Oklahoma State Department of Health
Creating a State of Health

September 5, 2019

License Number: RC6304
Survey Event ID: YEL811

Ms. Sherry Snider, Administrator
Maud Residential Care
300 Hwy 39 E
Konawa, OK 74849

Dear Ms. Snider:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **August 21, 2019**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 271-6868.

Sincerely,

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

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Maud Residential Care**
Address: **403 W Wanda Jackson Blvd**
City, State, Zip: **Maud, OK, 74854**
Provider #: **RC 6304**
Complaint #: **OK00053814**
Investigation Date(s): **08/21/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to ensure meals were nutritionally adequate.	US
2. The home failed to ensure the residents received adequate care.	US
3. The home failed to protect resident funds.	US
4. The home failed to ensure medications were properly administered	US

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Wednesday, August 21, 2019 at 9:35 a.m.

A sample of seven residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to dietary requirements and meals served was conducted.

Observations of two meals served to residents were conducted and revealed an adequate amount of nutritionally balanced foods were served. The lunch meal consisted of cheeseburger helper, tossed salad with ranch dressing, sliced potatoes, white bread, and applesauce. The evening meal consisted of a chicken, tomato, and noodle casserole, spinach, white bread, and pudding. The meals served matched the menu posted on the kitchen wall. Residents were given second portions, if they desired.

All residents in the dining room ate their food and said it was good at both meals. They stated they received enough foods at the three meals, and they received a snack of cookies or peanut butter and crackers with bedtime medications.

Menus were reviewed from 06/09/19 until day of survey and no problem was identified. A review of the residents' weight records revealed most of them had gained a few pounds. One male resident had lost 16.6 pounds, but he said he had been trying to lose a little weight so he would feel better. He stated he had walked and exercised more, and was watching his food intake.

At the time of the investigation, there was no deficient practice related to nutritionally prepared and served meals.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to care and services provided to residents was conducted.

Observations made throughout the survey revealed every resident was able to ambulate independently, and no resident appeared to be in any pain.

Residents and employees interviewed stated each resident could walk and take care of themselves. Each person interviewed denied that any resident had to physically carry any other resident, due to inability to walk alone. One male resident stated he 'watched out' for an elderly male resident after he returned from a hospital visit, but denied carrying him around the home or to his bathroom.

Residents and the administrator denied any resident was deprived of physical therapy services or to be taken to a hospital for an illness. The administrator stated one of the male residents had been ordered physical therapy, but he refused to go. She further stated the residents called 911 frequently for ambulance services on the residents' phone.

At the time of the investigation, there was no deficient practice related to care and services provided to residents.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to protection of residents' funds was conducted.

Observations were made of all residents seen in the home and all had appropriate clothing and footwear, with the exception of two male residents who walked about barefoot. They later had on nice athletic shoes and boots. Residents' closets and storage drawers were observed to have clean clothes and footwear in good repair available for use. No shoes were observed to have holes, cardboard, or duct tape on them.

All residents and employees interviewed denied a need for clothes, under garments, or footwear for any resident. The administrator stated a local lady brought donated clothes to the home and they were careful to dry, and then launder them before given out to the residents. All residents asked stated they received spending money from the administrator 'on payday', if the home was their payee. Some of the residents stated they managed their own income and bank accounts.

The administrator stated she did have a supply of cigarettes in the home and sold them to the residents at $40.00 per carton. She stated she sold single packs for $5.00 each; but the nearby convenience store sold a pack of cigarettes for $6.29, and it was the residents' choice where they bought their cigarettes.

The administrator stated she did accept some of the residents' money at the beginning of the year, so she could assist them with obtaining a state identification card. She added that some residents had received their cards; but they were still in the process of getting the rest of the cards due to the slow process of obtaining Social Security cards, which was required before and identification card could be issued. She stated she had not returned the residents' money to them, because they would not be able to get a card if they spent their money. No resident voiced concern related to identification cards during the investigation.

A record review was conducted with the administrator of the sampled residents' funds that the home was payee and received their monthly income. All of the residents received more than the required monthly personal allowance amount and no problem was identified.

At the time of the investigation, there was no deficient practice related to receipt of residents' monthly income, protection of funds, provision of personal spending allowance, clothing and footwear, cigarette sales, nor identification cards.

Allegation #4: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to medication administration was conducted.

Observations made throughout the survey revealed every resident was able to ambulate independently. Residents lined up at the medication room door at medication pass times.

Residents and employees interviewed stated each resident could walk and take care of themselves. Each person interviewed denied that any resident had to physically carry any other resident, due to inability to walk alone. One male resident stated he 'watched out' for an elderly male resident after he returned from a hospital visit, but denied carrying him to the medication room. All residents and employees denied an unqualified employee ever carried medications to any resident.

A record review of the residents' August 2019 medication administration records revealed qualified employees passed the medications, all medications were documented as given, and no gaps in administration was found.

At the time of the investigation, there was no deficient practice related to medication administration.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegations #1 through #4. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Marie Remer, RV CHFS IV

Date report completed: 08/27/2019

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Maud Residential Care**
Address: **403 W Wanda Jackson Blvd**
City, State, Zip: **Maud, OK, 74854**
Provider #: **RC 6304**
Complaint #: **OK00054003**
Investigation Date(s): **08/21/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to provide a safe, clean environment.	US

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Wednesday, August 21, 2019 at 9:35 a.m.

A sample of seven residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to physical environment safety and cleanliness was conducted.

Observations made in the residents' bathrooms and common bathrooms revealed the toilet seats were all attached tightly and were in good working order. The dining room tables were observed many times and found to be clean each time. One female resident assisted the cook with wiping each table with sanitizer water after meals.

Residents and employees stated the tables were wiped clean after each meal. The cook stated if the female resident did not wipe the tables, he did after the residents finished eating.

At the time of the investigation, there was no deficient practice related to loose toilet seats or dirty dining room tables.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Marie Remer, RN

Date report completed: 08/27/2019

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
	RC6304	A. BUILDING: _____ B. WING _____	08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAUD RESIDENTIAL CARE	403 W WANDA JACKSON BLVD MAUD, OK 74854

(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 abbreviated survey was conducted on 08/21/19 to investigate complaints #OK00053814 and #OK00054003. Current census was 47. No deficient practice was cited.	R 000		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
RC6304	MAUD RESIDENTIAL CARE

Type of Survey (select all that apply)

3				

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

SURVEY TEAM AND WORKLOAD DATA

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

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. MC 25837	08/21/2019	08/21/2019	1.00	0.00	7.75	0.00	3.00	4.00
2. MC 36967	08/21/2019	08/21/2019	0.25	0.00	5.00	0.00	3.50	0.25
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**

SEP 0 6 2019