Oklahoma State Department of Health
Creating a State of Health

February 12, 2020

License Number: RC5537
Survey Event ID: 3VBW11

Ms. Jessica Welp, Administrator
Sunbeam Emergency Shelter For Seniors
1100 Nw 14th St
Oklahoma City, OK 73106

Dear Ms. Welp:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on January 23, 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,

Katie Stagner

Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/kgs

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC5537	A BUILDING _____ B WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNBEAM EMERGENCY SHELTER FOR SENIC	1100 NW 14TH ST OKLAHOMA CITY, OK 73106

(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 01/22/20 and 01/23/20. Current census was 5. The following deficient practice was cited.	R 000		
R 152 SS=E	63 O.S. 1-1918.B.5. RIGHTS - Appropriate medical care Section 1-840. Other provisions applicable to residential care homes Residential care homes subject to the provisions of the Residential Care Act shall comply with the provisions of Sections 1-1909, 1-1910, 1-1914.1, 1-1914.2, 1-1915, 1-1917, 1-1918, 1-1919, 1-1920, 1-1921, 1-1922, 1-1924, 1-1926, 1-1927, 1-1930, 1-1939, 1-1940 and 1-1941 of this title. 63 O.S. 1-1918(B)5. Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident unless adjudged to be mentally incapacitated shall be fully informed by his attending physician of his medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. This Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined the home failed to provide physician ordered medication for 1 (#1) of 2 sampled residents who received employee	R 152		

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R 152	Continued From page 1 administered medications. This failed practice had the potential for more than minimal harm at a pattern. Findings: A physician's order for resident #1, dated 01/16/20, documented to administer Hydrochlorothiazide (HCTZ) (used to treat high blood pressure and swelling) 25 milligrams (mg), Losartan (used to treat high blood pressure and can also treat kidney disease in patients who have diabetes) 100 mg, Victoza (non-insulin medication used to treat diabetes) 1.2 mg daily, and Neurontin (medication used for nerve pain) 300 mg three times a day. Resident #1's medication administration record (MAR), dated 01/19/20 through 01/25/20, did not document the HCTZ, Losartan, or Neurontin medications were to be administered. The MAR documented the Victoza was not administered until 01/23/20 (seven days after ordered.) On 01/23/20 at 8:21 a.m., resident #1 self-administered her Victoza by subcutaneous injection. The medication administration technician (MAT)/employee #1 stated resident #1 did not have any other medication due at this time. MAT/employee #1 stated the resident was out of Victoza until 01/22/20, when she brought it into the home. At 10:25 a.m., MAT/employee #1 stated the home only administered the medications that they had an order to administer. She stated the home did not go get the medications for the residents, and that the residents brought their own medications to the home. At 12:54 p.m., resident #1's medications were reviewed in the medication room, and she had	R 152		

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R 152	Continued From page 2 two bottles of Neurontin 600 mg in the medication cabinet. MAT/employee #1 stated resident #1's Neurontin label did not match the order so it could not be administered. She stated she called the pharmacy on 01/22/20, but she did not have any documentation she had contacted the pharmacy. At 2:13 p.m., the administrator stated the prescription with a list of the resident #1's medication was signed by a physician and was a physician's order. She stated resident #1 should be receiving the HCTZ, Losartan, and Neurontin.	R 152		
R 204 SS=F	310:680-3-3 (d) & (e)(1) INSPECTIONS, PHYSICIAN AND EMS SERVICES (d) An application for an initial license to operate a residential care home shall include documentation that the State Fire Marshal or the State Fire Marshal's representative has inspected and approved the home. Each application for renewal of a license for a residential care home with more than six beds shall include documentation of annual inspection and approval by the State Fire Marshal or the State Fire Marshal's representative. (e) The following items must be renewed annually: (1) An agreement with a physician to provide emergency medical services and consultation.	R 204		

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R 204	Continued From page 3 This Rule is not met as evidenced by: Based on interview and record review, it was determined the home failed to ensure an agreement with a physician to provide medical consultation was renewed annually. This failed practice had the widespread potential for more than minimal harm for all 5 residents. Findings: On 01/23/20 at 2:45 p.m., the administrator stated she had faxed a physician's agreement to their physician to be signed. She stated the physician had not faxed the agreement back to the home at this time. No current agreement with a physician was available for inspection.	R 204		
R 207 SS=F	310:680-3-3 (e)(4) ELECTRICIAN, MUNICIPAL INSPECTOR'S REPORT (e) The following items must be renewed annually: (4) Licensed electrician or municipal inspector's report.	R 207		

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R 207	Continued From page 4 This Rule is not met as evidenced by: Based on interview and record review, it was determined the home failed to ensure a licensed electrician or municipal inspector's inspection report was renewed annually. This failed practice had the widespread potential for more than minimal harm for all 5 residents. Findings: On 01/22/20 at 3:08 p.m., the administrator stated the electrician inspection was due in October of 2019 and had been overlooked. She stated she did not have an annual electrician's report.	R 207		
R 411 SS=F	310:680-9-1(j) FOOD SERVICE - Chapter 257 A residential care home shall be in compliance with Chapter 257 of this Title, regarding storage, preparation, and serving of food (including milk and ice). A residential care home may use residential equipment provided that the equipment must maintain hot and cold temperatures as required in OAC 310:257. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to ensure compliance with the chapter 257 Food Service Establishment Regulations in regards to non-stick coatings and	R 411		

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R 411	Continued From page 5 equipment. These failed practices had the widespread potential for more than minimal harm for all 5 residents who received their nutrition from the kitchen. Findings: 310:257-7-10 Nonstick coatings, use limitation Multiuse kitchenware such as frying pans, griddles, sauce pans, cookie sheets, and waffle bakers that have a perfluorocarbon resin coating shall be used with nonscoring or nonscratching utensils and cleaning aids. 310:257-7-84 Cooking and baking equipment (b) The cavities and door seals of microwave ovens shall be cleaned at least every 24 hours by using the manufacturer's recommended cleaning procedure. 310:257-7-85 Nonfood-contact surfaces Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. On 01/22/19 at 2:19 p.m., the following was observed in the kitchen: A microwave oven door, top of the inside of the microwave and the crevices of the microwave had dried food debris. The inside top of the microwave also had the coating peeling off. Medication administration technician (MAT)/employee #1 stated she could not get the inside top of the microwave clean. A household oven had black dried food splatter and grease build up in the bottom of the oven and dried brown greasy drip on the door. MAT/employee #1 stated she thought cleaning the oven was a maintenance issue. She stated the oven was a self-cleaning oven and it smoked	R 411		

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R 411	Continued From page 6 when the self-cleaner was used. Two large nonstick coated sauce pans had the bottoms of them almost completely scratched off and had the sides scratched. At 3:30 p.m., the administrator observed the microwave oven, the oven, and the nonstick sauce pans. She was not able to get the top inside of the microwave clean, and agreed the oven was dirty and the sauce pans were scratched.	R 411		
R 612 SS=D	310:680-13-1 (1)(K) MEDICATIONS - LABEL *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. (K) All prescription medication shall be clearly labeled to include the resident's full name, physician's name, prescription number, strength of drug, dosage, directions for use, date of issue, quantity, and name, address, and phone number of pharmacy or physician dispensing the drug. This Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined the home failed to ensure medication was labeled for 1 (#1) of 1 sampled resident who had an injectable medication stored in the medication refrigerator. This deficient practice had the isolated potential	R 612		

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R 612	Continued From page 7 for more than minimal harm. Findings: On 01/23/20 at 8:21 a.m., medication administration technician (MAT)/employee #1 removed resident #1's Victoza injection pens (non-insulin diabetes medication) from the medication refrigerator. Two Victoza pens were in a plastic bag. The pens/bag were not labeled with the resident's full name, physician's name, prescription number, dosage or direction for use, date of issue, or address and phone number of the pharmacy dispensing the medication. The resident self-administered the Victoza and handed it to MAT/employee #1. MAT/employee #1 placed the unlabeled medication back into the medication refrigerator. At 8:27 a.m., MAT/employee #1 stated the resident threw out the Victoza box which contained the label prior to giving her the medication to store in the refrigerator. She stated the resident had an order for Victoza 1.2 milligrams daily. At 2:13 p.m., the administrator stated she agreed the Victoza needed to have a label.	R 612		
R 623 SS=E	310:680-13-1 (1)(V) MEDICATIONS - DISPOSAL 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. (V) The home shall have a written policy for safe disposal of discontinued medications and it shall be an approved method by the State	R 623		

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R 623	Continued From page 8 Department of Health. Documentation shall be retained in the individual resident's record. Over-the-counter medications shall be destroyed in the presence of two (2) residential care home staff persons. Documentation shall include the name of the medication, the amount destroyed, the method of destruction, and shall be retained in the individual resident's record. This Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined the home failed to develop a written policy and procedure for safe disposal of discontinued medications. This failed practice had the potential for more than minimal harm at a pattern. Findings: On 01/23/20 at 9:07 a.m., six bags of medications were found in a medication cabinet. The medications were from six discharged residents, and one discontinued medication from a discharged resident. The dates of discharges ranged from June 2019 to January 2020. At 9:19 a.m., the registered nurse stated she did not review the discontinued or the discharged resident's medications. At 3:27 p.m., the administrator stated she was working with an employee to determine how to dispose of the medications safely. She stated there was no policy for safe disposal of discontinued medications.	R 623		
R 625 SS=E	310:680-13-1 (1)(X) MEDICATIONS - UNUSED PRESCRIPTION Correct medication and pharmacy techniques and principles shall be used when medications	R 625		

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R 625	Continued From page 9 are administered or monitored. The home shall comply with the following: (1) Storage and Maintenance. (X) When a resident is discharged, moves, or goes on a temporary leave from the home, the unused prescription shall be sent with the resident or with the responsible party. The resident record shall contain documentation of quantities of medication sent, as well as the signature of the resident or the responsible party receiving the drugs and of the staff person of the home that counted them. This Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined the home failed to ensure the unused prescribed medications were sent with the resident or responsible party upon discharge from the home for 2 (#7 and #8) of 2 sampled residents who were discharged. This failed practices had the potential for more than minimal harm at a pattern. Findings: On 01/23/20 at 9:07 a.m., a medication cabinet contained six bags with discharged residents' medications. Medication administration technician (MAT)/employee #1 stated three residents left without notice, and she did not know the other resident who had a bag of medications in the cabinet. She stated she needed to call resident # 8 to have her come and get the medication bottle she had not taken with her. Resident #7 discharged on 10/17/19, and did not have a discharge medication count sheet in her	R 625		

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R 625	Continued From page 10 chart. The resident had one inhaler and six different bottles of medication which were not sent with her upon discharge. No documentation was available or provided that the home attempted to send the medications with the resident or the resident representative. Resident #8 discharged from the home on 01/09/20, and no discharge medication list was found in the resident's record. No documentation was available or provided that the home attempted to contact the resident to let her know she left a bottle of medication at the home. On 01/23/20 at 3:27 p.m., the administrator stated she did not have any documentation to indicate the home attempted to contact the discharged residents to return their medications. She stated sometimes the residents were in a hurry to leave and refused to wait on the staff to count out the medications. She stated she did not have any documentation the residents refused to wait on their medications.	R 625		

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
RC5537	SUNBEAM EMERGENCY SHELTER FOR SENIORS

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. 36191	01/22/2020	01/23/2020	1.00	0.00	11.00	0.00	3.00	6.00
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**