



Oklahoma State Department of Health
Creating a State of Health

December 23, 2019

License Number: RC6304
Survey Event ID: CHI911

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

Dear Ms. Snider:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **December 6, 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

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Commissioner of Health

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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. 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 IDRCordinator@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/lcd

Enclosure

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 403 W WANDA JACKSON BLVD MAUD, OK 74854		
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R 182	Continued From page 1 8 sampled employees. This failed practice had the widespread potential for more than minimal harm. Findings. Employees #2, 7, 8 and #9 did not have a current OK Screen background check in their personnel file. On 12/03/19 at 12:00 p.m., employee #2 was observed as he served the lunch meal. At 4:00 p.m., employee #8 stated she had already completed the 4:00 p.m. medication pass. On 12/05/19 at 11:25 a.m., the co-owner/administrator stated the employees had been previously employed at the home and she had not completed an OK Screen background check when they returned to work. She stated employee #2 had resigned in September of 2018 and was hired back on 04/26/19, employee #7 had been gone for about 3 months and was offered employment on 12/02/19, employee #8 was hired back on 04/11/19, and employee #9 resigned for medical reasons in April 2019, and was hired back on 11/21/19. Co-owner/administrator stated employee #7 had worked alone in the home the previous two overnight shifts.	R 182			
R 205 SS=F	310:680-3-3 (e)(2) NURSE, DIETITIAN, AND REGISTERED PHARMACIST (e) The following items must be renewed annually: (2) Agreements with registered nurse, registered dietitian, and registered pharmacist, as required based on the needs of the residents.	R 205			

If continuation sheet 3 of 17

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R 215	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to conspicuously post a copy of the complaint procedure, established by the Nursing Home Care Act and provided by the Department which includes name, address, and telephone number of a person within the Department who is authorized to receive complaints, in an area accessible to residents, employees, and visitors. This failed practice resulted in the widespread potential for more than minimal harm for all 44 residents. Findings: On 12/05/19 at 9:10 a.m., an enclosed information box near the main entrance door and all of the glass windows around an old nurses' desk were observed and no complaint procedure was found posted. Resident #14 sat at a table in front of the glass windows and stated he had not seen the complaint procedure posted anywhere. At 9:14 a.m., the co-owner/administrator was asked where the complaint procedure was posted. She looked on walls and glasses, then stated she did not know and the residents must have taken it down.	R 215			
R 315 SS=E	310:680-5-3 (b) AIR CONDITIONING (b) Refrigerated air conditioning shall be provided to each resident's room. Refrigerated air conditioning units and vents shall be kept clean and in good repair. This Rule is not met as evidenced by:	R 315			

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R 315	Continued From page 4 Based on observation and interview, it was determined the home failed to keep vent covers clean in the residents' rooms, common areas, and shower rooms. This had the widespread potential for more than minimal harm for all 44 residents. Findings: On 12/03/19 at 1:51 p.m., a tour of the home was conducted and unclean ceiling vents were observed in both the men's and women's shower rooms. There was a black fuzzy substance on three sides of the women's bathroom/shower room ceiling vent, with rust on the fourth side. On 12/04/19 at 10:25 a.m., the vents in residents' rooms #1, 15, 23, 24, 28, and #30, and in the common area had thick gray dust build-up on them. On 12/06/19 at 9:17 a.m., the co-owner/administrator stated the employees were responsible for keeping the vents clean, and they had not looked at the vents, nor cleaned them. She further stated she agreed the vent she observed in one of the female's bathrooms was "bad" and needed to be cleaned.	R 315		
R 329 SS=E	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 female	R 329		

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R 329	Continued From page 5 residents were maintained within a range of 100 degrees to 120 degrees Fahrenheit (F). This failed practice had the potential for more than minimal harm at a pattern for all 19 female residents residents. Findings: On 12/03/19 at 1:51 p.m., the hot water in the women's bathroom/shower room registered at 125.0 degrees F. On 12/04/19 at 9:51 a.m., the hot water in the women's bathroom/shower room registered at 130.4 degrees F, when checked with the co-owner. He stated he had not been in that hall of the home for at least a month. At 9:55 a.m., the co-owner/administrator stated all 19 females who resided on the women's hall had access to the hot water in the bathroom/shower room. The co-owner stated the same hot water tank supplied hot water to the women's rooms that had sinks.	R 329		
R 351 SS=F	310:680-7-3 INSECT AND RODENT CONTROL Methods shall be employed to prevent the entrance and harborage of insects, spiders, and rodents. Homes shall be kept free of insects, and rodents. This Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined the home failed to have an effective pest control to keep the home free of pests and prevent harborage of bed bugs. This failed practice resulted in the widespread	R 351		

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R 351	Continued From page 6 potential for more than minimal harm for all 44 residents. Findings: BED BUGS On 12/4/19 at 10:00 a.m., housekeeper/employee #5 stated the last time she had seen a live bed bug in the home was about a month ago. She stated she did not check the bed linens or clothes for bed bugs. She stated she just washed them, dried them, and put them away. At 10:32 a.m., a live bed bug was seen on a blanket on resident #9's bed. The co-owner/administrator stated the bed bug was alive. She then squeezed it in a tissue, and bright red blood was visible on the tissue. At 2:52 p.m., resident #10 stated she had seen a bed bug in her bathroom on a wall. The bathroom was observed with housekeeper/employee #5 and one live bed bug was found on a wall. Housekeeper/employee #5 sprayed it with rubbing alcohol. At 3:13 p.m., there was one (1) live bed bug that crawled rapidly on the bottom side of resident #11's white mattress cover. Housekeeper/employee #5 witnessed the bed bug as it crawled and agreed it was alive. She removed the bed bug, squeezed it with a gloved hand, and blood splattered on her glove. At 3:52 p.m., there was one (1) live bed bug on resident #12's bed sheet. The co-owner/administrator observed the live bed bug as it crawled and then squeezed it. On 12/06/19 at 9:12 a.m., the co-owner/administrator stated the home used a	R 351		

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R 351	Continued From page 7 pest control company, she also used a bed bug spray she had purchased at a retail store, and rubbing alcohol. She then submitted monthly general pest control receipts for October and November 2019, which documented treatment for ants, roaches, and rodents. No documentation was provided of treatment for bed bugs. RODENTS On 12/03/19 at 3:50 p.m., there were 12 tiny black tubular hard objects on plastic trays near boxes of crackers and tea in the dry storage room. Cook/employee #3 identified the objects as "mouse track." He stated he had seen a mouse in the dry storage room a week to 10 days previously, but had not cleaned the trays since. At 4:01 p.m., the co-owner/administrator was shown the tiny black tubular hard objects on the trays in the dry storage room. She stated, "We got a mouse." She also stated she last saw a mouse in there a week to 10 days before, and she did not know why the room had not been cleaned and sanitized.	R 351		
R 357 SS=F	310:680-7-5 (b) HOUSEKEEPING (b) Practices and procedures shall be utilized to keep the home free from offensive odors, accumulation of dirt, rubbish, dust, and safety hazards. This Rule is not met as evidenced by: Based on observation, interview, and record	R 357		

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R 357	Continued From page 8 review, it was determined the home failed be free from offensive odors and in good repair to prevent safety hazards. This failed practice had the widespread potential for more than minimal harm for all 44 residents. Findings: Resident council minutes, dated 09/16/19, documented, "...Men's whirlpool room urine seeping up through tile around the toilet please remove..." On 12/03/19 at 1:54 p.m., the men's bathroom across from the whirlpool room had a foul strong urine odor and a black raised fuzzy substance around the base of the toilet. Across the hall, the men's whirlpool room had 8 cracked tiles with pieces missing, and a bent rusted vent cover over a hole in the floor. On 12/04/19 at 10:46 a.m., room 12 had a strong foul offensive peculiar odor. The co-owner/administrator stated that room always had the foul odor. The bathroom connected to room 12 had feces stains in the toilet, black stains on the floor near the toilet, and behind the toilet, the baseboards behind the toilet were peeling off the wall. The wall surrounding the light switch had brownish streaks on it. At 10:56 a.m., the bathroom connected to room 9 had a strong odor of stale urine. The wall in the bathroom was discolored with tan colored dripping marks that ran down the wall, with the paint peeled off the wall and sheet rock showed near the baseboard, and black areas on the floor all around the toilet. At 11:10 a.m., room 25 was observed with the co-owner/administrator and the baseboards were partly on the wall with some of it partly on the	R 357		

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R 357	Continued From page 9 floor. At 11:21 a.m., the bathroom in room 24 had the toilet tank lid removed, on the floor and leaned on the wall. A resident ran in and used that bathroom. On 12/05/19 at 10:53 a.m., room 25 had a strong foul odor of feces, medication administration technician (MAT)/employee #1 stated one of the residents who resided in that room did not shower on a regular basis. At 12:20 p.m., two chairs in the common area near the medication room were ripped down the middle with the foam exposed and had been taped. The co-owner/administrator agreed the chairs could not be sanitized properly since they were torn and had the foam exposed. On 12/06/19 at 9:17 a.m., the co-owner/administrator stated one of the residents in room 25 had taken the sheets and mattress cover off her bed and had a bowel movement on the bed on the previous day. She also stated she was not sure why it had not been cleaned on 12/05/19.	R 357			
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.	R 411			

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R 411	Continued From page 10 This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to ensure compliance with Chapter 257 Food Service Establishment Regulations, in regards to: a. Garbage/trash receptacles; b. Clean and sanitary equipment; c. Manual warewashing sanitization; d. Food storage; and e. Thermometers in refrigerators and freezers. These failed practices had the widespread potential for more than minimal harm for all 44 residents who received their nutrition from the kitchen. Findings: 310:257-9-67. Covering receptacles Receptacles and waste handling units for refuse...shall be kept covered: (1) Inside the food service establishment if the receptacles and units: (A) Contain food residue and are not in continuous use; or (B) After they are filled... On 12/03/19 at 3:22 p.m., a 30 gallon trash container was about three-fourths full of paper, plastic, and Styrofoam trash, and food debris inside the kitchen, approximately three feet from a large preparation table. The container was uncovered. Cook/employee #3 found a lid for the container stuffed behind a large broken dishwasher and stated he did not know why the trash was uncovered.	R 411		

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R 411	Continued From page 11 At 3:58 p.m., there was an uncovered 20 gallon black trash container full of used plastic grocery bags in the dry storage room. From 5:29 p.m. to 5:42 p.m., the evening meal was served and the large almost full trash container was still uncovered near the service area. On 12/04/19 at 12:30 p.m., the lunch meal was served and the full trash container was still uncovered near the service area. CLEAN AND SANITARY EQUIPMENT 310:257-7-82(a)(c). Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (a) Equipment food-contact surfaces and utensils shall be clean to sight and touch... (c) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. On 12/03/19 at 3:26 p.m., a large gray pedestal fan blew on the preparation table where cook/employee #3 prepared to serve the evening meal. Both of the fan shrouds and all the blades were covered with thick dark gray dust and grime. Cook/employee #3 stated the fan was always on and blew air in the kitchen. He did not know when it had last been clean, but he thought maybe a month previously. At 3:34 p.m., a stainless ledge above the griddle and stove cook top was covered with a thin layer of grease.	R 411		

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R 411	Continued From page 12 At 3:35 p.m., a stainless refrigerator/freezer was observed to have food drips and debris on both shelves and on the bottom. All of the door shelves had dried food particles on them. A ceiling vent to the left of the stainless refrigerator/freezer was covered with thick gray dust and had a large open hole to the attic. At 3:58 p.m., a white refrigerator/freezer with soiled handles in the dry storage room was found to have four door shelves, both inside shelves and the bottom littered with food spills and liquid splatters. MANUAL WAREWASHING SANITIZATION 310:257-7-95. Hot water and chemical After being cleaned, equipment food contact surfaces and utensils shall be sanitized in... (B) A contact time of at least 7 seconds for a chlorine solution of 50 mg/L (milligrams per liter) that has a pH of 10 or less and a temperature of at least 38 (degrees) C (centigrade) (100 degrees Fahrenheit)... On 12/03/19 at 3:30 p.m., cook/employee #3 stated he hand-washed all of the equipment used in the kitchen. When asked to demonstrate his usual technique, he stated he washed in the right side of a three-compartment sink and rinsed in the middle compartment. He stated he "scraped off foods" in the left compartment, which was labeled "Sanitize" on the front of the stainless sink. Cook/employee #3 stated he added bleach to his wash water. He then prepared the water as he usually did and stated, "I count to 20 and put it (bleach) in there. Occasionally I hit it with a strip (to check sanitation)." He checked the water with	R 411		

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R 411	Continued From page 13 a chlorine test strip and the color did not change, which indicated the concentration of sanitizer was not at 50 mg/L as required. IMPROPER FOOD STORAGE On 12/03/19 at 3:35 p.m., the temperature in the inside of a white refrigerator in the kitchen registered at 50 degrees Fahrenheit (F). There were large containers of tea, pickles, jalapenos, ranch dressing, mayonnaise, mustard, and other sauces in there. Cook/employee #3 stated he had noticed the refrigerator had not been cool. There were two large unsealed bags of white flour, a large bag of granulated sugar, and a large bag of yellow corn meal that had been loosely folded down stored in an upper cabinet above the microwave oven. In the same cabinet, there was one sleeve of unsealed saltine crackers and an opened 5.31 pound container of potato powder without a lid, that had been loosely covered with a yellow local store shopping bag. Cook/employee #3 stated he had found the unsealed food products on the counter and had folded them down, then placed them in the upper cabinet. He stated someone had thrown the plastic lid for the potato container away. THERMOMETERS 310:257-7-37. Temperature measuring devices (a) In a mechanically refrigerated...storage unit, the sensor of a temperature measuring device shall be located to measure the air temperature or a simulated product temperature in the warmest part of the mechanically refrigerated unit... 310:257-7-56. Food temperature measuring	R 411			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING. _____ B. WING. _____	(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 411	Continued From page 14 devices (a) Food temperature measuring devices shall be provided and readily accessible for use in ensuring attainment and maintenance of food temperatures... On 12/03/19 at 3:35 p.m., there was no thermometer found in the freezer section of a large stainless refrigerator/freezer in the kitchen. Also, there was no thermometer found in a large white chest-type freezer that contained a large quantity of food. At 3:58 p.m., there was no thermometer found in a white refrigerator in the dry storage room that many gallons of milk. At 4:01 p.m., there was no thermometer in a white upright freezer that had thick frost/ice buildup all around the insides. Neither the co-owner/administrator nor cook/employee #3 knew the reason for the missing thermometers in the food storage equipment.	R 411		
R 505 SS=F	310:680-11-1 (1)(D) SUFFICIENT NUMBER - RN (1) Sufficient number of persons. (D) All residential care homes shall have a signed, written agreement with a registered nurse to act as a consultant. Documentation of the use of the nurse consultant shall be maintained in the home. This Rule is not met as evidenced by: Based on interview and record review, the home failed to ensure a signed, written agreement for a	R 505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 505	Continued From page 15 registered nurse (RN) to act as a consultant was current and available for inspection. This failed practice had the widespread potential for more than minimal harm for all 44 residents who received physician ordered employee administered medications. Findings: On 12/05/19 at 1:25 p.m., a review of agreements was conducted and the most current registered nurse agreement was dated 12/12/17. On 12/06/19 at 9:08 a.m., the co-owner/administrator stated she did not know why the agreement with the registered nurse had not been renewed.	R 505			
R 702 SS=E	310:680-15-1 (b) RESIDENT'S CONTRACT (b) A copy of the contract form shall be given to the resident and to the resident's representative, if any, at the time of the resident's admission to the residential care home. This Rule is not met as evidenced by: Based on interview and record review, it was determined the home failed to provide the resident and/or the resident's representative a copy of the contract for 4 (#5 through #8) of 8 sampled residents at the time of their admission. This failed practice had the potential for more than minimal harm at a pattern. Findings: On 12/05/19 at 12:20 p.m., the residents' contracts were reviewed and the following was found: The records for resident #5 contained a contract signed by her representative on 11/12/19. There	R 702			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING. _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 702	Continued From page 16 was no documentation found that the resident or her representative received a copy of the contract at the time it was signed. The records for resident #6 contained a contract signed by her on 09/07/14. There was no documentation that the resident received a copy of the contract at the time of her admission. The records for resident #7 contained a contract signed by her on 02/25/19. There was no documentation that the resident received a copy of the contract at the time of her admission. The records for resident #8 contained a contract signed by her on 11/07/19. There was no documentation that the resident received a copy of the contract at the time of her admission. At 12:30 p.m., the co-owner/administrator was asked about the provision of copies of the contracts at the time of signing. She stated if it was not documented "copy given", then no copy had been provided to the resident or representative.	R 702			

STATE WORKLOAD REPORT
 Provider/Supplier Number
 RC6304

 Provider/Supplier Name
 MAUD RESIDENTIAL CARE

Type of Survey (select all that apply)

☒ 2 ☐ ☐ ☐ ☐

- | | | |
|---------------------------|-------------------------|---------------------|
| 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 ☐ ☐ ☐ ☐

- 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. <i>Jul</i> 25837	12/03/2019	12/06/2019	0.25	0.00	19.75	0.00	11.25	7.00
2. <i>Jul</i> 36191	12/03/2019	12/06/2019	0.50	0.00	19.75	0.00	6.50	5.50
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



Oklahoma State Department of Health
Creating a State of Health

January 22, 2020

License Number: RC6304
Survey Event ID: CHI911

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

Dear Ms. Snider:

On December 6, 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:

- We do not believe the plan of correction will ensure compliance with all State laws and rules.
- The home did not provide interventions for R 215 or R 357; nor a date of completion to include adequate time to ensure the corrective actions are achieved to prevent further occurrences and compliance is sustained.

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
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R Murali Krishna, MD
Ronald D Osterhout
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/08/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 182	Continued From page 1 8 sampled employees. This failed practice had the widespread potential for more than minimal harm. Findings. Employees #2, 7, 8 and #9 did not have a current OK Screen background check in their personnel file. On 12/03/19 at 12:00 p.m., employee #2 was observed as he served the lunch meal. At 4:00 p.m., employee #8 stated she had already completed the 4:00 p.m. medication pass. On 12/05/19 at 11:25 a.m., the co-owner/administrator stated the employees had been previously employed at the home and she had not completed an OK Screen background check when they returned to work. She stated employee #2 had resigned in September of 2018 and was hired back on 04/26/19, employee #7 had been gone for about 3 months and was offered employment on 12/02/19, employee #8 was hired back on 04/11/19, and employee #9 resigned for medical reasons in April 2019, and was hired back on 11/21/19. Co-owner/administrator stated employee #7 had worked alone in the home the previous two overnight shifts.	R 182		
R 205 SS=F	310:680-3-3 (e)(2) NURSE, DIETITIAN, AND REGISTERED PHARMACIST (e) The following items must be renewed annually: (2) Agreements with registered nurse, registered dietitian, and registered pharmacist, as required based on the needs of the residents.	R 205		

Oklahoma State Department of Health
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6890

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If continuation sheet 2 of 17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC8304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 205	Continued From page 2 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 registered nurse was renewed annually. This failed practice had the widespread potential for more than minimal harm for all 44 residents who received physician ordered employee administered medications. Findings: On 12/05/19 at 1:25 p.m., a review of agreements was conducted and the most current registered nurse agreement was dated 12/12/17. On 12/06/19 at 9:08 a.m., the co-owner/administrator stated she did not know why the agreement with the registered nurse had not been renewed.	R 205		
R 215 SS=F	310:680-3-6 (a)(4) POSTING COMPLAINT PROCEDURE (a) Every residential care home shall conspicuously post in an area of its offices accessible to residents, employees and visitors, the following: (4) Complaint procedure, established by the Nursing Home Care Act and provided by the Department which includes name, address, and telephone number of a person within the Department who is authorized to receive complaints.	R 215		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 215	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to conspicuously post a copy of the complaint procedure, established by the Nursing Home Care Act and provided by the Department which includes name, address, and telephone number of a person within the Department who is authorized to receive complaints, in an area accessible to residents, employees, and visitors. This failed practice resulted in the widespread potential for more than minimal harm for all 44 residents. Findings: On 12/05/19 at 9:10 a.m., an enclosed information box near the main entrance door and all of the glass windows around an old nurses' desk were observed and no complaint procedure was found posted. Resident #14 sat at a table in front of the glass windows and stated he had not seen the complaint procedure posted anywhere. At 9:14 a.m., the co-owner/administrator was asked where the complaint procedure was posted. She looked on walls and glasses, then stated she did not know and the residents must have taken it down.	R 215			
R 315 SS=E	310:680-5-3 (b) AIR CONDITIONING (b) Refrigerated air conditioning shall be provided to each resident's room. Refrigerated air conditioning units and vents shall be kept clean and in good repair. This Rule is not met as evidenced by:	R 315			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 315	Continued From page 4 Based on observation and interview, it was determined the home failed to keep vent covers clean in the residents' rooms, common areas, and shower rooms. This had the widespread potential for more than minimal harm for all 44 residents. Findings: On 12/03/19 at 1:51 p.m., a tour of the home was conducted and unclean ceiling vents were observed in both the men's and women's shower rooms. There was a black fuzzy substance on three sides of the women's bathroom/shower room ceiling vent, with rust on the fourth side. On 12/04/19 at 10:25 a.m., the vents in residents' rooms #1, 15, 23, 24, 28, and #30, and in the common area had thick gray dust build-up on them. On 12/06/19 at 9:17 a.m., the co-owner/administrator stated the employees were responsible for keeping the vents clean, and they had not looked at the vents, nor cleaned them. She further stated she agreed the vent she observed in one of the female's bathrooms was "bad" and needed to be cleaned.	R 315		
R 329 SS=E	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 female	R 329		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 403 W WANDA JACKSON BLVD MAUD, OK 74864		
(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 329	Continued From page 5 residents were maintained within a range of 100 degrees to 120 degrees Fahrenheit (F). This failed practice had the potential for more than minimal harm at a pattern for all 19 female residents residents. Findings: On 12/03/19 at 1:51 p.m., the hot water in the women's bathroom/shower room registered at 125.0 degrees F. On 12/04/19 at 9:51 a.m., the hot water in the women's bathroom/shower room registered at 130.4 degrees F, when checked with the co-owner. He stated he had not been in that hall of the home for at least a month. At 9:55 a.m., the co-owner/administrator stated all 19 females who resided on the women's hall had access to the hot water in the bathroom/shower room. The co-owner stated the same hot water tank supplied hot water to the women's rooms that had sinks.	R 329		
R 351 SS=F	310:880-7-3 INSECT AND RODENT CONTROL Methods shall be employed to prevent the entrance and harborage of insects, spiders, and rodents. Homes shall be kept free of insects, and rodents. This Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined the home failed to have an effective pest control to keep the home free of pests and prevent harborage of bed bugs. This failed practice resulted in the widespread	R 351		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 351	Continued From page 6 potential for more than minimal harm for all 44 residents. Findings: BED BUGS On 12/4/19 at 10:00 a.m., housekeeper/employee #5 stated the last time she had seen a live bed bug in the home was about a month ago. She stated she did not check the bed linens or clothes for bed bugs. She stated she just washed them, dried them, and put them away. At 10:32 a.m., a live bed bug was seen on a blanket on resident #9's bed. The co-owner/administrator stated the bed bug was alive. She then squeezed it in a tissue, and bright red blood was visible on the tissue. At 2:52 p.m., resident #10 stated she had seen a bed bug in her bathroom on a wall. The bathroom was observed with housekeeper/employee #5 and one live bed bug was found on a wall. Housekeeper/employee #5 sprayed it with rubbing alcohol. At 3:13 p.m., there was one (1) live bed bug that crawled rapidly on the bottom side of resident #11's white mattress cover. Housekeeper/employee #5 witnessed the bed bug as it crawled and agreed it was alive. She removed the bed bug, squeezed it with a gloved hand, and blood splattered on her glove. At 3:52 p.m., there was one (1) live bed bug on resident #12's bed sheet. The co-owner/administrator observed the live bed bug as it crawled and then squeezed it. On 12/06/19 at 9:12 a.m., the co-owner/administrator stated the home used a	R 351		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC8304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 403 W WANDA JACKSON BLVD MAUD, OK 74854			
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R 351	Continued From page 7 pest control company, she also used a bed bug spray she had purchased at a retail store, and rubbing alcohol. She then submitted monthly general pest control receipts for October and November 2019, which documented treatment for ants, roaches, and rodents. No documentation was provided of treatment for bed bugs. RODENTS On 12/03/19 at 3:50 p.m., there were 12 tiny black tubular hard objects on plastic trays near boxes of crackers and tea in the dry storage room. Cook/employee #3 identified the objects as "mouse track." He stated he had seen a mouse in the dry storage room a week to 10 days previously, but had not cleaned the trays since. At 4:01 p.m., the co-owner/administrator was shown the tiny black tubular hard objects on the trays in the dry storage room. She stated, "We got a mouse." She also stated she last saw a mouse in there a week to 10 days before, and she did not know why the room had not been cleaned and sanitized.	R 351			
R 357 SS=F	310:680-7-5 (b) HOUSEKEEPING (b) Practices and procedures shall be utilized to keep the home free from offensive odors, accumulation of dirt, rubbish, dust, and safety hazards. This Rule is not met as evidenced by: Based on observation, interview, and record	R 357			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 403 W WANDA JACKSON BLVD MAUD, OK 74854		
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R 357	Continued From page 8 review, it was determined the home failed be free from offensive odors and in good repair to prevent safety hazards. This failed practice had the widespread potential for more than minimal harm for all 44 residents. Findings: Resident council minutes, dated 09/16/19, documented, "...Men's whirlpool room urine seeping up through tile around the toilet please remove..." On 12/03/19 at 1:54 p.m., the men's bathroom across from the whirlpool room had a foul strong urine odor and a black raised fuzzy substance around the base of the toilet. Across the hall, the men's whirlpool room had 8 cracked tiles with pieces missing, and a bent rusted vent cover over a hole in the floor. On 12/04/19 at 10:46 a.m., room 12 had a strong foul offensive peculiar odor. The co-owner/administrator stated that room always had the foul odor. The bathroom connected to room 12 had feces stains in the toilet, black stains on the floor near the toilet, and behind the toilet, the baseboards behind the toilet were peeling off the wall. The wall surrounding the light switch had brownish streaks on it. At 10:56 a.m., the bathroom connected to room 9 had a strong odor of stale urine. The wall in the bathroom was discolored with tan colored dripping marks that ran down the wall, with the paint peeled off the wall and sheet rock showed near the baseboard, and black areas on the floor all around the toilet. At 11:10 a.m., room 25 was observed with the co-owner/administrator and the baseboards were partly on the wall with some of it partly on the	R 357		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6304	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2019
NAME OF PROVIDER OR SUPPLIER MAUD RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 357	Continued From page 9 floor. At 11:21 a.m., the bathroom in room 24 had the toilet tank lid removed, on the floor and leaned on the wall. A resident ran in and used that bathroom. On 12/05/19 at 10:53 a.m., room 25 had a strong foul odor of feces, medication administration technician (MAT)/employee #1 stated one of the residents who resided in that room did not shower on a regular basis. At 12:20 p.m., two chairs in the common area near the medication room were ripped down the middle with the foam exposed and had been taped. The co-owner/administrator agreed the chairs could not be sanitized properly since they were torn and had the foam exposed. On 12/06/19 at 9:17 a.m., the co-owner/administrator stated one of the residents in room 25 had taken the sheets and mattress cover off her bed and had a bowel movement on the bed on the previous day. She also stated she was not sure why it had not been cleaned on 12/05/19.	R 357		
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.	R 411		

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R 411	Continued From page 10 This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to ensure compliance with Chapter 257 Food Service Establishment Regulations, in regards to: a. Garbage/trash receptacles; b. Clean and sanitary equipment; c. Manual warewashing sanitization; d. Food storage; and e. Thermometers in refrigerators and freezers. These failed practices had the widespread potential for more than minimal harm for all 44 residents who received their nutrition from the kitchen. Findings: 310:257-9-67. Covering receptacles Receptacles and waste handling units for refuse...shall be kept covered: (1) Inside the food service establishment if the receptacles and units: (A) Contain food residue and are not in continuous use; or (B) After they are filled... On 12/03/19 at 3:22 p.m., a 30 gallon trash container was about three-fourths full of paper, plastic, and Styrofoam trash, and food debris inside the kitchen, approximately three feet from a large preparation table. The container was uncovered. Cook/employee #3 found a lid for the container stuffed behind a large broken dishwasher and stated he did not know why the trash was uncovered.	R 411		

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R 411	Continued From page 11 At 3:58 p.m., there was an uncovered 20 gallon black trash container full of used plastic grocery bags in the dry storage room. From 5:29 p.m. to 5:42 p.m., the evening meal was served and the large almost full trash container was still uncovered near the service area. On 12/04/19 at 12:30 p.m., the lunch meal was served and the full trash container was still uncovered near the service area. CLEAN AND SANITARY EQUIPMENT 310.257-7-82(a)(c). Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (a) Equipment food-contact surfaces and utensils shall be clean to sight and touch... (c) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. On 12/03/19 at 3:26 p.m., a large gray pedestal fan blew on the preparation table where cook/employee #3 prepared to serve the evening meal. Both of the fan shrouds and all the blades were covered with thick dark gray dust and grime. Cook/employee #3 stated the fan was always on and blew air in the kitchen. He did not know when it had last been clean, but he thought maybe a month previously. At 3:34 p.m., a stainless ledge above the griddle and stove cook top was covered with a thin layer of grease.	R 411		

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R 411	Continued From page 12 At 3:35 p.m., a stainless refrigerator/freezer was observed to have food drips and debris on both shelves and on the bottom. All of the door shelves had dried food particles on them. A ceiling vent to the left of the stainless refrigerator/freezer was covered with thick gray dust and had a large open hole to the attic. At 3:58 p.m., a white refrigerator/freezer with soiled handles in the dry storage room was found to have four door shelves, both inside shelves and the bottom littered with food spills and liquid splatters. MANUAL WAREWASHING SANITIZATION 310:257-7-95. Hot water and chemical After being cleaned, equipment food contact surfaces and utensils shall be sanitized in... (B) A contact time of at least 7 seconds for a chlorine solution of 50 mg/L (milligrams per liter) that has a pH of 10 or less and a temperature of at least 38 (degrees) C (centigrade) (100 degrees Fahrenheit)... On 12/03/19 at 3:30 p.m., cook/employee #3 stated he hand-washed all of the equipment used in the kitchen. When asked to demonstrate his usual technique, he stated he washed in the right side of a three-compartment sink and rinsed in the middle compartment. He stated he "scraped off foods" in the left compartment, which was labeled "Sanitize" on the front of the stainless sink. Cook/employee #3 stated he added bleach to his wash water. He then prepared the water as he usually did and stated, "I count to 20 and put it (bleach) in there. Occasionally I hit it with a strip (to check sanitation)." He checked the water with	R 411			

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R 411	Continued From page 13 a chlorine test strip and the color did not change, which indicated the concentration of sanitizer was not at 50 mg/L as required. IMPROPER FOOD STORAGE On 12/03/19 at 3:35 p.m., the temperature in the inside of a white refrigerator in the kitchen registered at 50 degrees Fahrenheit (F). There were large containers of tea, pickles, jalapenos, ranch dressing, mayonnaise, mustard, and other sauces in there. Cook/employee #3 stated he had noticed the refrigerator had not been cool. There were two large unsealed bags of white flour, a large bag of granulated sugar, and a large bag of yellow corn meal that had been loosely folded down stored in an upper cabinet above the microwave oven. In the same cabinet, there was one sleeve of unsealed saltine crackers and an opened 5.31 pound container of potato powder without a lid, that had been loosely covered with a yellow local store shopping bag. Cook/employee #3 stated he had found the unsealed food products on the counter and had folded them down, then placed them in the upper cabinet. He stated someone had thrown the plastic lid for the potato container away. THERMOMETERS 310:257-7-37. Temperature measuring devices (a) In a mechanically refrigerated...storage unit, the sensor of a temperature measuring device shall be located to measure the air temperature or a simulated product temperature in the warmest part of the mechanically refrigerated unit... 310:257-7-56. Food temperature measuring	R 411		

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R 411	Continued From page 14 devices (a) Food temperature measuring devices shall be provided and readily accessible for use in ensuring attainment and maintenance of food temperatures... On 12/03/19 at 3:35 p.m., there was no thermometer found in the freezer section of a large stainless refrigerator/freezer in the kitchen. Also, there was no thermometer found in a large white chest-type freezer that contained a large quantity of food. At 3:58 p.m., there was no thermometer found in a white refrigerator in the dry storage room that many gallons of milk. At 4:01 p.m., there was no thermometer in a white upright freezer that had thick frost/ice buildup all around the insides. Neither the co-owner/administrator nor cook/employee #3 knew the reason for the missing thermometers in the food storage equipment.	R 411		
R 505 SS=F	310:680-11-1 (1)(D) SUFFICIENT NUMBER - RN (1) Sufficient number of persons. (D) All residential care homes shall have a signed, written agreement with a registered nurse to act as a consultant. Documentation of the use of the nurse consultant shall be maintained in the home. This Rule is not met as evidenced by: Based on interview and record review, the home failed to ensure a signed, written agreement for a	R 505		

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R 505	Continued From page 15 registered nurse (RN) to act as a consultant was current and available for inspection. This failed practice had the widespread potential for more than minimal harm for all 44 residents who received physician ordered employee administered medications. Findings: On 12/05/19 at 1:25 p.m., a review of agreements was conducted and the most current registered nurse agreement was dated 12/12/17. On 12/06/19 at 9:08 a.m., the co-owner/administrator stated she did not know why the agreement with the registered nurse had not been renewed.	R 505		
R 702 SS=E	310:680-15-1 (b) RESIDENT'S CONTRACT (b) A copy of the contract form shall be given to the resident and to the resident's representative, if any, at the time of the resident's admission to the residential care home. This Rule is not met as evidenced by: Based on interview and record review, it was determined the home failed to provide the resident and/or the resident's representative a copy of the contract for 4 (#5 through #8) of 8 sampled residents at the time of their admission. This failed practice had the potential for more than minimal harm at a pattern. Findings: On 12/05/19 at 12:20 p.m., the residents' contracts were reviewed and the following was found: The records for resident #5 contained a contract signed by her representative on 11/12/19. There	R 702		

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R 702	Continued From page 16 was no documentation found that the resident or her representative received a copy of the contract at the time it was signed. The records for resident #6 contained a contract signed by her on 09/07/14. There was no documentation that the resident received a copy of the contract at the time of her admission. The records for resident #7 contained a contract signed by her on 02/25/19. There was no documentation that the resident received a copy of the contract at the time of her admission. The records for resident #8 contained a contract signed by her on 11/07/19. There was no documentation that the resident received a copy of the contract at the time of her admission. At 12:30 p.m., the co-owner/administrator was asked about the provision of copies of the contracts at the time of signing. She stated if it was not documented "copy given", then no copy had been provided to the resident or representative.	R 702		

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Oklahoma State Department of Health
Creating a State of Health

February 25, 2020

License Number: RC6304
Survey Event ID: CHI911

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

Dear Ms. Snider:

On December 6, 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 **February 1, 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

Board of Health

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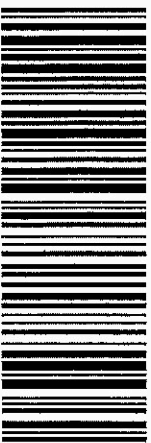


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TO:

Ms. Sherry Snider, Administrator
Maud Residential Care
300 Highway 39e
Konawa, OK 74849-4027