OKLAHOMA
State Department
of Health

Delivery via email to: middleej@yahoo.com

January 22, 2024

License Number: RC6304
Survey Event ID: **V82711**

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 27, 2023**.

The deficiencies cited resulted in deficiencies representing the potential for no 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.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
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, 744854
Provider #: RC6304
Complaint #: OK00061815
Investigation Date(s): 12/27/23

ALLEGATION(S)

The home failed to ensure residents were not physically, verbally or psychosocially abused.
The home failed to have and/or implement an effective pest control program and failed to ensure a clean and comfortable environment.
The home failed to failed to ensure assistance with bathing was provided according to the plan of care.

An unannounced on-site investigation was initiated 12/27/2023 at 8:45 A.M.

A sample of 5 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

A tour of the facility was conducted upon entrance and at other various times throughout the survey.

Staff records, certifications and duties were reviewed with no concerns reported.

Policy and Procedures were reviewed.

Housing & bedding were reviewed during tour with concerns reported.

Staff and facility director were interviewed regarding residents with no concerns reported.

Residents were interviewed with no concerns reported.

Food supplies, menus, & meals were reviewed with no concerns reported.

A Summary of Complaint Investigation:
The facility does have a no cell phone policy in place, and offers a phone and a private room for residents. Residents can contact a doctor at any time and the residents are receiving three meals a day.

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: 12/27/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Maud Residential Care
Address: 403 W. Wanda Jackson Blvd
City, State, Zip: Maud, OK, 744854
Provider #: RC6304
Complaint #: OK00061920
Investigation Date(s): 12/27/23

ALLEGATION(S)

The home failed to ensure residents were not physically, verbally or psychosocially abused.
The home failed to have and/or implement an effective pest control program and failed to ensure a clean and comfortable environment.
The home failed to failed to ensure assistance with bathing was provided according to the plan of care.

An unannounced on-site investigation was initiated 12/27/2023 at 8:45 A.M.

A sample of 5 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

A tour of the facility was conducted upon entrance and at other various times throughout the survey.

Staff records, certifications and duties were reviewed with no concerns reported.

Policy and Procedures were reviewed.

Housing & bedding were reviewed during tour with concerns reported.

Staff and facility director were interviewed regarding residents with no concerns reported.

Residents were interviewed with no concerns reported.

Food supplies was reviewed with no concerns reported.

A Summary of Complaint Investigation:
The facility does have a no cell phone policy in place, and offers a phone and a private room for residents. Residents can contact a doctor at any time and the residents are receiving three meals a day.

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: 12/27/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Maud Residential Care
Address: 403 W. Wanda Jackson Blvd
City, State, Zip: Maud, OK, 744854
Provider #: RC6304
Complaint #: OK00062013
Investigation Date(s): 12/27/23

ALLEGATION(S)

The home failed to ensure the resident's responsible part was provided a 30 day discharge notice.

An unannounced on-site investigation was initiated 12/27/2023 at 8:45 A.M.

A sample of 5 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

A tour of the facility was conducted upon entrance and at other various times throughout the survey.

Staff records, certifications and duties were reviewed with no concerns reported.

Resident Records were reviewed with no concerns reported.

Policy and Procedures were reviewed.

Staff and facility director were interviewed regarding residents with no concerns reported.

Residents were interviewed with no concerns reported.

A Summary of Complaint Investigation:
The facility does have a no cell phone policy in place, and offers a phone and a private room for residents. Residents can contact a doctor at any time and the residents are receiving three meals a day.

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: 12/27/2023

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 _____	C 12/27/2023

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 Complaint investigations (#OK00061920, OK00061815, OK00062013) were conducted on 12/27/23. Facility Census: 45	R 000		
R 351 SS=E	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, record review, and interview, the home failed to have an effective pest control program to prevent the harborage of bed bugs. Findings: The pest control invoices September through December. The invoices from the pest control company "Bug Squad" treats for rodants, ants, roaches at the facility. There was documentation from in house treatment. On 12/27/23 from 1:00p.m. through 2:00 p.m., a tour of the facility was conducted. The following observations were made: 1- Room #17 had bed bug tracks of black and brown stains on the mattress, mattress covers and plywood bedframe.	R 351		

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

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 _____	C 12/27/2023

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 351	Continued From page 1 On 12/27/23 at 1:30 p.m., the administrator assistant stated room 17 is normally the worst room with bed bugs and was hesitent to lift the bedding from the matress. The administrator stated they use a professional pest control service and the facility also sprays in house for the bed bugs but when I called the servicemen from "Bug Squad" he stated "We dont spray for bed bugs, we just do a general pest control spray(rodant, roaches, ants)."	R 351		

OKLAHOMA
State Department
of Health

Delivery via email to: middleej@yahoo.com

February 2, 2024

License Number: RC6304
Survey Event ID: **V82711**

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

Dear Ms. Snider:

On **December 27, 2023**, a complaint investigation 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 29, 2024**.

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

Enclosure

PRINTED: 01/22/2024
FORM APPROVED

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 _____	C 12/27/2023

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 Complaint investigations (#OK00061920, OK00061815, OK00062013) were conducted on 12/27/23. Facility Census: 45	R 000		
R 351 SS=E	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, record review, and interview, the home failed to have an effective pest control program to prevent the harborage of bed bugs. Findings: The pest control invoices September through December. The invoices from the pest control company "Bug Squad" treats for rodants, ants, roaches at the facility. There was documentation from in house treatment. On 12/27/23 from 1:00p.m. through 2:00 p.m., a tour of the facility was conducted. The following observations were made: 1- Room #17 had bed bug tracks of black and brown stains on the mattress, mattress covers and plywood bedframe.	R 351		

PRINTED: 01/
FORM APP

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 _____	C 12/27/20

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)	CO
R 351	Continued From page 1 On 12/27/23 at 1:30 p.m., the administrator assistant stated room 17 is normally the worst room with bed bugs and was hesitent to lift the bedding from the matress. The administrator stated they use a professional pest control service and the facility also sprays in house for the bed bugs but when I called the serviceman from "Bug Squad" he stated "We dont spray for bed bugs, we just do a general pest control spray(rodant, roaches, ants)."	R 351		

POC for survey on December 27, 2023

R 351/ 310:680-7-3 INSECT AND RODENT CONTROL

Administrator shall put an effective pest control in place to prevent the entrance and harborage of insects, spiders, rodents, and bed bugs to ensure home is kept free of all.

Administrator shall ensure this by talking to Bug Squad and implementing a plan to include bed bug pest control and maintenance to be done along with the other pet control.

Complete date: February 29, 2024

OKLAHOMA
State Department of Health

Delivery via email to: middleej@yahoo.com

March 19, 2024

License Number: RC6304
Survey Event ID: V82712

Ms. Sherry Snider, Administrator
Maud Residential Care
403 W Wanda Jackson Blvd
Maud, OK 74854

Dear Ms. Snider:

On **March 4, 2024**, a complaint revisit was conducted at your facility by this agency. The findings of that visit indicate that the deficiencies cited during your survey on **December 27, 2023,** have now been corrected effective **February 29, 2023**.

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

Respectfully,

Clorissa Nubine

Clorissa Nubine, 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
	RC6304	A. BUILDING: _____ B. WING _____	R-C 03/04/2024

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 A follow up was conducted on 03/04/24. All deficiencies had been cleared in conjunction with this survey.	{R 000}		

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