Oklahoma State Department of Health
Creating a State of Health

February 21, 2020

License Number: RC5512
Survey Event ID: GCW011

Ms. Tracy Estrada, Administrator
Shiloh Manor
8528 Southwest 74th Street
Oklahoma City, OK 73169

Dear Ms. Estrada:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **February 12, 2020**.

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

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

The criteria for an acceptable plan of correction are:

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

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

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

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

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

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process.** Please retain a copy of this completed form for your files.

In the event that we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable and we will request another Plan of Correction. If your plan of correction is acceptable, there will be no acknowledgement. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 271-6868.

In accordance with O.S. 63 830.1, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833-RC). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 271-6868 or at the address below to acquire a copy of the ODH Form 833RC and the Oklahoma IDR Process Residential Care Centers.

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

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

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

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

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

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

Sincerely,

Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC5512	A. BUILDING. _____ B. WING _____	02/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHILOH MANOR	8528 SOUTHWEST 74TH STREET OKLAHOMA CITY, OK 73169

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS A re-licensure survey was conducted on 02/10/20 through 02/12/20. Current census was 35. Deficient practice was cited as follows.	R 000		
R 329 SS=F	310:680-5-6 (g) BUILDING ELEMENTS - WATER TEMP (g) Hot water temperatures at faucets accessible to residents shall be maintained within a range of 100 degrees to 120 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to ensure hot water temperatures at faucets accessible to the residents were maintained within a range of 100 degrees to 120 degrees Fahrenheit (F) in 3 of 6 bathrooms available for residents' use. This failed practice had the potential for more than minimal harm for all 35 residents. Findings: On 02/10/20 at 1:30 p.m., the hot water temperatures registered as follows: At 1:35 p.m., hot water in the bathroom across from room 17 registered at 132.9 degrees F and the bathroom across from room 16 registered at 129.0 degrees F. At 2:09 p.m., the hot water in the bathroom by the soft drink machine registered at 93.3 degrees F. On 02/10/20 at 2:18 p.m., the administrator stated the maintenance man/owner checked the water temperatures periodically. No temperature logs were provided. On 02/12/20 at 1:00 p.m., the owner stated she	R 329		

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R 329	Continued From page 1 was not sure why the water temperatures were not in the correct range.	R 329		
R 601 SS=F	310:680-13-1 MEDICATIONS Correct medication and pharmacy techniques and principles shall be used when medications are administered or monitored. The home shall comply with the following: (1) Storage and Maintenance. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to ensure medications were administered in a manner to prevent cross-contamination. This failed practice had the potential for more than minimal harm for all 35 residents who received medications from the home's employees. Findings: On 02/10/20 at 3:35 p.m., medication administration technician (MAT)/employee #2, removed 6 plastic disposable medication cups with written resident labels on the outside of the cups. MAT/employee #2 dispensed the residents' medications into the cups, touched the inside of the cups with her gloved thumb and finger,	R 601		

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R 601	Continued From page 2 handed the cups to the residents to take their medication. MAT/employee #2 then took the cups from the resident and stacked the medication cups on top of each other and placed them back in the medication cart. She stated they re-used the medications cups. At 5:00 p.m., the owner agreed the medication cups should be disposed of after one time use.	R 601		
R 613 SS=E	310:680-13-1 (1)(L) MEDICATIONS - OTC DRUGS Correct medication and pharmacy techniques and principles shall be used when medications are administered or monitored. The home shall comply with the following: (1) Storage and Maintenance. (L) Resident's first and last name shall be on all over-the-counter drugs used. The home shall have a written policy to identify resident ownership of over-the-counter medication. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to ensure over-the-counter (OTC) medications were labeled with the residents' first and last name for 3 (# 3, 9 and #10) of 3 sampled residents who had physician ordered OTC medications. This failed practice had the potential for more than minimal harm at a pattern. Findings: On 02/11/20 at 9:24 a.m., the medication storage area contained the following OTC medications: a	R 613		

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R 613	Continued From page 3 bottle of Aspirin (used to treat pain or fever) 81 milligrams, a bottle of multivitamins (used as supplements) and a container with Benefiber (used as supplement). Medication administration technician (MAT)/employee #1 stated the Aspirin belonged to resident # 9, the multivitamins belonged to resident #10, and the Benefiber belonged to resident #3. She stated the bottles of medication were not labeled with the residents' first and last name. At 10:24 a.m., the administrator stated she did not think the OTC bottles of medication had to be labeled if they were in the resident's identified basket in the medication room.	R 613		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
RC5512	SHILOH MANOR

Type of Survey (select all that apply)

2				

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

Extent of Survey (select all that apply)

A				

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

SURVEY TEAM AND WORKLOAD DATA

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

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. BS 36191	02/10/2020	02/12/2020	0.75	0.00	12.75	0.00	5.50	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**

FEB 24 2020

Oklahoma State Department of Health
Creating a State of Health

March 2, 2020

License Number: RC5512
Survey Event ID: GCW011

Ms. Tracy Estrada, Administrator
Shiloh Manor
8528 Southwest 74th Street
Oklahoma City, OK 73169

Dear Ms. Estrada:

On February 12, 2020, 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 **March 10, 2020**.

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

Sincerely,

Sue Davis
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

SD/cn

Oklahoma State Department of Health

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Plan of correction

1. **R329-310:680-5-6**

The facility administrator called maintenance on 2/13/20 to have hot water tanks inspected and set properly. The administrator and maintenance have set up a 30 day inspection schedule. The water temps will be checked and adjustments to the hot water tanks will be made if necessary. The facility administrator has made log template to ensure routine checks are being done and logged. This will be completed on or before 3/1/2020.

Please let me know if you need any additional documentation or information to clear these deficiencies.

Sincerely,

Tracy Estrada

Tracy Estrada- Administrator

Plan of correction

2. **R601-310:680-13-1**

The facility administrator has purchased disposal cups for mediations on 2/11/2020. Cups will serve as a onetime use only for each scheduled medication pass. The facility administrator will conduct a in-service training will all MATS on staff over the proper way to administer medications. This will be completed on or before 3/3/20.

Please let me know if you need any additional documentation or information to clear these deficiencies.

Sincerely,

Tracy Estrada- Administrator

Plan of correction

3. R613-310:680-13-1

The facility administrator conducted a check of all over the counter medications on 2/12/20 and properly labeled medication. To keep this from reoccurring the administrator will change policy on how otc medications are logged and kept also the Administrator will do periodic audits with all MATS on staff. A in-service training will be held on otc medications. This will be completed on or before 3/10/2020.

Please let me know if you need any additional documentation or information to clear these deficiencies.

Sincerely,

Tracy Estrada- Administrator

OKLAHOMA
State Department
of Health

Delivery via email to: smanor.inc@yahoo.com

November 12, 2020

License Number: RC5512
Survey Event ID: GCW012

Ms. Tracy Estrada, Administrator
Shiloh Manor
8528 Southwest 74th Street
Oklahoma City, OK 73169

Dear Ms. Estrada:

On **November 10, 2020**, an offsite/paper revisit was conducted with 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 **February 12, 2020,** have now been corrected and your facility is in compliance with licensure standards effective **March 10, 2020**.

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

Sincerely,

Users, Lisa D Calvin
Digitally signed by Users, Lisa D Calvin
Date: 2020.11.12 13:32:46 -06'00'

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

Oklahoma State Department of Health

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{R 000}	INITIAL COMMENTS An offsite/paper revisit was completed on 11/10/20. Credible evidence of corrections was submitted for all deficiencies.	{R 000}		

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