OKLAHOMA
State Department
of Health

Delivery via email to: administrator@newhopenursing.com

October 4, 2023

License Number: RC6105
Survey Event ID: KYXY11

Ms. Wendy Cannon, Administrator
New Hope Retirement & Care Center
1220 East Electric Boulevard
McAlester, OK 74501

Dear Ms. Cannon:

Enclosed is the Residential Care inspection with complaint investigation deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **September 6, 2023**.

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:

- A statement of exactly how the facility has or intends to correct each deficiency.
- The method of correction. This includes who is responsible for the correction.
- 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.
- 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) 426-8200.

OKLAHOMA
State Department
of Health

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) 426-8200 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
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

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

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

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: New Hope Retirement and Care Center
Address: 1220 East Electric Ave
City, State, Zip: McAlester, OK, 74501
Provider #: RC6105
Complaint #: OK00059806
Investigation Date(s): 09/06/23

ALLEGATION(S)

The facility failed to follow discharge policies and procedures.

An unannounced on-site investigation was initiated 09/06/2023 at 8:10 A.M.

A sample of 2 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance. During the survey there was no observation of inadequate discharge policies and procedures.

Resident records were reviewed including the residents plan of care, policy and procedures, and inventory on discharges on the past 12 months were reviewed. Documentation was provided that shows that the facility followed the correct policy when discharging a resident. Resident counsel minutes were also reviewed.

Staff members and residents were interviewed regarding the discharge policies and procedures with no concerns reported.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 09/13/2023

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
	RC6105	A. BUILDING: _____ B. WING _____	C 09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

(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 relicensure survey was conducted on 09/06/23. A complaint investigation (#OK00059806) was conducted in conjunction with the survey.	R 000		
R 322 SS=F	310:680-5-5 FIRE SAFETY Each residential care home shall provide documentation that the State Fire Marshal or the State Fire Marshal's representative has inspected and approved the home prior to issuance of an initial license. Each residential care home with more than six beds shall provide documentation of annual inspection and approval prior to issuance of a license renewal. This Rule is not met as evidenced by: Based on interview and record review, it was determined the home failed to provide documentation that the State Fire Marshal or their representative completed an annual inspection with approval. This failed practice had the widespread potential for more than minimal harm for all 10 residents. Findings: On 09/06/23 at 2:30 p.m., the most current documentation found of a fire marshal inspection of the home was expired. No other fire inspection documentation could be located in the submitted manuals. The administrator was asked if the home had a fire marshal inspection in the past year. She stated she knows it is expired and will schedule an inspection as soon as possible.	R 322		

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

OKLAHOMA
State Department
of Health

Delivery via email to: administrator@newhopenursing.com

October 13, 2023

License Number: RC6105
Survey Event ID: KYXY11

Ms. Wendy Cannon, Administrator
New Hope Retirement & Care Center
1220 East Electric Boulevard
McAlester, OK 74501

Dear Ms. Cannon:

On **September 6, 2023**, a Relicensure survey and a Complaint investigation were 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 2, 2023**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

enc

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
	RC6105	A. BUILDING: _____ B. WING _____	C 09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

(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 relicensure survey was conducted on 09/06/23. A complaint investigation (#OK00059806) was conducted in conjunction with the survey.	R 000		
R 322 SS=F	310:680-5-5 FIRE SAFETY Each residential care home shall provide documentation that the State Fire Marshal or the State Fire Marshal's representative has inspected and approved the home prior to issuance of an initial license. Each residential care home with more than six beds shall provide documentation of annual inspection and approval prior to issuance of a license renewal. This Rule is not met as evidenced by: Based on interview and record review, it was determined the home failed to provide documentation that the State Fire Marshal or their representative completed an annual inspection with approval. This failed practice had the widespread potential for more than minimal harm for all 10 residents. Findings: On 09/06/23 at 2:30 p.m., the most current documentation found of a fire marshal inspection of the home was expired. No other fire inspection documentation could be located in the submitted manuals. The administrator was asked if the home had a fire marshal inspection in the past year. She stated she knows it is expired and will schedule an inspection as soon as possible.	R 322	PROBLEM IDENTIFIED: Facility failed to provide documentation that the State Fire Marshal or their representative completed an annual inspection. HOW CORRECTIVE ACTION WILL TAKE PLACE: ADMIN will contact local Fire Marshall and set up time for annual inspection to be completed. RESIDENT HAVING THE POTENITAL TO BE AFFECTED: Potential to affect all residents MEASURE PUT IN PLACE TO ENSURE THAT DEFICIENT PRACTICE WILL NOT RECUR AND HOW IT WILL BE MONITORED: ADMIN/Designee will monitor in morning meetings weekly x3 months and then yearly to ensure compliance.	11/2/2023

New Hope Retirement and Care Center
1220 E Electric Ave.
McAlester, Ok 74501

Tag R322

Date of completion: 11/2/2023

PROBLEM IDENTIFIED:

Facility failed to provide documentation that the State Fire Marshal or their representative completed an annual inspection.

HOW CORRECTIVE ACTION WILL TAKE PLACE:

ADMIN will contact local Fire Marshall and set up time for annual inspection to be completed.

RESIDENT HAVING THE POTENITAL TO BE AFFECTED:

Potential to affect all residents

MEASURE PUT IN PLACE TO ENSURE THAT DEFICIENT PRACTICE WILL NOT RECUR AND HOW IT WILL BE MONITORED:

ADMIN/Designee will monitor in morning meetings weekly x3 months and then yearly to ensure compliance.

OKLAHOMA
State Department of Health

Delivery via email to: administrator@newhopenursing.com; administrator@bearemanor.com

December 5, 2023

License Number: RC6105
Survey Event ID: KYXY12

Ms. Jaime Hollis, Administrator
New Hope Retirement & Care Center
1220 East Electric Blvd
McAlester, OK 74501

Dear Ms. Hollis:

On **November 29, 2023**, an offsite/paper revisit was conducted for 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 **September 6, 2023,** have now been corrected and your facility is in compliance with licensure standards effective **November 2, 2023**.

If you have any questions concerning the information in this letter, please contact this office at (405) 426-8200.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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
	RC6105	A. BUILDING: _____ B. WING _____	R-C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

(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 An offsite/paper revisit was conducted on 11/29/23. The facility was in substantial compliance.	{R 000}		

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