OKLAHOMA
State Department of Health

Delivery via email to: middleej@yahoo.com

March 14, 2023

License Number: RC6304
Survey Event ID: Y4H711

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 **March 7, 2023**. 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) 426-8200.

Sincerely,

Katie Stagner

Katie Stagner
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Maud Residential Care**
Address: **403 W Wanda Jackson Blvd**
City, State, Zip: **Maud, OK, 74854**
Provider #: **RC6304**
Complaint #: **OK00058954**
Investigation Date(s): **03/07/23**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to have and/or implement their COVID 19 protocol.	**US**

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

An unannounced on-site investigation was initiated 03/07/2023 at 09:00 a.m.

A sample of three residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) 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 the facility failing to have and/or implement their COVID 19 protocol was conducted.

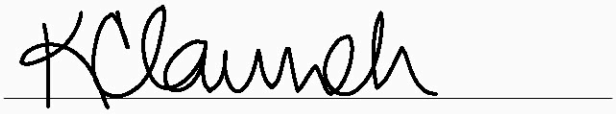
Observations were made upon entry and throughout the survey. Residents had no complaints of respiratory illness or concerns related to COVID 19. Residents were able to verbalize steps to minimize risk of COVID 19. Staff present were non-direct care. Staff were able to verbalize steps to minimize risk of COVID 19 and signs and symptoms to watch for. The administrator stated there had been no recent illness of either staff or residents. The administrator stated staff are briefed on CDC guidelines for COVID 19 in a residential care setting. Facility policies were reviewed.

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 federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.



Kc Claunch, LPN Clinical Health Facility Surveyor II

Date report completed: 03/07/2023

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Maud Residential Care**
Address: **403 W Wanda Jackson Blvd**
City, State, Zip: **Maud, OK, 74854**
Provider #: **RC6304**
Complaint #: **OK00060050**
Investigation Date(s): **03/07/23**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to ensure residents were not physically, verbally, or psychosocially abused.	**US**
2. The home failed to ensure residents' belongings were not misappropriated.	**US**
3. The home failed to ensure residents received their monthly allowance	**US**
4. The home failed to allow the resident private visitation with family members.	**US**
5. The home failed to provide nutritious meals.	**US**
6. The home failed to have and/or implement an effective pest control program.	**US**

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

An unannounced on-site investigation was initiated 03/07/2023 at 09:00 a.m.

A sample of three residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) 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 the home failing to ensure residents were not physically, verbally, or psychosocially abused was conducted.

Observations were made upon entry and throughout the survey. Staff was observed interacting with residents in a respectful manner and utilizing the residents preferred name. Residents were observed out of their rooms, dressed appropriately, and were without distress. No observations of staff or residents speaking mean or rude to residents was made. A list of resident's rights was posted at the entry.

Residents were interviewed and had no complaints related to abuse from staff or other residents. Residents reported no fear of residing in the home and stated they felt safe in the home. Staff stated no concerns related to abuse. Staff were able to verbalize steps for identification, prevention, and reporting of suspected or observed abuse.

Facility abuse/neglect policies were reviewed.

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

An investigation specific to the home failing to ensure residents' belongings were not misappropriated was conducted.

Observations were made upon entry and throughout the survey. Staff was observed interacting with residents in a respectful manner and utilizing the residents preferred name. Residents were observed out of their rooms, dressed appropriately, and were without distress. Resident rooms were observed with personal items in the room. Residents were observed outside smoking in the designated area at their leisure. A list of resident's rights was posted at the entry.

Residents were interviewed and had no complaints related to personal belongings or misappropriations. Residents stated they received their monthly allowance and were able to spend it on what they wanted. Residents denied staff taking any of their property including cigarettes. Staff were interviewed and denied any complaints of monthly allowance not being received. Staff denied requesting cigarettes from residents. Staff denied taking personal items from residents and placing them in a shed.

Facility policies regarding funds, personal belongings, and misappropriation were reviewed

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

An investigation specific to the home failing to ensure residents received their monthly allowance was conducted.

Observations were made upon entry and throughout the survey. Staff was observed interacting with residents in a respectful manner and utilizing the residents preferred name. Residents were observed out of their rooms, dressed appropriately, and were without distress. Resident rooms were observed with personal items in the room. Residents were observed outside smoking in the designated area at their leisure. A list of resident's rights was posted at the entry.

Residents were interviewed and had no complaints related to personal belongings or misappropriations. Residents stated they received their monthly allowance and were able to spend it on what they wanted. Residents denied staff taking any of their property including cigarettes. Staff were interviewed and denied any complaints of monthly allowance not being received.

Financial records for residents were reviewed and documented amount received from resident income, rent due, any other costs, and amounts distributed to residents. Forms documented resident and administrator signature. Facility policies regarding funds, personal belongings, and misappropriation were reviewed.

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

An investigation specific to the home failing to allow the resident private visitation with family members was conducted.

Observations were made upon entry and throughout the survey. No visitors were observed in the facility at the time of the survey. Observations of residents in common areas and in their rooms were made. Residents were observed closing the door to their room for privacy as desired. Residents had no complaints related to visitation or privacy. Staff had no knowledge of family visitation being monitored by staff. Staff stated residents were able to have visitors in their room if desired. The administrator stated the home rarely had visitors but any visitors would be allowed to visit with the resident privately if desired.

Allegation #5: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the home failing to provide nutritious meals was conducted.

Observations were made upon entry and throughout the survey. Residents were observed in the dining and break area eating snacks at their leisure. Lunch service was observed and balanced meal in sufficient portions was served. Residents were observed receiving sandwiches as requested as an alternate to the served lunch.

Residents were interviewed and declined being served sandwiches for every dinner service. Residents declined concerns related to nutritious meals. Staff stated the residents were able to request an alternate meal if they did not want what was being offered. Staff denied serving sandwiches for dinner every night.

The contract for the dietitian was reviewed. The facility policy for meals was reviewed.

Allegation #6: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the facility failing to have and/or implement an effective pest control program was conducted.

Observations were made upon entry and throughout the survey. No evidence of pests was observed in resident rooms, common areas, or the kitchen. Pest prevention measures were observed.

Residents denied concerns related to bed bugs or pests. Residents stated the facility had bed bugs in the past but they were treated and had not returned. The residents stated they did not avoid any areas of the facility for fear of pests. Residents declined any rashes, spots on sheets, or bites. Staff denied any recent complaints of bed bugs or other pests. Staff stated pest control is completed by an outside company monthly and as needed. The administrator declined recent need for unscheduled pest control.

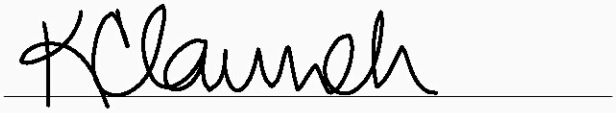
Pest control records were reviewed.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation 1, 2, 3, 4, 5, and 6. 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 federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.



Kc Claunch, LPN Clinical Health Facility Surveyor II

Date report completed: 03/07/2023

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
	RC6304	A. BUILDING: _____ B. WING _____	03/07/2023

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 03/07/23 to investigate complaints #OK00058954 and #OK00060050. No deficiencies were cited. Total residents: 48	R 000		

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