Oklahoma State Department of Health
Creating a State of Health

September 27, 2019

License Number: RC0101
Survey Event ID: PQCF11

Ms. Patricia Rich, Administrator
Lake Francis Retirement
P.O. Box 332
Watts, OK 74964

Dear Ms. Rich:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **September 5, 2019**.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the space provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

(1) A statement of exactly how the facility has or intends to correct each deficiency.

(2) The method of correction. This includes who is responsible for the correction.

(3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.

(4) A reasonable date of correction, which will normally be within 30 days of this notice.

NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **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 this completed form for your files.

In the event that we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable and we will request another Plan of Correction. If your plan of correction is

acceptable, there will be no acknowledgement. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 271-6868.

In accordance with O.S. 63 830.1, 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 833-RC). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 271-6868 or at the address below to acquire a copy of the ODH Form 833RC and the Oklahoma IDR Process Residential Care Centers.

The IDR request must be submitted within 30 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

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

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
1000 N.E. 10th
Oklahoma City, OK 73117-1299

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

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

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 271-6868 or fax at (405) 271-2206.

Sincerely,

Lisa Calvin

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

SD/ldc

Enclosure

UNITED STATES POSTAL SERVICE®

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FROM:

Oklahoma State Dept. of Health
Protective Health Services - LTC
1000 NE 10th St
Oklahoma City OK 73117-1299

TO:

Ms. Patricia Rich, Administrator
Lake Francis Retirement
PO Box 332
Watts, OK 74964-0332

This envelope is made from post-consumer waste. Please recycle - again.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0101	A. BUILDING: _____ B. WING _____	09/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE FRANCIS RETIREMENT CARE HOME, LI	3RD AND CEMETARY ROAD WATTS, OK 74964

(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
R 000	INITIAL COMMENTS A re-licensure survey was conducted on 09/04/19 and 09/05/19. Current census was 29. The following deficiencies were cited.	R 000		
R 213 SS=C	310:680-3-6 (a)(2) POSTING ADMINISTRATORS CERTIFICATE (a) Every residential care home shall conspicuously post in an area of its offices accessible to residents, employees and visitors, the following: (2) The name of the current administrator and their certificate shall be posted. This Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined the home failed to have a current administrator's certificate conspicuously posted in an area accessible to residents, employees, and visitors. This failed practice had the widespread potential for minimal harm for all 29 residents. Findings: On 09/04/19 at 4:08 p.m., administrator #2's license was posted on an information board in the living room by the men's hallway entrance. The license had an expiration date of 12/31/18. Medication administration technician (MAT)/employee #2 stated administrator #2 had not been in the home for at least two months. She stated administrator #1 was the 'onsite administrator' but did not have her license posted.	R 213		
R 353 SS=F	310:680-7-4 (b) GARBAGE DISPOSAL - CONTAINERS/COVERS	R 353		

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R 353	Continued From page 1 (b) All garbage waste containers shall have tight-fitting covers and shall be insect and rodent resistant: This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to have a tight-fitting covers on all garbage waste containers. This failed practice had the potential for more than minimal harm for all 29 residents. Findings: On 09/04/19 at 1:40 p.m. a large uncovered 30 gallon black rubber garbage container was near the north end of the cement walkway in front of the home. The container had paper, plastic, Styrofoam drink cups, and cigarette butts in it. No lid was seen nearby the container. At 1:48 p.m., an uncovered 13 gallon black trash container was near the lobby bathroom. It was full of paper, plastic, empty aluminum cans, and other trash. No lid was available for the container. At 1:53 p.m., there was an uncovered 13 gallon trash container in the men's bath/shower room that was overfilled with paper, plastic, Styrofoam cups, leaves and cigarette butts from outside. Next to it was a smaller uncovered trash can overfilled with the same kinds of garbage. Medication administration technician (MAT) stated the lids/covers had been lost.	R 353		
R 364 SS=F	310:680-7-6 (a) (1-4) RESIDENTIAL AND VISITING PETS (a) Each home that allows residential or visiting	R 364		

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R 411 SS=F	310:680-9-1(j) FOOD SERVICE - Chapter 257 A residential care home shall be in compliance with Chapter 257 of this Title, regarding storage, preparation, and serving of food (including milk and ice). A residential care home may use residential equipment provided that the equipment must maintain hot and cold temperatures as required in OAC 310:257. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to ensure compliance with Chapter 257 Food Service Establishment Regulations, in regards to food storage. This failed practice had the widespread potential for more than minimal harm for all 29 residents who received their nutrition from the kitchen. Findings: On 09/04/19 at 2:00 p.m., the following food items were observed stored in a single door stainless refrigerator: A 2 quart plastic container that had another plastic container in it that was full of cooked brown beans and loosely covered with aluminum foil, labeled only with "8/29" (6 days prior to date observed); A large plastic container of fried chicken loosely covered with aluminum foil, no label or date; A gallon plastic storage bag of unlabeled/undated lunch meat; A medium size plastic bowl with a red lid of	R 411		

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R 411	Continued From page 5 unlabeled/undated macaroni salad; An gallon plastic storage bag labeled 'Ghoulach w/o (without) Hamburger meat 8/30/19' (5 days prior to date observed); A gallon plastic storage bag labeled 'Goulash 8/30' (5 days prior to date observed); A quart plastic storage bag labeled 'Pears 8/30' (5 days prior to date observed); A quart plastic storage bag labeled 'Bologna 8/31' (4 days prior to date observed); A full 5 pound buttery spread container (single use container) labeled 'Mac & Cheese 8-31-19' (4 days prior to date observed); A gallon plastic storage bag labeled 'Corn bread 8/24' (11 days prior to date observed-the contents in bag were wet with moisture); An undated small box of hard half eaten pizza slice; An undated opened 8 ounce bag of shredded cheese; and An undated opened package of hard salami. Medication administration technician (MAT)/employee #2 was asked about the food storage and stated, "We've been short handed." At 2:13 p.m., an uncovered, unlabeled/undated orange plastic plate that contained unidentifed substance that had a spoon stuck in was found in a microwave on a table across from the service table. MAT/employee #2 stated that food had been prepared the previous evening. MAT/employee #1 stated the employees knew to not keep food more than three days.	R 411		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
RC0101	LAKE FRANCIS RETIREMENT CARE HOME, LLC

Type of Survey (select all that apply)

[2] [ ] [ ] [ ] [ ]

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

Extent of Survey (select all that apply)

[A] [ ] [ ] [ ] [ ]

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID 1. 25837	09/04/2019	09/05/2019	0.50	0.00	14.50	0.00	4.75	4.00
2.								
3.								
4.								
5.								
6.								
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9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

SEP 30 2019

Oklahoma State Department of Health
Creating a State of Health

October 10, 2019

License Number: RC0101
Survey Event ID: PQCF11

Ms. Patricia Rich, Administrator
Lake Francis Retirement
P.O. Box 332
Watts, OK 74964

Dear Ms. Ketcher:

On September 5, 2019, a State Licensure survey was conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **October 25, 2019**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 271-6868.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

LC/KS

Oklahoma State Department of Health

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R 353 SS=F	310:680-7-4 (b) GARBAGE DISPOSAL - CONTAINERS/COVERS	R 353		

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R 364 SS=F	310:680-7-6 (a) (1-4) RESIDENTIAL AND VISITING PETS (a) Each home that allows residential or visiting	R 364		

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R 364	Continued From page 2 animals shall adopt and comply with policies that meet or exceed 310:680-7-6(a) and 310:680-7-6(b). The facility's policies shall describe the schedule of animal care and zoonotic infection control for the respective facility. The facility shall not allow any animal to reside in the facility until all of the following requirements are met: (1) The animal is a dog, cat, fish, bird, rabbit, or guinea pig. If a home desires to include other types of animals in their program, the home shall submit a supplemental request accompanied by its policies, procedures, and guidelines to the Department and receive written approval from the Department prior to implementation. (2) For residential pets, excluding fish, the number of animals in a home shall be limited to no more than one dog per 50 residents; 1 cat, rabbit, or guinea pig per 30 residents; or 1 bird per 20 residents, unless the home has received the Department's prior approval of a greater number of pets through a supplemental request pursuant to 310:675-7-19(a)(1). (3) The home adopts policies ensuring non-disruption of the home. (4) All pets are housed and controlled in a manner that ensures that neither the pet nor the residents are in danger. A pet cage or container must not obstruct an exit or encroach on the required corridor width.	R 364 R364	The Home shall Adopt and Comply with Policies that meet or exceeds 310:680-7-6(a) & (b)	10/25/19

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		R364	The home shall post a current pet policy up that meets or exceeds 310:680-7-6-(a) & (b)	10/25/19
		R364	The home shall also have a policy & procedure that's follows O.S.D.H. Rules and Regulations regarding pets at the facility.	10/25/19
		R364	The Facility shall also adopt to or put into place an additional policy ensuring Non-Disruption of the home and how it will control/monitor in a manner that will ensure that neither per nor residents are in danger.	10/25/19

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LAKE FRANCIS RETIREMENT CARE HOME, LLC	3RD AND CEMETARY ROAD WATTS, OK 74964

(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
R 411 SS=F	310:680-9-1(j) FOOD SERVICE - Chapter 257 A residential care home shall be following Chapter 257 of this Title, regarding storage, preparation, and serving of food (including milk and ice). A residential care home may use residential equipment provided that the equipment must maintain hot and cold temperatures as required in OAC 310:257. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to ensure compliance with Chapter 257 Food Service Establishment Regulations, regarding food storage. This failed practice had the widespread potential for more than minimal harm for all 29 residents who received their nutrition from the kitchen. Findings: On 09/04/19 at 2:00 p.m., the following food items were observed stored in a single door stainless refrigerator: A 2-quart plastic container that had another plastic container in it that was full of cooked brown beans and loosely covered with aluminum foil, labeled only with "8/29" (6 days prior to date observed); A large plastic container of fried chicken loosely covered with aluminum foil, no label or date; A gallon plastic storage bag of unlabeled/undated lunch meat; A medium size plastic bowl with a red lid of	R 411 R411	Administrator #1 will hold an In-Service Training with all employees to review: *310:680-9-1 (j) FOOD SERVICE -Chapter 257 to ensure All food that requires storage will be kept in Storage approved containers making sure they are 1. Labeled 2. Dated & 3. Discarded after 3 days of being prepared. Administrator #1 will monitor daily.	10/25/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0101	A BUILDING _____ B WING _____	09/05/2019

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R 411	Continued From page 5 unlabeled/undated macaroni salad; An gallon plastic storage bag labeled 'Ghoulach w/o (without) Hamburger meat 8/30/19' (5 days prior to date observed); A gallon plastic storage bag labeled 'Goulash 8/30' (5 days prior to date observed); A quart plastic storage bag labeled 'Pears 8/30' (5 days prior to date observed); A quart plastic storage bag labeled 'Bologna 8/31' (4 days prior to date observed); A full 5 pound buttery spread container (single use container) labeled 'Mac & Cheese 8-31-19' (4 days prior to date observed); A gallon plastic storage bag labeled 'Corn bread 8/24' (11 days prior to date observed-the contents in bag were wet with moisture); An undated small box of hard half eaten pizza slice; An undated opened 8 ounce bag of shredded cheese; and An undated opened package of hard salami. Medication administration technician (MAT)/employee #2 was asked about the food storage and stated, "We've been short handed." At 2:13 p.m., an uncovered, unlabeled/undated orange plastic plate that contained unidentifed substance that had a spoon stuck in was found in a microwave on a table across from the service table. MAT/employee #2 stated that food had been prepared the previous evening. MAT/employee #1 stated the employees knew to not keep food more than three days.	R 411 R411	Administrator #1 Shall Designate 1 staff member from each shift to monitor daily and discard any leftovers within 3 days of being Cooked/Served.	10/25/19