



Oklahoma State Department of Health  
Creating a State of Health

October 22, 2019

License Number: RC5510  
Survey Event ID: 0JH911

Mr. Tony Gammel, Administrator  
Wellsprings Cove  
901 Nw 25th Street  
Oklahoma City, OK 73106

Dear Mr. Gammel:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the change of ownership (CHOW) survey at your facility on **October 3, 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.

Board of Health

Gary Cox, JD  
Commissioner of Health

Timothy E Starkey, MBA (*President*)  
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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:

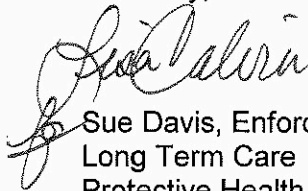
IDR Coordinator  
Long Term Care  
Protective Health Services  
Oklahoma State Department of Health  
1000 N.E. 10<sup>th</sup>  
Oklahoma City, OK 73117-1299

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](mailto:IDRCoordinator@health.ok.gov), or telephone at (405) 271-6868 or fax at (405) 271-2206.

Sincerely,



Sue Davis, Enforcement Coordinator  
Long Term Care  
Protective Health Services

SD/ldc

Enclosure

Oklahoma State Department of Health

|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         |                                                                                                                          |  |                                                     |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>RC5510</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY COMPLETED<br><br><b>10/03/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</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                            |
| R 000                                                       | INITIAL COMMENTS<br><br>A change of ownership (CHOW) and initial survey was conducted 10/01/19 through 10/03/19. Resident census was 6. Deficient practice was cited as follows.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R 000                                                                   |                                                                                                                          |  |                                                     |
| R 225<br>SS=F                                               | 310:680-3-6 (e) EVACUATION PLAN AND FIRE DRILLS<br><br>(e) An evacuation plan shall be developed and permanently displayed in the hallways and sitting room. Fire drills shall be conducted at least quarterly.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, it was determined the home failed to have an evacuation plan displayed throughout the home in the hallways and sitting rooms. This failed practice had the widespread potential for more than minimal harm for all 6 residents. Findings:<br><br>On 10/01/19 at 9:29 a.m. during the tour, there were no evacuation plans displayed in the home. The administrator was asked about them, he stated there were some, but they weren't accurate. | R 225                                                                   |                                                                                                                          |  |                                                     |
| R 411<br>SS=F                                               | 310:680-9-1(j) FOOD SERVICE - Chapter 257<br><br>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.                                                                                                                                                                                                                                                                                                                                                                                | R 411                                                                   |                                                                                                                          |  |                                                     |

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

If continuation sheet 2 of 6



Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</b> |                                                                                                                          |                                                        |
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| R 636                                                       | <p>Continued From page 2</p> <p>(B) An accurate written record of medication monitoring shall be made by the individual monitoring the medication. This record must identify the individual responsible for the drug monitoring.</p> <p>This Rule is not met as evidenced by:<br/>Based on interview and record review, it was determined the center failed to ensure:</p> <p>a) physician ordered blood pressure (b/p) medication parameters were followed to hold the medication for 1 (#1) of 6 sampled residents who received blood pressure medications from the home's medication aids,</p> <p>b) physician ordered blood pressure medication was available at the home for administration for 1 (#6) of 6 sampled residents who received blood pressure medications from the home's medication aids ; and</p> <p>c) the electronic medication administration record (eMAR) for all 6 residents at the home were complete with no missing information.</p> <p>This failed practice resulted in the potential for more than minimal harm, at a pattern. Findings:</p> <p>Resident #1</p> <p>Resident 1 was admitted to the home 07/29/19 with a diagnosis to include hypertension (HTN). The physician's orders documented to hold the metoprolol blood pressure (b/p) medication twice a day if the residents b/p was less than 120/70.</p> <p>The September 2019 eMAR documented the 8:00 p.m. blood pressures<br/>September 1; 103/71</p> | R 636                                                                                          |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</b> |                                                                                                                          |                                                        |
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| R 636                                                       | <p>Continued From page 3</p> <p>September 7; 114/82<br/>September 8; 113/68<br/>September 10; 119/87<br/>September 14; 106/70<br/>September 21; 103/70<br/>September 22; 107/73<br/>September 23; 115/78<br/>September 24; 110/78 (8:00 a.m. 118/85)<br/>September 28; 115/75 and<br/>September 29; 107/76.</p> <p>The residents blood pressure medication should have been held 12 times during the month of September.</p> <p>There were no morning blood pressures recorded for September 9, 10, 18, 20, 25, 26, 27 and 30. There were no evening blood pressures recorded for September 3, 5, 12, 17, 20, 26 and 27. The blood pressure documentation was important because the physician had ordered a parameter for the medication aids to follow to hold the medication when indicated. The physician should have been notified of the residents blood pressure when the medication was held. The blanks indicated the resident either had a blood pressure below the parameter, but was not recorded or the residents blood pressure was not taken at all.</p> <p>On 10/03/19 at 12:54 p.m. the administrator stated the blood pressure medication had been given outside the physician ordered parameter to hold the medication.</p> <p>Resident #6</p> <p>Resident 6 was admitted to the home 08/01/19 with diagnosis of hypertension.</p> | R 636                                                                                          |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| R 636                                                       | <p>Continued From page 4</p> <p>Resident 6's August eMAR documented 12 missed doses of amlodipine and there were no documented b/p's outside the physician ordered parameter to hold the medication if the systolic b/p was below 100 or the pulse was less than 60.</p> <p>Resident 6's September eMAR documented 20 missed doses of amlodipine, 19 missed doses of lisinopril and 1 missed dose of metoprolol.</p> <p>The physician order dated 08/01/19 included all 3 blood pressure medications. There was no documentation provided by the home with discontinued orders for the blood pressure medications.</p> <p>On 10/03/19 the medication aid was asked about the missing doses. The medication aid stated the amlodipine and lisinopril were not on the cart.</p> <p>Resident #2</p> <p>Resident 2 was admitted the home 07/29/19 with diagnosis to include anxiety.</p> <p>Resident 2's September eMAR documented the resident missed 56 doses of buspirone. The eMAR documented 5 doses of buspirone did not have medication aid initials in the box which were left blank.</p> <p>Resident #3</p> <p>Resident 3 admitted to the home 08/14/19 with a diagnosis of chronic back, neck and shoulder pain with a history of osteomyelitis.</p> <p>Resident 3's September eMAR documented the resident missed 17 doses of routine Tramadol. There were no initials of medication aids from</p> | R 636                                                                                          |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</b> |                                                                                                                          |                                                        |
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| R 636                                                       | <p>Continued From page 5</p> <p>September 5-10; then there was a double entry of routine Tramadol three times a day; there were no initials of medication aids from September 5-16. One entry of routine Tramadol three times a day was at 7:00 a.m., 1:00 p.m. and 7:00 p.m. The second entry of routine Tramadol three times a day was scheduled for 8:00 a.m., 2:00 p.m. and 8:00 p.m.</p> <p>Resident #4</p> <p>Resident 4 admitted to the home 08/15/19 with a diagnosis of paranoid schizophrenia.</p> <p>Resident 4's September eMAR documented the resident missed 12 doses of routine risperidone. There were no initials of medication aids for 3 doses of the medication.</p> <p>Resident #5</p> <p>Resident 5 admitted to the home 06/13/19 with diagnosis of generalized anxiety disorder.</p> <p>Resident 5's September eMAR had a double entry of buspirone to be given as needed for anxiety attack. The double entry of buspirone documented the resident was given as needed (prn) buspirone 33 times in the month of September.</p> <p>On 10/03/19 the administrator was asked about the missing initials and missed doses of medications. He stated the eMAR was not accurate.</p> | R 636                                                                                          |                                                                                                                          |                                                        |

# STATE WORKLOAD REPORT

 Provider/Supplier Number  
 RC5510

 Provider/Supplier Name  
 WELLSPRINGS COVE

Type of Survey (select all that apply)

|   |   |  |  |  |
|---|---|--|--|--|
| 1 | L |  |  |  |
|---|---|--|--|--|

 A Complaint Investigation  
 B Dumping Investigation  
 C Federal Monitoring  
 D Follow-up Visit  
 M Other

 E Initial Certification  
 F Inspection of Care  
 G Validation  
 H Life Safety Code

 I Recertification  
 J Sanctions/Hearing  
 K State License  
 L CHOW

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<br>(A)           | First<br>Date<br>Arrived<br>(B) | Last<br>Date<br>Departed<br>(C) | Pre-Survey<br>Preparation<br>Hours<br>(D) | On-Site<br>Hours<br>12am-8am<br>(E) | On-Site<br>Hours<br>8am-6pm<br>(F) | On-Site<br>Hours<br>6pm-12am<br>(G) | Travel<br>Hours<br>(H) | Off-Site Report<br>Preparation<br>Hours<br>(I) |
|-------------------------------------|---------------------------------|---------------------------------|-------------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|------------------------|------------------------------------------------|
| Team Leader ID<br>1. <i>W</i> 34460 | 10/01/2019                      | 10/03/2019                      | 0.50                                      | 0.00                                | 24.00                              | 0.00                                | 4.75                   | 3.00                                           |
| 2.                                  |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 3.                                  |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 4.                                  |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 5.                                  |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 6.                                  |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 7.                                  |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 8.                                  |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 9.                                  |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 10.                                 |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 11.                                 |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 12.                                 |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 13.                                 |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 14.                                 |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |

Total SA Supervisory Review Hours....

0.00

Total RO Supervisory Review Hours....

0.00

Total SA Clerical/Data Entry Hours....

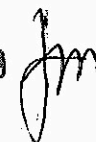
0.00

Total RO Clerical/Data Entry Hours....

0.00

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

OCT 23 2019





Oklahoma State Department of Health  
Creating a State of Health

November 4, 2019

License Number: RC5510  
Survey Event ID: 0JH911

Mr. Tony Gammel, Administrator  
Wellsprings Cove  
901 Nw 25th Street  
Oklahoma City, OK 73106

Dear Mr. Gammel:

On October 3, 2019, agents from our office completed an investigation at your Residential Care 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:

- **The Plan of Correction cannot be accepted as there is missing information throughout the whole document making it difficult to read and Review.**
- **There are no correction dates provided for tags cited.**

An amended plan of correction is due within 10 days of receipt of this notice.

Sincerely,

Sue Davis, Enforcement Coordinator  
Long Term Care  
Oklahoma State Department of Health

SD/

Enclosure

Board of Health

Gary Cox, JD  
Commissioner of Health

Timothy E Starkey, MBA (*President*)  
Edward A Legako, MD (*Vice-President*)  
Becky Payton (*Secretary*)

Jenny Alexopoulos, DO  
Terry R Gerard II, DO  
Charles W Grim, DDS, MHSA

R Murali Krishna, MD  
Ronald D Osterhout  
Charles Skillings

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Oklahoma State Department of Health

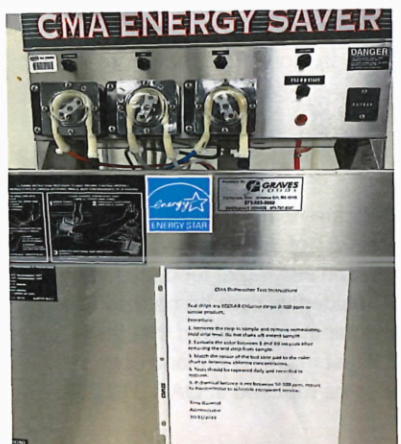
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>RC5510</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/03/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</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                               |
| R 000                                                       | INITIAL COMMENTS<br><br>A change of ownership (CHOW) and initial survey was conducted 10/01/19 through 10/03/19. Resident census was 6. Deficient practice was cited as follows.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R 000                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |
| R 225<br>SS=F                                               | 310:680-3-6 (e) EVACUATION PLAN AND FIRE DRILLS<br><br>(e) An evacuation plan shall be developed and permanently displayed in the hallways and sitting room. Fire drills shall be conducted at least quarterly.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, it was determined the home failed to have an evacuation plan displayed throughout the home in the hallways and sitting rooms. This failed practice had the widespread potential for more than minimal harm for all 6 residents. Findings:<br><br>On 10/01/19 at 9:29 a.m. during the tour, there were no evacuation plans displayed in the home. The administrator was asked about them, he stated there were some, but they weren't accurate. | R 225                                                                                          | In response to the R225 deficiency, an attempt to satisfy Oklahoma State Standards, 9 facility floor plan maps with directions to the nearest exit(s), to secure any exits in case of a fire, and to the location to meet for a head count and first aid have been printed and posted. Each map is on 8.5x11 paper with the route marked out in red. Below each map is a bright yellow sign to help direct residents to the nearest exit(s). These signs are permanently hung and will not be removed. Example attached below. |                                                        |
| R 411<br>SS=F                                               | 310:680-9-1(j) FOOD SERVICE - Chapter 257<br><br>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.                                                                                                                                                                                                                                                                                                                                                                                | R 411                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |

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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| R 411                                                       | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations by not testing the chemical sanitizer concentration of the dish machine utilizing the required test strips. This had the wide spread potential for more than minimal harm for all 6 residents who ate food prepared by the homes kitchen. Findings:<br><br>310:257-7-77 Warewashing equipment, determining chemical sanitizer concentration: Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device.<br><br>There was no dish machine temperature log or chemical sanitizer log to document dishwasher ph was 100 parts per million each day using a chemical strip.<br><br>On 10/03/19 at 11:42 a.m. the cook was asked about the chemical strips for the dishwasher and recorded documentation. The cook stated the home did not have any chemical strips or documentation about the dish machine and the chemicals used for sanitizing. | R 411                                                                   | In response to def cency R411, our fac lty lacked the needed test str ps to safely determ ne the concentrat on of the chem cals be ng used n the d shwasher We have contacted the food serv ce company that prov ded us w th the d shwasher and requested that the test str ps be del vered ASAP! Upon arr val, inservice and tra n ng was prov ded to k tchen and nurs ng staff the state reg and the proper use and frequency for test ng Add t onally, a log was prov ded to record and track results. Instruct ons for test ng s now d played on th front of the d shwasher for each staff member to see when runn ng a load of d shes sults ar r cord d daily by staff and th Administrator confirms t sts by auditing and initialing r cord book twic monthly.<br>T st strips ar ECOLAB Chlorin strips 0-300 ppm or th ir quival nt.<br>Proc dur :1. Imm rs th strip in sampl and r mov immediately. Hold strip l v l. Do not shak off xc ss sampl . 2. Evaluat th color b tw n 5 and 10 s conds aft r r moving th t st strip from sampl . 3. Match th c nt r of th t st strip pad to th color chart to d t rmin chlorin conc ntration. 4. cord r sults in log book daily. 5. Notify Administration for s rvic if r sults not within 50-110 ppm.<br>ECOLAB r p Adam Sn ad provi d ins rvic to staff on d liv ry of product and furth r ins rvic s hav b n provi d to staff with docum ntation of ins rvic s in ach staff m mb rs personnel fil . Instructions ar now hanging on th front of th dish-wash machin . |  |                                                     |
| R 636<br>SS=E                                               | 310:680-13-1 (3)(B) MONITORING OF MEDICATIONS<br><br>(3) Monitoring of medications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | R 636                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                     |



Oklahoma State Department of Health

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| R 636                                                       | <p>Continued From page 2</p> <p>(B) An accurate written record of medication monitoring shall be made by the individual monitoring the medication. This record must identify the individual responsible for the drug monitoring.</p> <p>This Rule is not met as evidenced by:<br/>Based on interview and record review, it was determined the center failed to ensure:</p> <p>a) physician ordered blood pressure (b/p) medication parameters were followed to hold the medication for 1 (#1) of 6 sampled residents who received blood pressure medications from the home's medication aids,</p> <p>b) physician ordered blood pressure medication was available at the home for administration for 1 (#6) of 6 sampled residents who received blood pressure medications from the home's medication aids ; and</p> <p>c) the electronic medication administration record (eMAR) for all 6 residents at the home were complete with no missing information.</p> <p>This failed practice resulted in the potential for more than minimal harm, at a pattern. Findings:</p> <p>Resident #1</p> <p>Resident 1 was admitted to the home 07/29/19 with a diagnosis to include hypertension (HTN). The physician's orders documented to hold the metoprolol blood pressure (b/p) medication twice a day if the residents b/p was less than 120/70.</p> <p>The September 2019 eMAR documented the 8:00 p.m. blood pressures<br/>September 1; 103/71</p> | R 636                                                                                          | <p>In response to 636, deficient practice regarding medication administration and documentation. As a result of inservice having been given to train each staff member individually on proper steps to check each resident's orders, check and record blood pressure results, and then, after confirming that the blood pressure supports giving them, only then may the medication be given. Each staff member has signed additional CMA skill checks and have them in their personnel files. Administration will print charts monthly to audit results of training and provide additional training as needed. Not continue to overs medication training and compliance with physician's orders. Additional training to produce improved documentation regarding medications held, refused or unavailable has also been provided. Staff has a better understanding of the correct documentation required to explain medications not given, also supported by inservices and skills checks.</p> |                                                        |

Oklahoma State Department of Health

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| R 636                                                       | <p>Continued From page 3</p> <p>September 7; 114/82<br/>September 8; 113/68<br/>September 10; 119/87<br/>September 14; 106/70<br/>September 21; 103/70<br/>September 22; 107/73<br/>September 23; 115/78<br/>September 24; 110/78 (8:00 a.m. 118/85)<br/>September 28; 115/75 and<br/>September 29; 107/76.</p> <p>The residents blood pressure medication should have been held 12 times during the month of September.</p> <p>There were no morning blood pressures recorded for September 9, 10, 18, 20, 25, 26, 27 and 30. There were no evening blood pressures recorded for September 3, 5, 12, 17, 20, 26 and 27. The blood pressure documentation was important because the physician had ordered a parameter for the medication aids to follow to hold the medication when indicated. The physician should have been notified of the residents blood pressure when the medication was held. The blanks indicated the resident either had a blood pressure below the parameter, but was not recorded or the residents blood pressure was not taken at all.</p> <p>On 10/03/19 at 12:54 p.m. the administrator stated the blood pressure medication had been given outside the physician ordered parameter to hold the medication.</p> <p>Resident #6</p> <p>Resident 6 was admitted to the home 08/01/19 with diagnosis of hypertension.</p> | R 636                                                                                          |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| R 636                                                       | <p>Continued From page 4</p> <p>Resident 6's August eMAR documented 12 missed doses of amlodipine and there were no documented b/p's outside the physician ordered parameter to hold the medication if the systolic b/p was below 100 or the pulse was less than 60.</p> <p>Resident 6's September eMAR documented 20 missed doses of amlodipine, 19 missed doses of lisinopril and 1 missed dose of metoprolol.</p> <p>The physician order dated 08/01/19 included all 3 blood pressure medications. There was no documentation provided by the home with discontinued orders for the blood pressure medications.</p> <p>On 10/03/19 the medication aid was asked about the missing doses. The medication aid stated the amlodipine and lisinopril were not on the cart.</p> <p>Resident #2</p> <p>Resident 2 was admitted the home 07/29/19 with diagnosis to include anxiety.</p> <p>Resident 2's September eMAR documented the resident missed 56 doses of buspirone. The eMAR documented 5 doses of buspirone did not have medication aid initials in the box which were left blank.</p> <p>Resident #3</p> <p>Resident 3 admitted to the home 08/14/19 with a diagnosis of chronic back, neck and shoulder pain with a history of osteomyelitis.</p> <p>Resident 3's September eMAR documented the resident missed 17 doses of routine Tramadol. There were no initials of medication aids from</p> | R 636                                                                                          |                                                                                                                          |                                                        |

Oklahoma State Department of Health

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| R 636                                                       | <p>Continued From page 5</p> <p>September 5-10; then there was a double entry of routine Tramadol three times a day; there were no initials of medication aids from September 5-16. One entry of routine Tramadol three times a day was at 7:00 a.m., 1:00 p.m. and 7:00 p.m. The second entry of routine Tramadol three times a day was scheduled for 8:00 a.m., 2:00 p.m. and 8:00 p.m.</p> <p>Resident #4</p> <p>Resident 4 admitted to the home 08/15/19 with a diagnosis of paranoid schizophrenia.</p> <p>Resident 4's September eMAR documented the resident missed 12 doses of routine risperidone. There were no initials of medication aids for 3 doses of the medication.</p> <p>Resident #5</p> <p>Resident 5 admitted to the home 06/13/19 with diagnosis of generalized anxiety disorder.</p> <p>Resident 5's September eMAR had a double entry of buspirone to be given as needed for anxiety attack. The double entry of buspirone documented the resident was given as needed (prn) buspirone 33 times in the month of September.</p> <p>On 10/03/19 the administrator was asked about the missing initials and missed doses of medications. He stated the eMAR was not accurate.</p> | R 636                                                                      |                                                                                                                          |                          |                                                        |



Oklahoma State Department of Health  
Creating a State of Health

November 8, 2019

License Number: RC5510  
Survey Event ID: 0JH911

Mr. Tony Gammel, Administrator  
Wellsprings Cove  
901 Nw 25th Street  
Oklahoma City, OK 73106

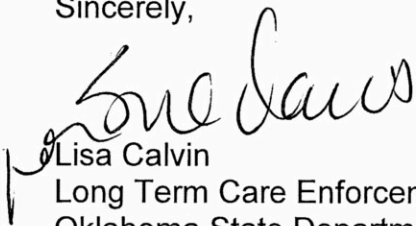
Dear Mr. Gammel:

On October 3, 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 **November 5, 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

Board of Health

Gary Cox, JD  
Commissioner of Health

Timothy E Starkey, MBA (*President*)  
Edward A Legako, MD (*Vice-President*)  
Becky Payton (*Secretary*)

Jenny Alexopoulos, DO  
Terry R Gerard II, DO  
Charles W Grim, DDS, MHSA

R Murali Krishna, MD  
Ronald D Osterhout  
Charles Skillings

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| R 000                                                       | INITIAL COMMENTS<br><br>A change of ownership (CHOW) and initial survey was conducted 10/01/19 through 10/03/19. Resident census was 6. Deficient practice was cited as follows.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R 000                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                     |
| R 225<br>SS=F                                               | 310:680-3-6 (e) EVACUATION PLAN AND FIRE DRILLS<br><br>(e) An evacuation plan shall be developed and permanently displayed in the hallways and sitting room. Fire drills shall be conducted at least quarterly.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, it was determined the home failed to have an evacuation plan displayed throughout the home in the hallways and sitting rooms. This failed practice had the widespread potential for more than minimal harm for all 6 residents. Findings:<br><br>On 10/01/19 at 9:29 a.m. during the tour, there were no evacuation plans displayed in the home. The administrator was asked about them, he stated there were some, but they weren't accurate. | R 225                                                                                          | In response to the R225 deficiency, and to satisfy Oklahoma State Standards, 9 facility floor plan maps with directions to the nearest exit(s), to secondary exits in case exit is blocked, and to the location to meet for head count and first aide have been printed and posted. Each map is on 8.5x11 paper with the route marked out in red. Below each map is a bright yellow sign to help direct individuals to the nearest exit(s). These signs are permanently hung and will not be removed. Example attached below. This correction has already been implemented. Signs were posted with floor plan maps on October 14th, 2019. | 10/14/2019                                          |
| R 411<br>SS=F                                               | 310:680-9-1(j) FOOD SERVICE - Chapter 257<br><br>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.                                                                                                                                                                                                                                                                                                                                                                                | R 411                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                     |

Oklahoma State Department of Health

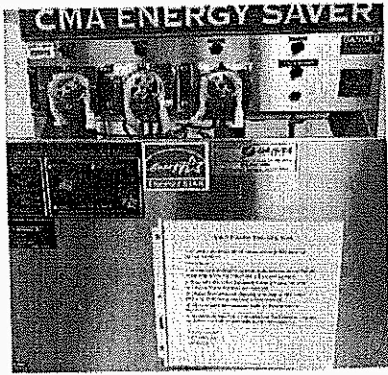
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE



Oklahoma State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>RC6510 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | (X3) DATE SURVEY COMPLETED<br><br>10/03/2019 |
| NAME OF PROVIDER OR SUPPLIER<br><br>WELLSPRINGS COVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>901 NW 25TH STREET<br>OKLAHOMA CITY, OK 73106                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                              |
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| R 411                                                | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations by not testing the chemical sanitizer concentration of the dish machine utilizing the required test strips. This had the wide spread potential for more than minimal harm for all 6 residents who ate food prepared by the homes kitchen. Findings:<br><br>310:257-7-77 Warewashing equipment, determining chemical sanitizer concentration: Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device.<br><br>There was no dish machine temperature log or chemical sanitizer log to document dishwasher ph was 100 parts per million each day using a chemical strip.<br><br>On 10/03/19 at 11:42 a.m. the cook was asked about the chemical strips for the dishwasher and recorded documentation. The cook stated the home did not have any chemical strips or documentation about the dish machine and the chemicals used for sanitizing. | R 411                                                            | In response to deficiency R411, our facility lacked the needed test strips to safely determine the concentration of the chemicals being used in the dishwasher. Test strips were obtained and inservice and training of use and frequency for testing was completed with all staff. Additionally, a log was provided to record and track results. Instructions for testing is now displayed on the front of the dishwasher for staff to reference when operating. Results are recorded daily by dietary staff and confirmed by administration monthly evidenced by auditing and initialing record book. Test strips are ECOLAB Chlorine strips 0-300 ppm or their equivalent.<br>Procedure: 1. Immerse the strip in sample and remove immediately. Hold strip level. Do not shake off excess sample. 2. Evaluate the color between 5 and 10 seconds after removing the test strip from sample. 3. Match the center of the test strip pad to the color chart to determine chlorine concentration. 4. Record results in log book daily. 5. Notify Administration for service if results not within 50-100 ppm.<br>ECOLAB rep Adam Snead provided inservice to staff on delivery of product and further inservices have been provided to staff with documentation of inservices in each staff members personnel file. Instructions are now hanging on the front of the dish-wash machine. This has also been implemented and inservice will be provided to all staff on the 5th of November, 2019, and included in training for all new employees. |  | 11/5/2019<br>and ongoing<br>JS               |
| R 636<br>SS=E                                        | 310:680-13-1 (3)(B) MONITORING OF MEDICATIONS<br><br>(3) Monitoring of medications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | R 636                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                              |

Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |
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| R 636                                                       | <p>Continued From page 2</p> <p>(B) An accurate written record of medication monitoring shall be made by the individual monitoring the medication. This record must identify the individual responsible for the drug monitoring.</p> <p>This Rule is not met as evidenced by:<br/>Based on interview and record review, it was determined the center failed to ensure:</p> <p>a) physician ordered blood pressure (b/p) medication parameters were followed to hold the medication for 1 (#1) of 6 sampled residents who received blood pressure medications from the home's medication aids,</p> <p>b) physician ordered blood pressure medication was available at the home for administration for 1 (#6) of 6 sampled residents who received blood pressure medications from the home's medication aids ; and</p> <p>c) the electronic medication administration record (eMAR) for all 6 residents at the home were complete with no missing information.</p> <p>This failed practice resulted in the potential for more than minimal harm, at a pattern. Findings:</p> <p>Resident #1</p> <p>Resident 1 was admitted to the home 07/29/19 with a diagnosis to include hypertension (HTN). The physician's orders documented to hold the metoprolol blood pressure (b/p) medication twice a day if the residents b/p was less than 120/70.</p> <p>The September 2019 eMAR documented the 8:00 p.m. blood pressures<br/>September 1; 103/71</p> | R 636                                                                                          | <p>In response to R636, deficient practice regarding medication administration and documentation. A series of inservices have begun to retrain each staff member individually on proper steps to check each resident's orders, check and record blood pressure results, and then, after confirming that the blood pressure supports giving the med, only then may the medication be given. Each staff member has signed additional CMA skill checks and have them in their personnel files. Administration will print emars monthly to audit results of training and provide additional training as needed. RN to continue to oversee medication training and compliance with physician's orders. Additional training to produce improved documentation regarding medications held, refused or unavailable has also been provided. Staff has a better understanding of the correct documentation required to explain medications not given, also supported by inservices and skills checks. Inservices to correct deficient practices started on October 4th, 2019, and additional inservices have followed. Staff will meet state standard of practice following inservice Tuesday November 5th, 2019 and maintain safe administration of medications with additional training of new staff with new hire orientation.</p> <p><i>Jody Dammell</i><br/>Administrator<br/>11/4/2019</p> | <p>11/5/2019<br/>and<br/>ongoing</p>                   |

Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</b> |                                                                                                                          |  |                                                        |
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| R 636                                                       | <p>Continued From page 3</p> <p>September 7; 114/82<br/>September 8; 113/68<br/>September 10; 119/87<br/>September 14; 106/70<br/>September 21; 103/70<br/>September 22; 107/73<br/>September 23; 115/78<br/>September 24; 110/78 (8:00 a.m. 118/85)<br/>September 28; 115/75 and<br/>September 29; 107/76.</p> <p>The residents blood pressure medication should have been held 12 times during the month of September.</p> <p>There were no morning blood pressures recorded for September 9, 10, 18, 20, 25, 26, 27 and 30. There were no evening blood pressures recorded for September 3, 5, 12, 17, 20, 26 and 27. The blood pressure documentation was important because the physician had ordered a parameter for the medication aids to follow to hold the medication when indicated. The physician should have been notified of the residents blood pressure when the medication was held. The blanks indicated the resident either had a blood pressure below the parameter, but was not recorded or the residents blood pressure was not taken at all.</p> <p>On 10/03/19 at 12:54 p.m. the administrator stated the blood pressure medication had been given outside the physician ordered parameter to hold the medication.</p> <p>Resident #6</p> <p>Resident 6 was admitted to the home 08/01/19 with diagnosis of hypertension.</p> | R 636                                                                                          |                                                                                                                          |  |                                                        |

Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>WELLSPRINGS COVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br>901 NW 25TH STREET<br>OKLAHOMA CITY, OK 73106 |                                                                                                                          |                                                 |
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| R 636                                                | <p>Continued From page 4</p> <p>Resident 6's August eMAR documented 12 missed doses of amlodipine and there were no documented b/p's outside the physician ordered parameter to hold the medication if the systolic b/p was below 100 or the pulse was less than 60.</p> <p>Resident 6's September eMAR documented 20 missed doses of amlodipine, 19 missed doses of lisinopril and 1 missed dose of metoprolol.</p> <p>The physician order dated 08/01/19 included all 3 blood pressure medications. There was no documentation provided by the home with discontinued orders for the blood pressure medications.</p> <p>On 10/03/19 the medication aid was asked about the missing doses. The medication aid stated the amlodipine and lisinopril were not on the cart.</p> <p>Resident #2</p> <p>Resident 2 was admitted the home 07/29/19 with diagnosis to include anxiety.</p> <p>Resident 2's September eMAR documented the resident missed 56 doses of buspirone. The eMAR documented 5 doses of buspirone did not have medication aid initials in the box which were left blank.</p> <p>Resident #3</p> <p>Resident 3 admitted to the home 08/14/19 with a diagnosis of chronic back, neck and shoulder pain with a history of osteomyelitis.</p> <p>Resident 3's September eMAR documented the resident missed 17 doses of routine Tramadol. There were no initials of medication aids from</p> | R 636                                                                                  |                                                                                                                          |                                                 |

Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>WELLSPRINGS COVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br>901 NW 25TH STREET<br>OKLAHOMA CITY, OK 73106 |                                                                                                                          |  |                                                 |
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| R 636                                                | <p>Continued From page 5</p> <p>September 5-10; then there was a double entry of routine Tramadol three times a day; there were no initials of medication aids from September 5-16. One entry of routine Tramadol three times a day was at 7:00 a.m., 1:00 p.m. and 7:00 p.m. The second entry of routine Tramadol three times a day was scheduled for 8:00 a.m., 2:00 p.m. and 8:00 p.m.</p> <p>Resident #4</p> <p>Resident 4 admitted to the home 08/15/19 with a diagnosis of paranoid schizophrenia.</p> <p>Resident 4's September eMAR documented the resident missed 12 doses of routine risperidone. There were no initials of medication aids for 3 doses of the medication.</p> <p>Resident #5</p> <p>Resident 5 admitted to the home 06/13/19 with diagnosis of generalized anxiety disorder.</p> <p>Resident 5's September eMAR had a double entry of buspirone to be given as needed for anxiety attack. The double entry of buspirone documented the resident was given as needed (prn) buspirone 33 times in the month of September.</p> <p>On 10/03/19 the administrator was asked about the missing initials and missed doses of medications. He stated the eMAR was not accurate.</p> | R 636                                                                                  |                                                                                                                          |  |                                                 |



Oklahoma State Department of Health  
Creating a State of Health

January 9, 2020

License Number: RC5510  
Survey Event ID: 0JH912

Mr. Tony Gammel, Administrator  
Wellsprings Cove  
901 Nw 25th Street  
Oklahoma City, OK 73106

Dear Mr. Gammel:

On **January 3, 2020**, a revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Residential Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **October 3, 2019**, have now been corrected and your facility is in compliance with licensure standards effective **November 5, 2019**.

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

Sincerely,

*Katie Stagner*

*for*

Sue Davis, Enforcement Coordinator  
Long Term Care  
Protective Health Services

SD/ks

Board of Health

Gary Cox, JD  
Commissioner of Health

Timothy E Starkey, MBA (*President*)  
Edward A Legako, MD (*Vice-President*)  
Becky Payton (*Secretary*)

Jenny Alexopoulos, DO  
Terry R Gerard II, DO  
Charles W Grim, DDS, MHSA

R Murali Krishna, MD  
Ronald D Osterhout  
Charles Skillings

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET</b><br><b>OKLAHOMA CITY, OK 73106</b> |                                                                                                                          |                                                                    |
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| {R 000}                                                     | <b>INITIAL COMMENTS</b><br><br>A follow-up survey was completed on 01/03/19.<br>Census was 6. All deficient practice was cleared. | {R 000}                                                                                              |                                                                                                                          |                                                                    |

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

# STATE WORKLOAD REPORT

Provider/Supplier Number  
RC5510

Provider/Supplier Name  
WELLSPRINGS COVE

Type of Survey (select all that apply)

|   |   |   |  |  |
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| 1 | D | L |  |  |
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- |                           |                         |                     |
|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification   |
| B Dumping Investigation   | F Inspection of Care    | J Sanctions/Hearing |
| C Federal Monitoring      | G Validation            | K State License     |
| D Follow-up Visit         | H Life Safety Code      | L CHOW              |
| M Other                   |                         |                     |

Extent of Survey (select all that apply)

|   |  |  |  |  |
|---|--|--|--|--|
| A |  |  |  |  |
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- 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<br>(A) | First<br>Date<br>Arrived<br>(B) | Last<br>Date<br>Departed<br>(C) | Pre-Survey<br>Preparation<br>Hours<br>(D) | On-Site<br>Hours<br>12am-8am<br>(E) | On-Site<br>Hours<br>8am-6pm<br>(F) | On-Site<br>Hours<br>6pm-12am<br>(G) | Travel<br>Hours<br>(H) | Off-Site Report<br>Preparation<br>Hours<br>(I) |
|---------------------------|---------------------------------|---------------------------------|-------------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|------------------------|------------------------------------------------|
| Team Leader ID            |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
| 1. 42023                  | 01/03/2020                      | 01/03/2020                      | 0.50                                      | 0.00                                | 2.00                               | 0.00                                | 1.00                   | 0.50                                           |
| 2.                        |                                 |                                 |                                           |                                     |                                    |                                     |                        |                                                |
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| 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



Oklahoma State Department of Health  
Creating a State of Health

November 4, 2019

License Number: RC5510

Survey Event ID: 0JH911

Mr. Tony Gammel, Administrator  
Wellsprings Cove  
901 Nw 25th Street  
Oklahoma City, OK 73106

Dear Mr. Gammel:

On October 3, 2019, agents from our office completed an investigation at your Residential Care 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:

- **The Plan of Correction cannot be accepted as there is missing information throughout the whole document making it difficult to read and Review.**
- **There are no correction dates provided for tags cited.**

An amended plan of correction is due within 10 days of receipt of this notice.

Sincerely,

Sue Davis, Enforcement Coordinator  
Long Term Care  
Oklahoma State Department of Health

SD/

Enclosure

Board of Health

Gary Cox, JD  
Commissioner of Health

Timothy E Starkey, MBA (*President*)  
Edward A Legako, MD (*Vice-President*)  
Becky Payton (*Secretary*)

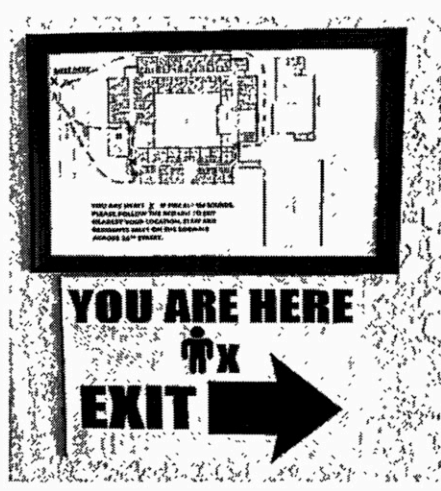
Jenny Alexopoulos, DO  
Terry R Gerard II, DO  
Charles W Grim, DDS, MHSA

R Murali Krishna, MD  
Ronald D Osterhout  
Charles Skillings

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Oklahoma State Department of Health

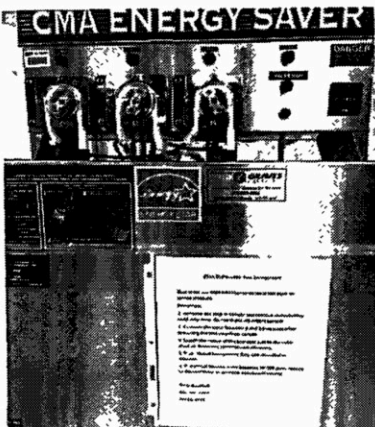
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>RC5510</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____                                                                                                                                                                                                                                                                                                                                                                                                                           | (X3) DATE SURVEY COMPLETED<br><br><b>10/03/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |
| (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<br><br>A change of ownership (CHOW) and initial survey was conducted 10/01/19 through 10/03/19. Resident census was 6. Deficient practice was cited as follows.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | R 000                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                     |
| R 225<br>SS=F                                               | 310:680-3-6 (e) EVACUATION PLAN AND FIRE DRILLS<br><br>(e) An evacuation plan shall be developed and permanently displayed in the hallways and sitting room. Fire drills shall be conducted at least quarterly.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, it was determined the home failed to have an evacuation plan displayed throughout the home in the hallways and sitting rooms. This failed practice had the widespread potential for more than minimal harm for all 6 residents. Findings:<br><br>On 10/01/19 at 9:29 a.m. during the tour, there were no evacuation plans displayed in the home. The administrator was asked about them, he stated there were some, but they weren't accurate. | R 225                                                                                          | In r sponse to th R225 defcency, an to satisfy Oklahoma Stat Stan ar s, 9 facility floor plan maps with r ctions to th n ar st xt(s), to s con ary xts n case ext s blocked, and to th locat on to m t for h a count an frst a have been prnted and posted Each map s on 8 5x11 paper w th the route marked out n red Below each map s a brght yellow s gn to help d rect nd v duals to the nearest ext t(s) These s gns are permanently hung and w ll not be removed Example attached below |                                                     |
| R 411<br>SS=F                                               | 310:680-9-1(j) FOOD SERVICE - Chapter 257<br><br>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.                                                                                                                                                                                                                                                                                                                                                                                | R 411                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                     |

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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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |
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| R 411                                                       | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations by not testing the chemical sanitizer concentration of the dish machine utilizing the required test strips. This had the wide spread potential for more than minimal harm for all 6 residents who ate food prepared by the homes kitchen. Findings:<br><br>310:257-7-77 Warewashing equipment, determining chemical sanitizer concentration: Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device.<br><br>There was no dish machine temperature log or chemical sanitizer log to document dishwasher ph was 100 parts per million each day using a chemical strip.<br><br>On 10/03/19 at 11:42 a.m. the cook was asked about the chemical strips for the dishwasher and recorded documentation. The cook stated the home did not have any chemical strips or documentation about the dish machine and the chemicals used for sanitizing. | R 411                                                                                          | In response to def cency R411, our fac l ty lacked the needed test str ps to safely determ ne the concentrat on of the chem cals be ng used n the d shwasher We have contacted the food serv ce company that prov ded us w th the d shwasher and requested that the test str ps be delivered ASAP! Upon arr val, inservice and tra ng was prov ded to k tchen and nurs ng staff the state reg and the proper use and frequency for test ng Add t onally, a log was prov ded to record and track results. Instruct ons for test ng s now d played on th front of the d shwasher for each staff member to see when runn ng a load of d shes sults ar r cord d daily by staff and th Administrator confirms t sts by auditing and initialing r cord book twic monthly.<br>T st strips ar ECOLAB Chlorin strips 0-300 ppm or th lr quival nt.<br>Proc dur :1. Imm rs th strip in sampl and r mov immediately. Hold strip l v l. Do not shak off xc ss sampl . 2. Evaluat th color b tw n 5 and 10 s conds aft r r moving th t st strip from sampl . 3. Match th c nt r of th t st strip pad to th color chart to d t rmin chlorin conc ntration. 4. cord r sults in log book daily. 5. Notify Administration for s rvic if r sults not within 50-110 ppm.<br>ECOLAB r p Adam Sn ad provid d ins rvic to staff on d liv ry of product and furth r ins rvic s hav b n provid d to staff with docum ntation of ins rvic s in ach staff m mb rs personnel fil . Instructions ar now hanging on th front of th dish-wash machin .<br><br> |                                                     |
| R 636<br>SS=E                                               | 310:680-13-1 (3)(B) MONITORING OF MEDICATIONS<br><br>(3) Monitoring of medications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | R 636                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |

Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br>WELLSPRINGS COVE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br>901 NW 25TH STREET<br>OKLAHOMA CITY, OK 73106 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |
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| R 636                                                | Continued From page 2<br><br>(B) An accurate written record of medication monitoring shall be made by the individual monitoring the medication. This record must identify the individual responsible for the drug monitoring.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, it was determined the center failed to ensure:<br><br>a) physician ordered blood pressure (b/p) medication parameters were followed to hold the medication for 1 (#1) of 6 sampled residents who received blood pressure medications from the home's medication aids,<br>b) physician ordered blood pressure medication was available at the home for administration for 1 (#6) of 6 sampled residents who received blood pressure medications from the home's medication aids; and<br>c) the electronic medication administration record (eMAR) for all 6 residents at the home were complete with no missing information.<br><br>This failed practice resulted in the potential for more than minimal harm, at a pattern. Findings:<br><br>Resident #1<br><br>Resident 1 was admitted to the home 07/29/19 with a diagnosis to include hypertension (HTN). The physician's orders documented to hold the metoprolol blood pressure (b/p) medication twice a day if the residents b/p was less than 120/70.<br><br>The September 2019 eMAR documented the 8:00 p.m. blood pressures<br>September 1; 103/71 | R 636                                                                                  | In response to 636, deficient practice regarding medication administration and documentation. As a result of inservice having been given to train each staff member individually on proper steps to check each resident's orders, check and record blood pressure results, and then, after confirming that the blood pressure supports giving the med, only then may the medication be given. Each staff member has signed additional CMA skill checks and have them in their personnel files. Administration will print charts monthly to audit results of training and provide additional training as needed. Not continue to overs medication training and compliance with physician's orders. Additional training to produce improved documentation regarding medications held, refused or unavailable has also been provided. Staff has a better understanding of the correct documentation required to explain medications not given, also supported by inservices and skills checks. |                                                 |



Oklahoma State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</b> |                                                                                                                          |  |                                                        |
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| R 636                                                       | <p>Continued From page 3</p> <p>September 7; 114/82<br/>September 8; 113/68<br/>September 10; 119/87<br/>September 14; 106/70<br/>September 21; 103/70<br/>September 22; 107/73<br/>September 23; 115/78<br/>September 24; 110/78 (8:00 a.m. 118/85)<br/>September 28; 115/75 and<br/>September 29; 107/76.</p> <p>The residents blood pressure medication should have been held 12 times during the month of September.</p> <p>There were no morning blood pressures recorded for September 9, 10, 18, 20, 25, 26, 27 and 30. There were no evening blood pressures recorded for September 3, 5, 12, 17, 20, 26 and 27. The blood pressure documentation was important because the physician had ordered a parameter for the medication aids to follow to hold the medication when indicated. The physician should have been notified of the residents blood pressure when the medication was held. The blanks indicated the resident either had a blood pressure below the parameter, but was not recorded or the residents blood pressure was not taken at all.</p> <p>On 10/03/19 at 12:54 p.m. the administrator stated the blood pressure medication had been given outside the physician ordered parameter to hold the medication.</p> <p>Resident #6</p> <p>Resident 6 was admitted to the home 08/01/19 with diagnosis of hypertension.</p> | R 636                                                                                          |                                                                                                                          |  |                                                        |

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>RC5510</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>10/03/2019</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**WELLSPRINGS COVE**

**901 NW 25TH STREET  
OKLAHOMA CITY, OK 73106**

| (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 |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| R 636                    | Continued From page 4<br><br>Resident 6's August eMAR documented 12 missed doses of amlodipine and there were no documented b/p's outside the physician ordered parameter to hold the medication if the systolic b/p was below 100 or the pulse was less than 60.<br><br>Resident 6's September eMAR documented 20 missed doses of amlodipine, 19 missed doses of lisinopril and 1 missed dose of metoprolol<br><br>The physician order dated 08/01/19 included all 3 blood pressure medications. There was no documentation provided by the home with discontinued orders for the blood pressure medications.<br><br>On 10/03/19 the medication aid was asked about the missing doses. The medication aid stated the amlodipine and lisinopril were not on the cart.<br><br>Resident #2<br><br>Resident 2 was admitted the home 07/29/19 with diagnosis to include anxiety.<br><br>Resident 2's September eMAR documented the resident missed 56 doses of buspirone. The eMAR documented 5 doses of buspirone did not have medication aid initials in the box which were left blank.<br><br>Resident #3<br><br>Resident 3 admitted to the home 08/14/19 with a diagnosis of chronic back, neck and shoulder pain with a history of osteomyelitis.<br><br>Resident 3's September eMAR documented the resident missed 17 doses of routine Tramadol. There were no initials of medication aids from | R 636               |                                                                                                                          |                          |

Oklahoma State Department of Health

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| R 636                                                       | <p>Continued From page 5</p> <p>September 5-10; then there was a double entry of routine Tramadol three times a day; there were no initials of medication aids from September 5-16. One entry of routine Tramadol three times a day was at 7:00 a.m., 1:00 p.m. and 7:00 p.m. The second entry of routine Tramadol three times a day was scheduled for 8:00 a.m., 2:00 p.m. and 8:00 p.m.</p> <p>Resident #4</p> <p>Resident 4 admitted to the home 08/15/19 with a diagnosis of paranoid schizophrenia.</p> <p>Resident 4's September eMAR documented the resident missed 12 doses of routine risperidone. There were no initials of medication aids for 3 doses of the medication.</p> <p>Resident #5</p> <p>Resident 5 admitted to the home 06/13/19 with diagnosis of generalized anxiety disorder.</p> <p>Resident 5's September eMAR had a double entry of buspirone to be given as needed for anxiety attack. The double entry of buspirone documented the resident was given as needed (prn) buspirone 33 times in the month of September.</p> <p>On 10/03/19 the administrator was asked about the missing initials and missed doses of medications. He stated the eMAR was not accurate.</p> | R 636                                                                                          |                                                                                                                          |                                                        |



Oklahoma State Department of Health  
Creating a State of Health

November 8, 2019

License Number: RC5510  
Survey Event ID: 0JH911

Mr. Tony Gammel, Administrator  
Wellsprings Cove  
901 Nw 25th Street  
Oklahoma City, OK 73106

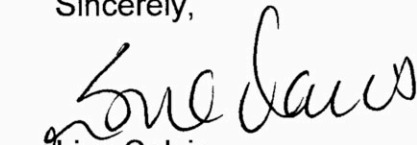
Dear Mr. Gammel:

On October 3, 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 **November 5, 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

Board of Health

Gary Cox, JD  
Commissioner of Health

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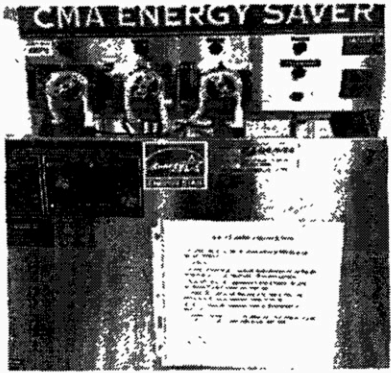


Oklahoma State Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>RC5510</b>                        | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br>B. WING: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X3) DATE SURVEY COMPLETED<br><br><b>10/03/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLSPRINGS COVE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>901 NW 25TH STREET<br/>OKLAHOMA CITY, OK 73106</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |
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| R 411                                                       | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations by not testing the chemical sanitizer concentration of the dish machine utilizing the required test strips. This had the wide spread potential for more than minimal harm for all 6 residents who ate food prepared by the homes kitchen. Findings:<br><br>310:257-7-77 Warewashing equipment, determing chemical sanitizer concentration: Concentration of the sanitizing solution shall be accurately determined by using a test kit or other device.<br><br>There was no dish machine temperature log or chemical sanitizer log to document dishwasher ph was 100 parts per million each day using a chemical strip.<br><br>On 10/03/19 at 11:42 a.m. the cook was asked about the chemical strips for the dishwasher and recorded documentation. The cook stated the home did not have any chemical strips or documentation about the dish machine and the chemicals used for sanitizing. | R 411                                                                                          | In response to deficiency R411, our facility lacked the needed test strips to safely determine the concentration of the chemicals being used in the dishwasher. Test strips were obtained and inservice and training of use and frequency for testing was completed with all staff. Additionally, a log was provided to record and track results. Instructions for testing is now displayed on the front of the dishwasher for staff to reference when operating. Results are recorded daily by dietary staff and confirmed by administration monthly evidenced by auditing and initialing record book. Test strips are ECOLAB Chlorine strips 0-300 ppm or their equivalent.<br>Procedure: 1. Immerse the strip in sample and remove immediately. Hold strip level. Do not shake off excess sample. 2. Evaluate the color between 5 and 10 seconds after removing the test strip from sample. 3. Match the center of the test strip pad to the color chart to determine chlorine concentration. 4. Record results in log book daily. 5. Notify Administration for service if results not within 50-100 ppm.<br>ECOLAB rep Adam Snead provided inservice to staff on delivery of product and further inservices have been provided to staff with documentation of inservices in each staff members personnel file. Instructions are now hanging on the front of the dish-wash machine. This has also been implemented and inservice will be provided to all staff on the 5th of November, 2019, and included in training for all new employees. | 11/5/2019<br>and<br>ongoing<br>J3                   |
| R 636                                                       | 310:680-13-1 (3)(B) MONITORING OF<br>SS=E MEDICATIONS<br><br>(3) Monitoring of medications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | R 636                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                     |



Oklahoma State Department of Health

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| R 636                                                       | Continued From page 2<br><br>(B) An accurate written record of medication monitoring shall be made by the individual monitoring the medication. This record must identify the individual responsible for the drug monitoring.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, it was determined the center failed to ensure:<br><br>a) physician ordered blood pressure (b/p) medication parameters were followed to hold the medication for 1 (#1) of 6 sampled residents who received blood pressure medications from the home's medication aids,<br>b) physician ordered blood pressure medication was available at the home for administration for 1 (#6) of 6 sampled residents who received blood pressure medications from the home's medication aids ; and<br>c) the electronic medication administration record (eMAR) for all 6 residents at the home were complete with no missing information.<br><br>This failed practice resulted in the potential for more than minimal harm, at a pattern. Findings:<br><br>Resident #1<br><br>Resident 1 was admitted to the home 07/29/19 with a diagnosis to include hypertension (HTN). The physician's orders documented to hold the metoprolol blood pressure (b/p) medication twice a day if the residents b/p was less than 120/70.<br><br>The September 2019 eMAR documented the 8:00 p.m. blood pressures<br>September 1; 103/71 | R 636                                                                                          | In response to R636, deficient practice regarding medication administration and documentation. A series of inservices have begun to retrain each staff member individually on proper steps to check each resident's orders, check and record blood pressure results, and then, after confirming that the blood pressure supports giving the med, only then may the medication be given. Each staff member has signed additional CMA skill checks and have them in their personnel files. Administration will print emars monthly to audit results of training and provide additional training as needed. RN to continue to oversee medication training and compliance with physician's orders. Additional training to produce improved documentation regarding medications held, refused or unavailable has also been provided. Staff has a better understanding of the correct documentation required to explain medications not given, also supported by inservices and skills checks. Inservices to correct deficient practices started on October 4th, 2019, and additional inservices have followed. Staff will meet state standard of practice following inservice Tuesday November 5th, 2019 and maintain safe administration of medications with additional training of new staff with new hire orientation.<br><br><i>11/5/2019</i><br><i>and</i><br><i>erasing</i><br><br><i>Jerry Dammell</i><br><i>Administrator</i><br><i>11/4/2019</i> |                                                        |



Oklahoma State Department of Health

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| R 636                                                       | Continued From page 3<br><br>September 7; 114/82<br>September 8; 113/68<br>September 10; 119/87<br>September 14; 106/70<br>September 21; 103/70<br>September 22; 107/73<br>September 23; 115/78<br>September 24; 110/78 (8:00 a.m. 118/85)<br>September 28; 115/75 and<br>September 29; 107/76.<br><br>The residents blood pressure medication should<br>have been held 12 times during the month of<br>September.<br><br>There were no morning blood pressures recorded<br>for September 9, 10, 18, 20, 25, 26, 27 and 30.<br>There were no evening blood pressures recorded<br>for September 3, 5, 12, 17, 20, 26 and 27. The<br>blood pressure documentation was important<br>because the physician had ordered a parameter<br>for the medication aids to follow to hold the<br>medication when indicated. The physician should<br>have been notified of the residents blood<br>pressure when the medication was held. The<br>blanks indicated the resident either had a blood<br>pressure below the parameter, but was not<br>recorded or the residents blood pressure was not<br>taken at all.<br><br>On 10/03/19 at 12:54 p.m. the administrator<br>stated the blood pressure medication had been<br>given outside the physician ordered parameter to<br>hold the medication.<br><br>Resident #6<br><br>Resident 6 was admitted to the home 08/01/19<br>with diagnosis of hypertension. | R 636                                                                   |                                                                                                                          |  |                                                     |

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| R 636                                                       | Continued From page 4<br><br>Resident 6's August eMAR documented 12 missed doses of amlodipine and there were no documented b/p's outside the physician ordered parameter to hold the medication if the systolic b/p was below 100 or the pulse was less than 60.<br><br>Resident 6's September eMAR documented 20 missed doses of amlodipine, 19 missed doses of lisinopril and 1 missed dose of metoprolol.<br><br>The physician order dated 08/01/19 included all 3 blood pressure medications. There was no documentation provided by the home with discontinued orders for the blood pressure medications.<br><br>On 10/03/19 the medication aid was asked about the missing doses. The medication aid stated the amlodipine and lisinopril were not on the cart.<br><br>Resident #2<br><br>Resident 2 was admitted the home 07/29/19 with diagnosis to include anxiety.<br><br>Resident 2's September eMAR documented the resident missed 56 doses of buspirone. The eMAR documented 5 doses of buspirone did not have medication aid initials in the box which were left blank.<br><br>Resident #3<br><br>Resident 3 admitted to the home 08/14/19 with a diagnosis of chronic back, neck and shoulder pain with a history of osteomyelitis.<br><br>Resident 3's September eMAR documented the resident missed 17 doses of routine Tramadol. There were no initials of medication aids from | R 636                                                                                          |                                                                                                                          |  |                                                        |

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| R 636                                                       | Continued From page 5<br><br>September 5-10; then there was a double entry of routine Tramadol three times a day; there were no initials of medication aids from September 5-16. One entry of routine Tramadol three times a day was at 7:00 a.m., 1 00 p.m. and 7:00 p.m. The second entry of routine Tramadol three times a day was scheduled for 8:00 a.m., 2:00 p.m. and 8:00 p.m.<br><br>Resident #4<br><br>Resident 4 admitted to the home 08/15/19 with a diagnosis of paranoid schizophrenia.<br><br>Resident 4's September eMAR documented the resident missed 12 doses of routine risperidone. There were no initials of medication aids for 3 doses of the medication.<br><br>Resident #5<br><br>Resident 5 admitted to the home 06/13/19 with diagnosis of generalized anxiety disorder.<br><br>Resident 5's September eMAR had a double entry of buspirone to be given as needed for anxiety attack. The double entry of buspirone documented the resident was given as needed (prn) buspirone 33 times in the month of September.<br><br>On 10/03/19 the administrator was asked about the missing initials and missed doses of medications. He stated the eMAR was not accurate. | R 636                                                                                          |                                                                                                                          |  |                                                        |