, and washing hands.</p> <p>She was asked when gloves should be changed. She stated after every three to four plates change</p> | C 391                                                                                           |                                                                                                                          |                                                        |



Oklahoma State Department of Health

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| C 391                                                                    | <p>Continued From page 4</p> <p>gloves and wash your hands.</p> <p>She was asked what the procedure was when a resident requested a drink refill. She stated to get a clean glass and refill drink.</p> <p>She was asked where soiled dishes were placed after a meal. She stated dishes were to be placed in the tubs just inside the kitchen door.</p> <p>She was asked why soiled dishes were placed on the shelf between the kitchen and dining room. She stated staff were not supposed to do that, soiled dishes were to be placed in the tubs.</p> <p>She was asked when hands should be washed or sanitized during meal service. She stated hands should be washed before putting on gloves and after glove removal.</p> <p>She was asked why she had not sanitized and/or washed her hands or changed her gloves when handling soiled dishes before returning to clean dishes and serving the meals. She state "that was my mistake."</p> <p>On 03/31/21 at 10:50 a.m., employee #2 was asked how she ensured infection control during meal service. She stated change gloves frequently, wash hands when you enter the kitchen, wear hair nets, sanitize counters constantly, wear masks, serve drinks as needed, and serve meals from the pot to the plate and out the door.</p> <p>She was asked where soiled dishes were placed. She stated soiled dishes were placed in the tubs on the cart just inside the kitchen doorway. She</p> | C 391                                                                                           |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| C 391                                                                    | <p>Continued From page 5</p> <p>stated staff knew not to pick up any soiled dishes until after the last meal plate had been served.</p> <p>She was asked what the procedure was when a drink refill was requested. She stated the staff was to refill beverage, wash hands, and change gloves.</p> <p>She was asked when hands should be sanitized during meal service. She stated after each task.</p> <p>She was asked why staff would be placing soiled dishes on the shelf between the kitchen and dining room where clean meal dishes were being placed. She stated she could not answer that.</p> <p>She was asked where staff had been instructed to place soiled dishes. She stated in the tubs just inside the kitchen doorway.</p> <p>On 03/31/21 at 11:50 a.m., the administrator was asked how she ensured infection control during meal service. She stated through observation of staff.</p> <p>She was asked where staff was to place soiled dishes. She stated that only the cook should be picking up soiled dishes and only after meal service, but she knew staff placed soiled dishes on the shelf. She stated they now had a cart where soiled dishes were to be placed.</p> <p>She was asked when the cart had been implemented. She stated Friday (03/26/21).</p> <p>She was asked when hands should be sanitized during meal service. She stated between residents.</p> | C 391                                                                                           |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| C1923<br>SS=E                                                            | <p>310:663-19-2(a)(3) MEDICATION<br/>ADMINISTRATION</p> <p>(3) An accurate written record of medications administered shall be maintained. The medication record shall include:</p> <p>(A) The identity and signature of the person administering the medication.</p> <p>(B) The medication administered within one hour of the scheduled time.</p> <p>(C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method.</p> <p>(D) Adverse reactions or results.</p> <p>(E) Injection sites.</p> <p>(F) An individual inventory record shall be maintained for each schedule II medication prescribed for a resident.</p> <p>(G) Medication error incident reports.</p> <p>This Rule is not met as evidenced by:<br/>Based on interview and record review, it was determined the facility failed to ensure medication administration records were accurately maintained for one (#1) of one sampled resident whose records were reviewed for medication administration.</p> <p>The facility identified all 19 residents received staff administered medication.</p> <p>Findings:</p> <p>An undated policy titled, "Medication</p> | C1923                                                                                           |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| C1923                                                                    | <p>Continued From page 7</p> <p>Administration", documented, "...Purpose: To promote the integrity of medication management when residents are receiving care, treatment and/or services... To ensure accurate, safe and effective administration of prescribed medications by qualified home staff and to adhere to applicable laws, regulations and standards of practice... All Medications administered at the facility shall be in accordance with a physician order..."</p> <p>A policy titled, "Medication Administration - General Information", dated February 2019, documented, "...When a medication is discontinued, write "DC'd" [discontinued] and the date, and make a line through the discontinued entry. Enter the new prescription as a new medication order... medication administration is documented on the resident's MR (medication record) at the time the medication is given by the person administering the dose, including an explanation if the medication was not taken..."</p> <p>Resident #1 had diagnoses which included coronary artery disease, hypertension, and edema.</p> <p>An admission assessment, dated 06/23/20, documented the resident was independent with most ADLs (activities of daily living).</p> <p>Review of the MAR (medication administration record) dated, March 2021, revealed the following:</p> <p>~Effective 03/22/21, Potassium 10 meq (milliequivalents), administer one tablet (10 meq) oral (PO) at AM, PM times four days; then</p> <p>~Effective 03/26/21, Potassium 10 meq,</p> | C1923                                                                                           |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| C1923                                                                    | <p>Continued From page 8</p> <p>administer one tablet (10 meq) oral (PO) at AM.</p> <p>The MAR documented the resident had not received his Potassium as ordered. Documentation revealed the following:</p> <p>~On 03/26/21 at AM, the resident had received - one 10 meq tablet but also revealed documentation that the resident had received another 10 meq tablet at AM, on 03/26/21;</p> <p>~On 03/26/21 at PM, the resident had received - one 10 meq tablet;</p> <p>~On 03/27/21 at AM, the resident had received - one 10 meq tablet but also revealed documentation that the resident had received another 10 meq tablet at AM, on 03/27/21;</p> <p>~On 03/27/21 at PM, the resident had received - one 10 meq tablet;</p> <p>~ On 03/28/21 at AM, the resident had received - one 10 meq tablet but also revealed documentation that the resident had received another 10 meq tablet at AM, on 03/28/21; and</p> <p>~On 03/28/21 at PM, the resident had received - one 10 meq tablet.</p> <p>On 03/29/21, the order for Potassium 10 meq, one tablet (10 meq) oral (PO) at AM, PM, times 4 days had been left blank.</p> <p>Starting 03/30/21, the remaining days of the month on the MAR, the order for Potassium 10 meq, one tablet (10 meq) oral (PO) at AM, PM, times 4 days had been marked out with an "-".</p> | C1923                                                                                           |                                                                                                                          |                                                        |



Oklahoma State Department of Health

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| C1923                                                                    | <p>Continued From page 9</p> <p>On 03/30/21 at 2:50 p.m., employee #5 was asked to review resident #1's MAR. She was asked if she had administered the resident's potassium on 03/26/21. She stated she had not given the medication because the resident had another order for potassium that had been started.</p> <p>She was asked why she documented on the MAR that the medication had been administered. She stated she probably had already popped the pill out of the medication card and then wasted it realizing it should not be administered.</p> <p>She was asked where the wasting of the medication would be documented. She stated she had not documented wasting the medication.</p> <p>On 03/31/21 at 9:20 a.m., employee #3 was asked what the order was for resident #1's potassium. While looking at the MAR, she stated the resident had one order for potassium that stopped after a few days then another order started.</p> <p>She was asked why the first order for potassium continued to be given after the second order was started. She stated she had not continued to give the potassium based on the first order after the second order was started.</p> <p>She was asked why she had documented on the MAR that both doses had been given. She stated she should have selected the option in the eMAR (electronic MAR) to enter a note, but knew she only gave one 10 meq tablet to the resident.</p> <p>She stated she was aware the medication order had changed and remembered having the</p> | C1923                                                                                           |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| C1923                                                                    | <p>Continued From page 10</p> <p>conversation with the administrator while preparing to administer the medication.</p> <p>On 03/31/21 at 11:50 a.m., the administrator was asked what the procedure was for entering physician orders on the MAR. She stated when physician orders were received she was responsible for entering them into the eMAR.</p> <p>Upon review of resident #1's MAR, she was asked why both orders for potassium were administered on 03/26/21, 03/27/21, and 03/28/21. She stated both orders were not administered. She stated she had discussed the order with the staff. She stated they knew the first order for potassium had stopped after four days and there was only one current order for potassium.</p> <p>She was asked why a stop date was not entered on the MAR for the order that was to be administered for four days only. She stated she did not enter stop dates on the MAR because they were not sure when a medication would be received from the pharmacy.</p> <p>She was asked why staff would document on the MAR that medication was administered if it was not administered. She stated she could not answer that but if medication was not administered they should have documented on the eMAR the reason the medication was not administered.</p> <p>She was asked if she had considered this a medication error. She stated no, she considered this a documentation issue.</p> <p>She was asked who was responsible to ensure discontinued medication orders were discontinued</p> | C1923                                                                      |                                                                                                                          |                          |                                                        |

Oklahoma State Department of Health

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| C1923                                                                    | Continued From page 11<br><br>on the MAR. She stated she was responsible.                                                    | C1923                                                                                           |                                                                                                                          |                                                        |



Delivery via email to: [mjames@beehivebrokenarrow.com](mailto:mjames@beehivebrokenarrow.com)

April 29, 2021

License Number: AL7269

Ms. Magen James, Administrator  
Beehive Homes Of Broken Arrow  
3200 W Washington St  
Broken Arrow, OK 74012

**RE: Survey Event RYHH11**

Dear Ms. James:

On **March 31, 2021**, agents from our office completed an Assisted Living Center initial survey 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:

- **C0391 & C1923:** The MAR review and meal service observations done monthly would not be monitored frequently enough to ensure compliance by the plan of correction date.

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

Sincerely,

**Users, Lisa**  
**D Calvin**

Digitally signed by  
Users, Lisa D Calvin  
Date: 2021.04.29  
12:20:43 -05'00'

Lisa Calvin, Enforcement Reviewer  
Long Term Care  
Protective Health Services

LC/





Oklahoma State  
Department of Health  
Creating a State of Health

Protective Health Services  
Long Term Care Service

## OPTIONAL PLAN OF CORRECTION TEMPLATE

**Current Date:** 4/21/2021

**Facility Name:** BeeHive Homes of Broken Arrow

**License Number:** AL7269

**Survey Event ID:** RYHH11

**Date Survey Completed:** 3/31/2021

### SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391

Based on: observations and interviews, it was determined the facility failed to implement CDC(Centers for Disease Control and Prevention)guidelines for infection control procedures to help prevent the development and transmission of COVID-19 and/or other infections related to sanitizing hands during meal service for two (noon meals) of two meal services observed. The facility identified all 19 residents received meal service from the kitchen.

### 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

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

**Administrator's Signature** Administrator signature required.

OAC 310:663-25-4(F)

**Date** 4/21/2021

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.





Oklahoma State  
Department of Health  
Creating a State of Health

Protective Health Services  
Long Term Care Service

## OPTIONAL PLAN OF CORRECTION TEMPLATE

**Current Date:** 4/21/2021

**Facility Name:** BeeHive Homes Of Broken Arrow

**License Number:** AL7269

**Survey Event ID:** RYHH11

**Date Survey Completed:** 3/31/2021

### SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1923

Based on: Based on interview and record review, it was determined the facility failed to ensure medication administration records were accurately maintained for one (#1) of one sampled resident whose records were reviewed for medication administration.

### 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

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

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OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

**Administrator's Signature**

OAC 310:663-25-4(F)

Administrator signature required.

**Date** Enter a date of signature. 4/21/21

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

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

Items Below Are For OSDH Use Only

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

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.

Facility in Compliance by: Click here to enter a date.



Oklahoma State Department of Health

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| C 000                                                                    | INITIAL COMMENTS<br><br>On 03/29/21 through 03/31/21, an Initial survey was conducted in conjunction with, an Oklahoma State Department of Health COVID-19 Focused Survey to determine if the facility was in compliance with implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The census was 19. Deficient practice was cited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C 000                                                                                           |                                                                                                                          |                                                        |
| C 391<br>SS=E                                                            | 310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE<br><br>(a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements.<br><br>This STANDARD is not met as evidenced by: Based on observations and interviews, it was determined the facility failed to implement CDC (Centers for Disease Control and Prevention) guidelines for infection control procedures to help prevent the development and transmission of COVID-19 and/or other infections related to sanitizing hands during meal service for two (noon meals) of two meal services observed. The facility identified all 19 residents received meal service from the kitchen. Findings:<br><br>The CDC guidance titled, "Considerations for Retirement Communities and Independent Living Facilities", documented, "...Promoting behaviors that reduce spread...Reinforce handwashing in between interactions with residents as appropriate..."<br><br>The CDC guidance titled, "Hand hygiene in | C 391                                                                                           | plan submitted using optional Template                                                                                   |                                                        |

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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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL7269</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/31/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BEEHIVE HOMES OF BROKEN ARROW</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3200 W WASHINGTON ST<br/>BROKEN ARROW, OK 74012</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C 391                                                                    | <p>Continued From page 1</p> <p>Healthcare Settings...Healthcare Providers...When to perform hand hygiene", documented, "...immediately before touching a patient...after touching a patient or a patient's immediate environment..."</p> <p>Guidance: Title 310 Oklahoma State Department of Health, Chapter 257 Food Establishments, Section 310:257-7-108, Soiled and clean tableware, documented, "...Soiled tableware shall be removed from consumer eating and drinking areas and handled so that clean tableware is not contaminated..."</p> <p>On 03/29/21 at 12:04 p.m., the noon meal service was observed in the dining room. Observed tables spaced out with two to four residents sitting at each table. Observed one shelf between the kitchen and dining room and one open door to the kitchen. Drinks were delivered to residents prior to the meal. The kitchen staff were observed to place a meal plate, napkin, and silverware on a shelf between the kitchen and the dining room. Dining room staff were observed to deliver the meal plates, napkin, and silverware to each resident. The staff delivering meals were not observed to sanitize their hands between meal plates.</p> <p>At 12:15 p.m., dining room staff members were observed to pick up a soiled glass from a resident, touching the rim of the glass, take the glass to the kitchen door, request a refill, and deliver the refilled glass to the resident. She was then observed to straighten the clothing protector of a different resident. She was not observed to sanitize her hands during this activity.</p> <p>At 12:20 p.m., after a drink refill was requested,</p> | C 391                                                                                           |                                                                                                                          |                                                        |



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| C 391                                                                    | <p>Continued From page 2</p> <p>kitchen staff were observed to handle the soiled glass, rinse the glass out in the sink, place the glass on the counter, remove the beverage container from the refrigerator, and refill the beverage. She was not observed to sanitize or wash her hands after this activity.</p> <p>On 03/30/21 at 12:00 p.m., the noon meal service was observed in the dining room. During meal service the dining room staff were observed to place soiled dishes on the shelf between the kitchen and dining room while clean meal plates were also being placed on the shelf for delivery to the residents. The shelf was not observed to be sanitized between the soiled dishes and the clean dishes. Dining room staff were observed to place soiled glasses on the shelf requesting beverage refills.</p> <p>A kitchen staff member was observed while she prepared dishes of ice cream. The staff member stopped activity when asked to refill a beverage. She was observed to handle the soiled beverage glass, refill the beverage, and then resume scooping ice cream into dishes. She was not observed to sanitize or wash her hands between activities.</p> <p>On 03/30/21 at 2:25 p.m., employee #3 was asked how she ensured infection control during meal service. She stated do not cross contaminate.</p> <p>She was asked to give an example. She stated do not help a resident in their room and return to the dining room without washing your hands.</p> <p>She was asked how she ensured infection control while in the dining room. She stated she had been</p> | C 391                                                                                           |                                                                                                                          |                                                        |

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| C 391                                                                    | <p>Continued From page 3</p> <p>doing this for 20 years and was not sure how to answer.</p> <p>She was asked where soiled dishes were placed after a meal. She stated they were taken to the kitchen area.</p> <p>She was asked if the procedure was for soiled dishes to be placed on the shelf between the kitchen and dining room. She stated "we have been."</p> <p>She was asked how she ensured infection control when soiled dishes were being placed on the same shelf as clean meals being served. She stated she did not know how to answer.</p> <p>She was asked what the procedure was when a resident requested a drink refill. She stated she would place the glass on the shelf or hand it to kitchen staff who would refill the drink.</p> <p>She was asked when hands should be sanitized during meal service. She stated after serving each plate or after touching a resident.</p> <p>She was asked why she had not sanitized her hands between plates being served or after touching residents during the noon meal services observed. She stated she "never thought about it."</p> <p>On 03/30/21 at 2:35 p.m., employee #4 was asked how she ensured infection control during meal service. She stated by wearing gloves, changing gloves, and washing hands.</p> <p>She was asked when gloves should be changed. She stated after every three to four plates change</p> | C 391                                                                                           |                                                                                                                          |                                                        |



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| C 391                                                                    | <p>Continued From page 4</p> <p>gloves and wash your hands.</p> <p>She was asked what the procedure was when a resident requested a drink refill. She stated to get a clean glass and refill drink.</p> <p>She was asked where soiled dishes were placed after a meal. She stated dishes were to be placed in the tubs just inside the kitchen door.</p> <p>She was asked why soiled dishes were placed on the shelf between the kitchen and dining room. She stated staff were not supposed to do that, soiled dishes were to be placed in the tubs.</p> <p>She was asked when hands should be washed or sanitized during meal service. She stated hands should be washed before putting on gloves and after glove removal.</p> <p>She was asked why she had not sanitized and/or washed her hands or changed her gloves when handling soiled dishes before returning to clean dishes and serving the meals. She state "that was my mistake."</p> <p>On 03/31/21 at 10:50 a.m., employee #2 was asked how she ensured infection control during meal service. She stated change gloves frequently, wash hands when you enter the kitchen, wear hair nets, sanitize counters constantly, wear masks, serve drinks as needed, and serve meals from the pot to the plate and out the door.</p> <p>She was asked where soiled dishes were placed. She stated soiled dishes were placed in the tubs on the cart just inside the kitchen doorway. She</p> | C 391                                                                                           |                                                                                                                          |                                                        |



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| C 391                                                                    | <p>Continued From page 5</p> <p>stated staff knew not to pick up any soiled dishes until after the last meal plate had been served.</p> <p>She was asked what the procedure was when a drink refill was requested. She stated the staff was to refill beverage, wash hands, and change gloves.</p> <p>She was asked when hands should be sanitized during meal service. She stated after each task.</p> <p>She was asked why staff would be placing soiled dishes on the shelf between the kitchen and dining room where clean meal dishes were being placed. She stated she could not answer that.</p> <p>She was asked where staff had been instructed to place soiled dishes. She stated in the tubs just inside the kitchen doorway.</p> <p>On 03/31/21 at 11:50 a.m., the administrator was asked how she ensured infection control during meal service. She stated through observation of staff.</p> <p>She was asked where staff was to place soiled dishes. She stated that only the cook should be picking up soiled dishes and only after meal service, but she knew staff placed soiled dishes on the shelf. She stated they now had a cart where soiled dishes were to be placed.</p> <p>She was asked when the cart had been implemented. She stated Friday (03/26/21).</p> <p>She was asked when hands should be sanitized during meal service. She stated between residents.</p> | C 391                                                                                           |                                                                                                                          |                                                        |

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| C1923<br>SS=E                                                            | <p>310:663-19-2(a)(3) MEDICATION<br/>ADMINISTRATION</p> <p>(3) An accurate written record of medications administered shall be maintained. The medication record shall include:</p> <p>(A) The identity and signature of the person administering the medication.</p> <p>(B) The medication administered within one hour of the scheduled time.</p> <p>(C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method.</p> <p>(D) Adverse reactions or results.</p> <p>(E) Injection sites.</p> <p>(F) An individual inventory record shall be maintained for each schedule II medication prescribed for a resident.</p> <p>(G) Medication error incident reports.</p> <p>This Rule is not met as evidenced by:<br/>Based on interview and record review, it was determined the facility failed to ensure medication administration records were accurately maintained for one (#1) of one sampled resident whose records were reviewed for medication administration.</p> <p>The facility identified all 19 residents received staff administered medication.</p> <p>Findings:</p> <p>An undated policy titled, "Medication</p> | C1923                                                                                           | <p>plan submitted<br/>using optional<br/>Template</p>                                                                    |                                                        |

Oklahoma State Department of Health

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| C1923                                                                    | <p>Continued From page 7</p> <p>Administration", documented, "...Purpose: To promote the integrity of medication management when residents are receiving care, treatment and/or services...To ensure accurate, safe and effective administration of prescribed medications by qualified home staff and to adhere to applicable laws, regulations and standards of practice...All Medications administered at the facility shall be in accordance with a physician order..."</p> <p>A policy titled, "Medication Administration - General Information", dated February 2019, documented, "...When a medication is discontinued, write "DC'd" [discontinued] and the date, and make a line through the discontinued entry. Enter the new prescription as a new medication order...medication administration is documented on the resident's MR (medication record) at the time the medication is given by the person administering the dose, including an explanation if the medication was not taken..."</p> <p>Resident #1 had diagnoses which included coronary artery disease, hypertension, and edema.</p> <p>An admission assessment, dated 06/23/20, documented the resident was independent with most ADLs (activities of daily living).</p> <p>Review of the MAR (medication administration record) dated, March 2021, revealed the following:</p> <p>~Effective 03/22/21, Potassium 10 meq (milliequivalents), administer one tablet (10 meq) oral (PO) at AM, PM times four days; then</p> <p>~Effective 03/26/21, Potassium 10 meq,</p> | C1923                                                                                           |                                                                                                                          |                                                        |



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| C1923                                                                    | <p>Continued From page 8</p> <p>administer one tablet (10 meq) oral (PO) at AM.</p> <p>The MAR documented the resident had not received his Potassium as ordered. Documentation revealed the following:</p> <p>~On 03/26/21 at AM, the resident had received - one 10 meq tablet but also revealed documentation that the resident had received another 10 meq tablet at AM, on 03/26/21;</p> <p>~On 03/26/21 at PM, the resident had received - one 10 meq tablet</p> <p>~On 03/27/21 at AM, the resident had received - one 10 meq tablet but also revealed documentation that the resident had received another 10 meq tablet at AM, on 03/27/21;</p> <p>~On 03/27/21 at PM, the resident had received - one 10 meq tablet</p> <p>~ On 03/28/21 at AM, the resident had received - one 10 meq tablet but also revealed documentation that the resident had received another 10 meq tablet at AM, on 03/28/21; and</p> <p>~On 03/28/21 at PM, the resident had received - one 10 meq tablet</p> <p>On 03/29/21, the order for Potassium 10 meq, one tablet (10 meq) oral (PO) at AM, PM, times 4 days had been left blank.</p> <p>Starting 03/30/21, the remaining days of the month on the MAR, the order for Potassium 10 meq, one tablet (10 meq) oral (PO) at AM, PM, times 4 days had been marked out with an "-".</p> | C1923                                                                                           |                                                                                                                          |                                                        |



Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BEEHIVE HOMES OF BROKEN ARROW</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3200 W WASHINGTON ST<br/>BROKEN ARROW, OK 74012</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| C1923                                                                    | <p>Continued From page 9</p> <p>On 03/30/21 at 2:50 p.m., employee #5 was asked to review resident #1's MAR. She was asked if she had administered the resident's potassium on 03/26/21. She stated she had not given the medication because the resident had another order for potassium that had been started.</p> <p>She was asked why she documented on the MAR that the medication had been administered. She stated she probably had already popped the pill out of the medication card and then wasted it realizing it should not be administered.</p> <p>She was asked where the wasting of the medication would be documented. She stated she had not documented wasting the medication.</p> <p>On 03/31/21 at 9:20 a.m., employee #3 was asked what the order was for resident #1's potassium. While looking at the MAR, she stated the resident had one order for potassium that stopped after a few days then another order started.</p> <p>She was asked why the first order for potassium continued to be given after the second order was started. She stated she had not continued to give the potassium based on the first order after the second order was started.</p> <p>She was asked why she had documented on the MAR that both doses had been given. She stated she should have selected the option in the eMAR (electronic MAR) to enter a note, but knew she only gave one 10 meq tablet to the resident.</p> <p>She stated she was aware the medication order had changed and remembered having the</p> | C1923                                                                                           |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| C1923                                                                    | <p>Continued From page 10</p> <p>conversation with the administrator while preparing to administer the medication.</p> <p>On 03/31/21 at 11:50 a.m., the administrator was asked what the procedure was for entering physician orders on the MAR. She stated when physician orders were received she was responsible for entering them into the eMAR.</p> <p>Upon review of resident #1's MAR, she was asked why both orders for potassium were administered on 03/26/21, 03/27/21, and 03/28/21. She stated both orders were not administered. She stated she had discussed the order with the staff. She stated they knew the first order for potassium had stopped after four days and there was only one current order for potassium.</p> <p>She was asked why a stop date was not entered on the MAR for the order that was to be administered for four days only. She stated she did not enter stop dates on the MAR because they were not sure when a medication would be received from the pharmacy.</p> <p>She was asked why staff would document on the MAR that medication was administered if it was not administered. She stated she could not answer that but if medication was not administered they should have documented on the eMAR the reason the medication was not administered.</p> <p>She was asked if she had considered this a medication error. She stated no, she considered this a documentation issue.</p> <p>She was asked who was responsible to ensure discontinued medication orders were discontinued</p> | C1923                                                                                           |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| C1923                                                                    | Continued From page 11<br><br>on the MAR. She stated she was responsible.                                                    | C1923                                                                                           |                                                                                                                          |                                                        |





**OKLAHOMA**  
State Department  
of Health

Delivery via email to: [mjames@beehivebrokenarrow.com](mailto:mjames@beehivebrokenarrow.com)

May 7, 2021

License Number: AL7269

Ms. Magen James, Administrator  
Beehive Homes Of Broken Arrow  
3200 W Washington St  
Broken Arrow, OK 74012

**RE: Survey Event RYHH11**

Dear Ms. James:

On **March 31, 2021**, a COVID focus survey and 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 31, 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: 2021.05.07 09:09:38 -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:** 04/29/2021

**Facility Name:** BeeHive Homes of Broken Arrow

**License Number:** AL7269

**Survey Event ID:** RYHH11

**Date Survey Completed:** 3/31/2021

## **SUMMARY OF DEFICIENCY CITED BY OSDH**

ID Prefix Tag: C391

Based on: observations and interviews, it was determined the facility failed to implement CDC(Centers for Disease Control and Prevention)guidelines for infection control procedures to help prevent the development and transmission of COVID-19 and/or other infections related to sanitizing hands during meal service for two (noon meals) of two meal services observed. The facility identified all 19 residents received meal service from the kitchen.

## **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**

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

**Administrator's Signature** Administrator signature required.

OAC 310:663-25-4(F)

**Date** 04/29/2021

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 and addendum. 04/29/2021

**Submitted by** Enter name of person submitting addendum. m. j. jones

**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.





Oklahoma State  
Department of Health  
Creating a State of Health

Protective Health Services  
Long Term Care Service

# OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 04/29/2021

Facility Name: BeeHive Homes Of Broken Arrow

License Number: AL7269

Survey Event ID: RYHH11

Date Survey Completed: 3/31/2021

## SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1923

Based on: Based on interview and record review, it was determined the facility failed to ensure medication administration records were accurately maintained for one (#1) of one sampled resident whose records were reviewed for medication administration.

## 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

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

### ASSISTED LIVING CENTER'S PLAN ELEMENTS

Inservice on proper medication administration recording will be completed with all CMA's. This will be conducted by RN and Administrator.

All residents who receive medication have potential to be affected.

Inservice will be conducted by RN on 4/23/2021 for all CMA's.

RN will review MARS monthly for 6 months.

Administrator will review at minimum 2 MARS monthly for 6 months.

RN monthly reports and Administrator review will be reviewed in quarterly QA until completed.

RN MAR review will be incorporated in monthly RN consultant report. Administrator review will be incorporated into QA quarterly documentation.

05/31/2021

Administrator's Signature

Administrator signature required.

Date Entered

04/29/2021

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 if adding addendum. 04/29/2021

Submitted by

Enter name of person submitting addendum. Mags Jones

Items Below Are For OSDH Use Only

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

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.

Facility in Compliance by: Click here to enter a date.



Oklahoma State Department of Health

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| C 000                                                                    | INITIAL COMMENTS<br><br>On 03/29/21 through 03/31/21, an Initial survey was conducted in conjunction with, an Oklahoma State Department of Health COVID-19 Focused Survey to determine if the facility was in compliance with implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The census was 19. Deficient practice was cited.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C 000                                                                                           |                                                                                                                          |                                                        |
| C 391<br>SS=E                                                            | 310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE<br><br>(a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements.<br><br>This STANDARD is not met as evidenced by:<br>Based on observations and interviews, it was determined the facility failed to implement CDC (Centers for Disease Control and Prevention) guidelines for infection control procedures to help prevent the development and transmission of COVID-19 and/or other infections related to sanitizing hands during meal service for two (noon meals) of two meal services observed. The facility identified all 19 residents received meal service from the kitchen. Findings:<br><br>The CDC guidance titled, "Considerations for Retirement Communities and Independent Living Facilities", documented, "...Promoting behaviors that reduce spread...Reinforce handwashing in between interactions with residents as appropriate..."<br><br>The CDC guidance titled, "Hand hygiene in | C 391                                                                                           | plan Submitted<br>using optional<br>Template                                                                             |                                                        |

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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| C 391                                                                    | <p>Continued From page 1</p> <p>Healthcare Settings...Healthcare Providers...When to perform hand hygiene", documented, "...immediately before touching a patient...after touching a patient or a patient's immediate environment..."</p> <p>Guidance: Title 310 Oklahoma State Department of Health, Chapter 257 Food Establishments, Section 310:257-7-108, Soiled and clean tableware, documented, "...Soiled tableware shall be removed from consumer eating and drinking areas and handled so that clean tableware is not contaminated..."</p> <p>On 03/29/21 at 12:04 p.m., the noon meal service was observed in the dining room. Observed tables spaced out with two to four residents sitting at each table. Observed one shelf between the kitchen and dining room and one open door to the kitchen. Drinks were delivered to residents prior to the meal. The kitchen staff were observed to place a meal plate, napkin, and silverware on a shelf between the kitchen and the dining room. Dining room staff were observed to deliver the meal plates, napkin, and silverware to each resident. The staff delivering meals were not observed to sanitize their hands between meal plates.</p> <p>At 12:15 p.m., dining room staff members were observed to pick up a soiled glass from a resident, touching the rim of the glass, take the glass to the kitchen door, request a refill, and deliver the refilled glass to the resident. She was then observed to straighten the clothing protector of a different resident. She was not observed to sanitize her hands during this activity.</p> <p>At 12:20 p.m., after a drink refill was requested,</p> | C 391                                                                                           |                                                                                                                          |  |                                                        |



Oklahoma State Department of Health

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| C 391                                                                    | <p>Continued From page 2</p> <p>kitchen staff were observed to handle the soiled glass, rinse the glass out in the sink, place the glass on the counter, remove the beverage container from the refrigerator, and refill the beverage. She was not observed to sanitize or wash her hands after this activity.</p> <p>On 03/30/21 at 12:00 p.m., the noon meal service was observed in the dining room. During meal service the dining room staff were observed to place soiled dishes on the shelf between the kitchen and dining room while clean meal plates were also being placed on the shelf for delivery to the residents. The shelf was not observed to be sanitized between the soiled dishes and the clean dishes. Dining room staff were observed to place soiled glasses on the shelf requesting beverage refills.</p> <p>A kitchen staff member was observed while she prepared dishes of ice cream. The staff member stopped activity when asked to refill a beverage. She was observed to handle the soiled beverage glass, refill the beverage, and then resume scooping ice cream into dishes. She was not observed to sanitize or wash her hands between activities.</p> <p>On 03/30/21 at 2:25 p.m., employee #3 was asked how she ensured infection control during meal service. She stated do not cross contaminate.</p> <p>She was asked to give an example. She stated do not help a resident in their room and return to the dining room without washing your hands.</p> <p>She was asked how she ensured infection control while in the dining room. She stated she had been</p> | C 391                                                                                           |                                                                                                                          |  |                                                        |

Oklahoma State Department of Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL7269</b>                      | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/31/2021</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BEEHIVE HOMES OF BROKEN ARROW</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3200 W WASHINGTON ST<br/>BROKEN ARROW, OK 74012</b> |                                                                                                                          |  |                                                        |
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| C 391                                                                    | <p>Continued From page 3</p> <p>doing this for 20 years and was not sure how to answer.</p> <p>She was asked where soiled dishes were placed after a meal. She stated they were taken to the kitchen area.</p> <p>She was asked if the procedure was for soiled dishes to be placed on the shelf between the kitchen and dining room. She stated "we have been."</p> <p>She was asked how she ensured infection control when soiled dishes were being placed on the same shelf as clean meals being served. She stated she did not know how to answer.</p> <p>She was asked what the procedure was when a resident requested a drink refill. She stated she would place the glass on the shelf or hand it to kitchen staff who would refill the drink.</p> <p>She was asked when hands should be sanitized during meal service. She stated after serving each plate or after touching a resident.</p> <p>She was asked why she had not sanitized her hands between plates being served or after touching residents during the noon meal services observed. She stated she "never thought about it."</p> <p>On 03/30/21 at 2:35 p.m., employee #4 was asked how she ensured infection control during meal service. She stated by wearing gloves, changing gloves, and washing hands.</p> <p>She was asked when gloves should be changed. She stated after every three to four plates change</p> | C 391                                                                                           |                                                                                                                          |  |                                                        |



Oklahoma State Department of Health

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| C 391                                                                    | <p>Continued From page 4</p> <p>gloves and wash your hands.</p> <p>She was asked what the procedure was when a resident requested a drink refill. She stated to get a clean glass and refill drink.</p> <p>She was asked where soiled dishes were placed after a meal. She stated dishes were to be placed in the tubs just inside the kitchen door.</p> <p>She was asked why soiled dishes were placed on the shelf between the kitchen and dining room. She stated staff were not supposed to do that, soiled dishes were to be placed in the tubs.</p> <p>She was asked when hands should be washed or sanitized during meal service. She stated hands should be washed before putting on gloves and after glove removal.</p> <p>She was asked why she had not sanitized and/or washed her hands or changed her gloves when handling soiled dishes before returning to clean dishes and serving the meals. She state "that was my mistake."</p> <p>On 03/31/21 at 10:50 a.m., employee #2 was asked how she ensured infection control during meal service. She stated change gloves frequently, wash hands when you enter the kitchen, wear hair nets, sanitize counters constantly, wear masks, serve drinks as needed, and serve meals from the pot to the plate and out the door.</p> <p>She was asked where soiled dishes were placed. She stated soiled dishes were placed in the tubs on the cart just inside the kitchen doorway. She</p> | C 391                                                                                           |                                                                                                                          |                                                        |



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| C 391                                                                    | <p>Continued From page 5</p> <p>stated staff knew not to pick up any soiled dishes until after the last meal plate had been served.</p> <p>She was asked what the procedure was when a drink refill was requested. She stated the staff was to refill beverage, wash hands, and change gloves.</p> <p>She was asked when hands should be sanitized during meal service. She stated after each task.</p> <p>She was asked why staff would be placing soiled dishes on the shelf between the kitchen and dining room where clean meal dishes were being placed. She stated she could not answer that.</p> <p>She was asked where staff had been instructed to place soiled dishes. She stated in the tubs just inside the kitchen doorway.</p> <p>On 03/31/21 at 11:50 a.m., the administrator was asked how she ensured infection control during meal service. She stated through observation of staff.</p> <p>She was asked where staff was to place soiled dishes. She stated that only the cook should be picking up soiled dishes and only after meal service, but she knew staff placed soiled dishes on the shelf. She stated they now had a cart where soiled dishes were to be placed.</p> <p>She was asked when the cart had been implemented. She stated Friday (03/26/21).</p> <p>She was asked when hands should be sanitized during meal service. She stated between residents.</p> | C 391                                                                                           |                                                                                                                          |  |                                                        |

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| C1923<br>SS=E                                                            | <p>310:663-19-2(a)(3) MEDICATION<br/>ADMINISTRATION</p> <p>(3) An accurate written record of medications administered shall be maintained. The medication record shall include:</p> <p>(A) The identity and signature of the person administering the medication.</p> <p>(B) The medication administered within one hour of the scheduled time.</p> <p>(C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method.</p> <p>(D) Adverse reactions or results.</p> <p>(E) Injection sites.</p> <p>(F) An individual inventory record shall be maintained for each schedule II medication prescribed for a resident.</p> <p>(G) Medication error incident reports.</p> <p>This Rule is not met as evidenced by:<br/>Based on interview and record review, it was determined the facility failed to ensure medication administration records were accurately maintained for one (#1) of one sampled resident whose records were reviewed for medication administration.</p> <p>The facility identified all 19 residents received staff administered medication.</p> <p>Findings:</p> <p>An undated policy titled, "Medication</p> | C1923                                                                                           | <p>plan submitted<br/>using optional<br/>Template</p>                                                                    |                                                        |