Oklahoma State Department of Health
Creating a State of Health

December 11, 2019

License Number: Rc6901
Survey Event ID: VQ6H11

Ms. Lisa Bennett, Administrator
Duncan Community Residence
P.O. Box 1474
Duncan, OK 73534

Dear Ms. Bennett:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care Facility on **October 11, 2019.**

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 60 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.

You must submit an acceptable plan of correction within ten business days of receipt of the deficiencies identified on the STATE FORM. Please submit your plan of correction under the second column on the STATE FORM. Address each deficiency, and include the month, day, and year of the expected completion date in the third column. Sign, date, and indicate your title in the appropriate blocks on page 1 of the form. Return the STATE FORM with your completed plan of correction to:

Long Term Care Enforcement Division
Protective Health Services
Oklahoma State Department of Health
1000 N.E. 10th
Oklahoma City, OK 73117-1299

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 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 <u>not</u> 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) 271-6868 or fax at (405) 271-2206.

You will be notified you of any enforcement actions being taken. If you have questions or need assistance, please feel free to contact me at (405) 271-6868.

Sincerely,

Lisa Calvin

for Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Duncan Community Residence**
Address: **1510 West Main**
City, State, Zip: **Duncan Oklahoma 73533**
Provider #: **RC6901**
Complaint #: **OK00054486**
Investigation Date(s): **10/10/19 and 10/11/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to provide the residents with a clean, comfortable environment	S

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

An unannounced on-site investigation was initiated on Thursday, October 10, 2019 at 11:40 a.m.

A sample of 8 residents including any identified resident, was selected for the investigation based on the concerns relevant to the allegation.

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 substantiated related to this allegation. See the statement of Deficiencies, Form 2567, and Tag R-0351

An investigation specific to adequate pest control was completed.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation OK00054486. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Thank you for bringing these concerns to our attention.

Mary Cooper RN

Date report completed: 10/16/2019

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
	RC6901	A BUILDING _____ B WING _____	C 10/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN COMMUNITY RESIDENCE	1510 WEST MAIN DUNCAN, OK 73534

(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 to investigate complaint #OK00054486 on 10/10/19. On 10/11/19 an additional document was emailed to the Department Resident census was 23. Deficient practice was cited as follows.	R 000		
R 351 SS=H	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 center failed to implement an effective pest control program to eradicate the center of bed bugs for 8 (#1, 2, 3, 4, 5, 6, 7, and #8) of 8 sampled residents where there was evidence of bed bugs or live bed bugs. This deficient practice resulted in actual harm for 1 (#2) with an infestation of bed bug bites and the potential for more than minimal harm at a pattern for 7 (#1, 3, 4, 5, 6, 7, and #8) sampled residents with evidence of bed bugs. Findings: An appointment was made in reference to resident #2's bed bug bites on 10/11/19. The diagnosis was infestation by bed bugs and the treatment was oral steroids and to follow up on any lesions that appear infected. A pest control estimate documented the home was inspected on 9/23/19 and on 10/02/19 the pest control company provided the home with an	R 351		

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R 351	Continued From page 2 bugs. Resident #3 denied he had bed bugs and had not been bitten by them. One live bed bug was crawling underneath his pillow. Resident #4 was asked about bed bugs. A reddened area was observed on his left arm. Resident #4 was unsure what happened to his arm. Resident #3 and #4's bed sheets contained multiple dark spots. At 12:45 p.m., resident #5 was asked about bed bugs. Resident #5 stated there was a problem with bed bugs, but she had not seen any bed bugs recently. Resident #5 stated the last bed bug she saw was crawling on her when she was asleep about a week to ten days ago. At 12:50 p.m., resident #6 was asked about bed bugs Resident #6 denied he had bed bugs in his room. He stated he found one on his arm a couple of weeks ago. Two dead bed bugs were found in the room. At 1:45 p.m., Employee #8 maintenance was asked if the home had bed bugs. He stated yes. Employee #8 was asked what rooms had bed bugs, employee #8 stated the majority of the rooms had bed bugs. At 2:50 p.m., resident #7 was asked if she had seen any bed bugs. Resident #7 stated she had killed a bed bug in her room. Resident #7 stated she had bed bug bites on her arms in the past. Three reddened areas were noted on her right arm. At 4:10 p.m., the administrator was asked about the policy for bed bugs. The administrator did not provide a written policy for bed bugs.	R 351		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
	DUNCAN COMMUNITY RESIDENCE

Type of Survey (select all that apply)

[A][ ][ ][ ][ ]

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. 41872	10/10/2019	10/11/2019	0.25	0.00	1.00	0.00	1.50	0.75
2. 30875	10/10/2019	10/11/2019	0.25	0.00	1.00	0.00	1.00	0.50
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**

DEC 1 2 2019

Oklahoma State Department of Health
Creating a State of Health

January 6, 2020

License Number: RC6901
Survey Event ID: VQ6H11

Ms. Lisa Bennett, Administrator
Duncan Community Residence
P.O. Box 1474
Duncan, OK 73534

Dear Ms. Bennett:

On October 11, 2019, 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 **December 6, 2019**.

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,

Katie Stagner

for Sue V. Davis
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

SD/jt

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
	RC6901	A. BUILDING _____ B. WING _____	C 10/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN COMMUNITY RESIDENCE	1510 WEST MAIN DUNCAN, OK 73534

(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
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R 351 SS=H	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 center failed to implement an effective pest control program to eradicate the center of bed bugs for 8 (#1, 2, 3, 4, 5, 6, 7, and #8) of 8 sampled residents where there was evidence of bed bugs or live bed bugs. This deficient practice resulted in actual harm for 1 (#2) with an infestation of bed bug bites and the potential for more than minimal harm at a pattern for 7 (#1, 3, 4, 5, 6. 7, and #8) sampled residents with evidence of bed bugs. Findings: An appointment was made in reference to resident #2's bed bug bites on 10/11/19. The diagnosis was infestation by bed bugs and the treatment was oral steroids and to follow up on any lesions that appear infected. A pest control estimate documented the home was inspected on 9/23/19 and on 10/02/19 the pest control company provided the home with an	R 351	Pest Control Company chemically treated main building and office building (all rooms included) Pest Control Company chemically retreated all rooms in both buildings. Pest Control Company treated Room #203 Pest Control Company treated Rooms: 202, 203, 204 Administrator conversed with each employee on the status of bed bugs in their place of residence. Each employee confirmed they do not have bed bugs in their homes. Administrator provided them with instructions and Pest Control's contact information if they are to ever have this issue in their home. Administrator also took this time to educate the staff on the importance of not having these issues in their homes and how it can ultimately cause harm to the residents and facility.	10/23/19 11/01/19 11/14/19 12/02/19 12/06/19

Oklahoma State Department of Health

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R 351	Continued From page 1 estimated cost for treatment. On 10/10/19 at 12:08 p.m., the administrator was asked if any residents had been bitten by bed bugs. The administrator stated she was not aware of anyone with bed bug bites but a staff member had found a bed bug in the home and notified her around 09/20/19. On 10/04/19, a pest control company treated/sprayed the home and performed a bed bug inspection At 12:20 p.m., two dead bed bugs were observed on the end of resident #8's bed. Multiple irregular shaped dark spots were observed on the bed sheets. Housekeeper #3 was asked about resident #8's bed sheets. Housekeeper #3 stated no matter how many times the bed sheets were washed the blood would not come out. At 12:28 p.m., resident #1 was asked if he had been bitten by bed bugs. Resident #1 stated he had bed bug bites on his wrist and ankles in the past. The housekeeper #3 stated she found bed bugs periodically on both of the beds located in resident #1's room. At 12:35 p.m., resident #2 was asked about bed bugs. Resident #2 stated he had seen bed bugs on his bed about two months ago. There were four live bed bugs crawling under resident #2's bed sheets. Resident #2 was asked if he had bed bug bites. Resident #2 stated he had bites on his arms and lower back. Both lower arms were covered with reddened areas, some open and some with dried drainage. His lower back around his belt line had multiple reddened areas. Resident #2 stated they did itch and that he applied moisturizing lotion on the areas. At 12:40 p.m., resident #3 was asked about bed	R 351	Continue to treat all bedding and clothing with heat. Staff will continue to vacuum on a regular bases and encourage the residents to maintain a clean room. Staff will continue to educate residents on what bed bugs look like, how they spread, and how they are harmful to their safety and health. Staff will continue to stress the importance on reporting any sight of bed bugs, the importance of keeping their rooms clean, self-care/hygiene habits (showering regularly, changing their clothes regularly, etc.) Housekeeping and Maintenance will continue to monitor and clean the residents' room regularly (with an emphasis on their linen). Administrator will continue to educate the staff on information on: how to properly assess the resident's clothing and bodies, asking the residents questions specific to bed bug maintenance, etc. Bed Bug policy binder implemented and in-serviced to current staff. All new employees will receive education during orientation. Admission paperwork for potential residents revised and now states all belongings will be checked and treated before coming into the facility.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED

Oklahoma State Department of Health

	RC6901	A. BUILDING: _____ B. WING _____	C 10/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN COMMUNITY RESIDENCE	1510 WEST MAIN DUNCAN, OK 73534

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Duncan Community Residence, Inc.

Annual Pest Control

Sign In Sheet

Signature of Pest Controller		Date
Adrian	Bed Bugs	5-7-18
Adrian	Bed Bug inspection	5-10-18
Kevin	Inspection	8-10-18
Adrian & Kevin	Heat treatment	8-15-18
Adrian & Kevin	Heat treatment	8-16-18
Adrian	Pest control inspection	9-5-18
Adrian & Kevin	Heat Treatment 103 203 107	8-28 - 8-30-18
Adrian	Pest Control	1-2-19
Kevin	Inspection	1-23-19
Kevin	Inspection	2-25-19
Kevin + Brandon	Pest Control	3-26-19 D.T
Ed	General Pest	7-18-19
Kyle Spry	General Pest	9-25-19
Kyle Spry	BED Bugs Chemical All Rooms	10/23/19
Kyle Spry	BED Bugs Chemical All Rooms	11/13/19
Kyle	Room 203 Bed bugs	11-14-19
Kyle	BED Bug Chemical	12/2/19
Kyle	monthly General Pest	12-6-19

PROTECH PROFESSIONALS

Protech Professionals
(877) 255-2515
derek@protechpros.com

Invoice # 70138

Duncan Community Resident

1510 W Main St
Duncan, OK 73533

Bed Bugs

Bed Bug Warranty.
One treatment will not eradicate bed bugs. After the intial treatment. Follow up will be scheduled within 48 hours. It is recommened that you purchase a protective cover for your bed
***
If Disposing of infested mattress, box spring or any furniture spray an X on them and wrap in plastic before discarding.
***
RECCOMMENDED SAFTEY PRECAUTIONS:
Wash All Exposed Dishes,Countertops, and Food Preparation Utensils. Leave Foods Covered Or In Sealed Containers At Least 2 Hours. Stay Off Carpet Until Dry & Stay off Beds until dry at least 2 hours. Do NOT Walk Barefoot On Carpets For At Least 6 Hours. Wash Pet Food Dishes.
Do Not Lie On. Or Lay Childern on Floors For At Least 24 Hours.

Thank You For Your Business.
View and pay your bill at www.protechpros.com and follow the link to set up your account.

_____
Signature

RECOMMENDED SAFETY PRECAUTIONS FOLLOWING SPRAYING OF PREMISES

Wind Direction: N / W / E / S
Wind Speed: [ ] 0-5 [ ] 6-10 [ ] 11-15

10/23/19

Kyle Springer

Weather Conditions____
Temperature____

0.00

Thank You For Your Business!

Protech Professionals
PO BOX 21358
Oklahoma City, OK 73156

PROTECH PROFESSIONALS

Charge My: [ ] [ ] [ ] [ ] Exp __/__
Card #:_____
Signature:_____ Security Code: ____

Billing Address

Duncan Community Resident

Po Box 1474
Duncan, OK 73534

53.75

Protech Professionals
PO BOX 21358
Oklahoma City, OK 73156

On a scale of 0 (not likely) to 10 (very likely), how likely are you to recommend us to a friend or neighbor? ____

0.00

Customer # 6135
Invoice # 70138

Due Date 11/6/2019

PROTECH PROFESSIONALS

02- Protech Professionals
(877) 255-2515
http://www.protechpros.com

Invoice # 70312

Duncan Community Resicent
1510 W Main St
Duncan, OK 73533

General Pest Control $60.00

We expect you to be 100% satisfied with your service. We strive to provide you with a problem free experience, If we didn't please contact us and we will get your issue resolved.

Let us know how we did all feedback will be used to help us better serve you

Discount for mulit- services.

View and pay your bill at www.protechpros.com and follow the link to set up your account.

_____
Signature

RECOMMENDED SANTY PRECAUTIONS FOLLOWING SPRAYING OF PREMISES

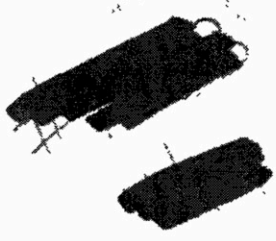
Wind Direction _ Wind Speed

N
W E
S

[ ] 0-5
[ ] 6-10
[ ] 11-15

Weather Conditions_ ___
Temperature__ __

Kyle Springer



Thank You For Your Business!

Today's Invoice Charge	$60.00
Invoice Total	60.00
Please Remit	**$60.00**

1.5 % Interest Will Be Charged To Past Due Invoices.

PROTECH PROFESSIONALS

Protech Professionals
(877) 255-2515
http://www.protechpros.com

Customer # 6135
Invoice # 70813

Service Address
Duncan Community Resident

1510 W Main St
Duncan, OK 73533

General Pest Control $60.00

We expect you to be 100% satisfied with your service. We strive to provide you with a problem free experience, if we didn't please contact us and we will get your issue resolved.

Let us know how we did all feedback will be used to help us better serve you.

Discount for multi- services

View and pay your bill at www.protechpros.com and follow the link to set up your account.

RECOMMENDED SAFETY PRECAUTIONS FOLLOWING SPRAYING OF PREMISES

- ☐ Do not walk barefoot on carpets for at least 6 hours.
- ☐ Stay off treated area dry, usually 2-4 hours
- ☐ Do not mop for 10-14 days except to spot mop
- ☐ Wash pet food dishes

Wind Direction: N / W / E / S
Wind Speed: [ ] 0-5 [ ] 6-10 [ ] 11-15

Weather Conditions____
Temperature____

Kyle Sprager

12/2/19

Today's Invoice Charge	60.00
Invoice Total	60.00
Please Remit	**$60.00**

1.5 % Interest Will Be Charged To Past Due Invoices.

Thank You For Your Business!

Oklahoma State Department of Health
Creating a State of Health

January 29, 2020

License Number: RC6901

Ms. Lisa Bennett, Administrator

Duncan Community Residence
P.O. Box 1474
Duncan, OK 73534

Survey Event ID: VQ6H12

Dear Ms. Bennett:

Enclosed is the summary of deficiencies following the **January 15, 2020** revisit for the complaint inspection conducted at your Residential Care facility on **October 11, 2019.** This revisit found that deficiencies identified at that time have not been corrected.

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 spaces 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.

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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 IDRCoordinator@health.ok.gov, or telephone at (405) 271-6868 or fax at (405) 271-2206.

You will be notified you of any enforcement actions being taken. If you have questions or need assistance, please feel free to contact me at (405) 271-6868.

Sincerely,

for Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

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
	RC6901	A. BUILDING _____ B WING _____	R-C 01/15/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN COMMUNITY RESIDENCE	1510 WEST MAIN DUNCAN, OK 73534

(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 survey was completed on 01/15/20 to 01/15/20. Census was 22. Deficient practice was recited as follows.	{R 000}		
{R 351} SS=H	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 implement an effective pest control program to eradicate the center of bed bugs for 13 (#1, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 15 and #16) of 16 sampled residents with evidence of bed bugs. This deficient practice resulted in actual harm for 4 (#1, 4, 10, and #12) with evidence of bed bug bites or a recent history of bed bug bites and the potential for more than minimal harm at a pattern for 9 (#3, 5, 6, 8, 9, 11, 13, 15 and #16) of 16 sampled residents with evidence of bed bugs. Findings: On 01/15/20 at 12:00 p.m., resident #1 reported seeing a bed bug crawling on the side of her bed two to three days ago. One small eraser size red raised area was observed on resident #1's right inner forearm. Resident #1 stated her room was sprayed about 3 weeks ago, but the center still had bed bugs. At 12:05 p.m., resident #4 was asked if she had seen any bed bugs, she stated yes, her case	{R 351}		

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	RC6901	A. BUILDING _____ B WING _____	R-C 01/15/2020

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{R 351}	Continued From page 1	{R 351}		

manager had killed a bed bug that was on one of residents #4's book in her room. Resident #4 reported she had bed bug bites around her face recently but they were healed now. Resident #4 stated she has been having trouble sleeping. She stated, she can tell when something crawls on her at night, she tries to ignore it but she can't. She stated she is unable to sleep about one night out of every three nights. She reports seeing tracks (blood spots) from bed bugs on her pillow.

At 12:15 p.m., resident #3 was asked if he had seen any bed bugs. He stated yes, today before lunch there was a bed bug on his shirt. Resident #14 had pointed out the bed bug on resident #3's shirt. Resident #14 confirmed she saw a live bed bug on resident #3's shirt about twenty minutes ago.

At 12:21 p.m., employee #1 was asked the last time she was notified of any complaints of bed bugs. She stated today, employee #3 saw a bed bug on resident #3's shirt

At 12:22 p.m., resident # 8 was asked if he had any bed bug bites or had seen any recently. He denied bed bug bites but did say he had seen bed bugs five (5) days ago.

At 12:24 p.m., employee #2 was asked how long ago she had seen a live bed bug, she stated about two to three weeks ago. Employee #2 was asked if any residents had notified her of any live bed bugs. She stated resident #9 reported she had a bed bug on her but just brushed it off.

At 1:00 p.m., employee #14 was asked when the last time he saw a bed bug. Employee #14 stated he sees bed bugs every day, somewhere. He stated he had seen bed bugs everyday in three

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{R 351}	Continued From page 2 specific rooms and the hallways. At 1:43 p.m., resident #16's bed had three (3) dead bed bugs on the frame, and eleven (11) dead bed bugs on the carpet near the head of his bed. At 1:51 p.m., resident #15 was asked if he had any bed bug bites. He stated no, but was scratching his arms and back while speaking. Resident #15 was asked to show his arms and lower back. There were scratches to both forearms, and a dime sized scab area to right lower back just above his belt line. One dead bed bug was observed at the foot of his bed. At 1:52 p.m., resident #5 and resident #6 were asked if they had seen any live bed bugs in their room or had any bed bug bites. Both resident #5 and #6 denied seeing any bed bugs or having any bed bug bites. Resident #5 had live and dead bed bugs in the coil springs of the bed frame. Resident #6 had live and dead bed bugs in the coil springs of the bed frame. A paper clip was used to probe the coil springs on resident #6's metal bed frame. Multiple live bed bugs ran out of the coil springs and were too numerous to count. At 1:52 p.m., resident #12 was asked if she had any bed bug bites or had seen any live bed bugs recently. Resident #12 stated she had bed bug bites about two weeks ago and had seen a live bed bug last week. She stated she had seen one bed bug on a napkin and one bed bug in her roommate's bed. Resident #12 stated she had taken pictures on her phone of the bites. She showed pictures on her phone of two reddened areas on her neck and four bites on her arm. At 2:04 p.m., resident #11's bed was observed to	{R 351}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{R 351}	Continued From page 3 have a live bed bug on the mattress. At 2:17 p.m., resident #10 was asked if she had any bed bug bites, she showed her right forearm that was observed to have three bites. Red scabbed areas were observed on resident #10's left forearm and ankles. Resident #10 was asked if she had seen any live bed bugs she stated about 2 weeks ago. At 2:30 p.m., employee #1 stated all rooms at the home were chemically treated on 10/23/19 for bed bugs. She stated she had called the pest control company back on 11/01/19 and all rooms were sprayed again for bed bugs. On 11/14/19 the pest control company returned and treated resident #5 and #6's rooms again for bed bugs. On 12/02/19 the pest control company returned and chemically treated resident #5 and #6's rooms again and two other rooms. She was asked if the pest control company performed a follow-up inspection to ensure the bed bugs were no longer in the home. Employee #1 stated all the pest control company did was for general pest treatment (not bed bugs) on 12/06/19 and on 01/07/20. The administrator was out of the home on the day of survey.	{R 351}		

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
	DUNCAN COMMUNITY RESIDENCE

Type of Survey (select all that apply)

[A][D][ ][ ][ ]

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. 41872	01/15/2020	01/15/2020	0.25	0.00	2.00	0.00	1.75	5.00
2. 30875	01/15/2020	01/15/2020	0.50	0.00	2.00	0.00	1.50	1.00
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

February 24, 2020

License Number: RC6901
Survey Event ID: VQ6H12

Ms. Lisa Bennett, Administrator
Duncan Community Residence
P.O. Box 1474
Duncan, OK 73534

Dear Ms. Bennett:

On January 15, 2020, 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 **January 21, 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

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
	RC6901	A. BUILDING: _____ B. WING _____	R-C 01/15/2020

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{R 351} SS=H	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 implement an effective pest control program to eradicate the center of bed bugs for 13 (#1, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 15 and #16) of 16 sampled residents with evidence of bed bugs. This deficient practice resulted in actual harm for 4 (#1, 4, 10, and #12) with evidence of bed bug bites or a recent history of bed bug bites and the potential for more than minimal harm at a pattern for 9 (#3, 5, 6, 8, 9, 11, 13, 15 and #16) of 16 sampled residents with evidence of bed bugs. Findings: On 01/15/20 at 12:00 p.m., resident #1 reported seeing a bed bug crawling on the side of her bed two to three days ago. One small eraser size red raised area was observed on resident #1's right inner forearm. Resident #1 stated her room was sprayed about 3 weeks ago, but the center still had bed bugs. At 12:05 p.m., resident #4 was asked if she had seen any bed bugs, she stated yes, her case	{R 351}	Pest Control chemically treated main building and office building (all rooms included) Pest Control chemically retreated all rooms in Both buildings. Administrator will continue to educate the staff On the importance of not having bed bug issues in their homes and how it can ultimately cause harm to the residents, facility, and their homes. Pest Control's contact information is readily available for all employees. The bedframes and mattresses are being discarded and replaced with steel bed frames and new mattresses.	1/21/2020 /2020 2020

Oklahoma State Department of Health

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
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{R 351}	Continued From page 1 manager had killed a bed bug that was on one of residents #4's book in her room. Resident #4 reported she had bed bug bites around her face recently but they were healed now. Resident #4 stated she has been having trouble sleeping. She stated, she can tell when something crawls on her at night, she tries to ignore it but she can't. She stated she is unable to sleep about one night out of every three nights. She reports seeing tracks (blood spots) from bed bugs on her pillow. At 12:15 p.m., resident #3 was asked if he had seen any bed bugs. He stated yes, today before lunch there was a bed bug on his shirt. Resident #14 had pointed out the bed bug on resident #3's shirt. Resident #14 confirmed she saw a live bed bug on resident #3's shirt about twenty minutes ago. At 12:21 p.m., employee #1 was asked the last time she was notified of any complaints of bed bugs. She stated today, employee #3 saw a bed bug on resident #3's shirt At 12:22 p.m., resident # 8 was asked if he had any bed bug bites or had seen any recently. He denied bed bug bites but did say he had seen bed bugs five (5) days ago. At 12:24 p.m., employee #2 was asked how long ago she had seen a live bed bug, she stated about two to three weeks ago. Employee #2 was asked if any residents had notified her of any live bed bugs. She stated resident #9 reported she had a bed bug on her but just brushed it off. At 1:00 p.m., employee #14 was asked when the last time he saw a bed bug. Employee #14 stated he sees bed bugs every day, somewhere. He stated he had seen bed bugs everyday in three	{R 351}	Continue to treat all bedding and clothing with heat. Staff will continue to vacuum on a regular basis and encourage the residents to maintain a clean room. Staff will continue to educate residents on what bed bugs look like, how they spread, and how they are harmful to their safety and health. Staff will continue to stress the importance on reporting any sight of bed bugs, self-care/hygiene habits (showering regularly, changing their clothes regularly, etc.) Housekeeping and Maintenance will continue to monitor and clean the residents' room regularly (with an emphasis on their linen).	

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{R 351}	Continued From page 3 have a live bed bug on the mattress. At 2:17 p.m., resident #10 was asked if she had any bed bug bites, she showed her right forearm that was observed to have three bites. Red scabbed areas were observed on resident #10's left forearm and ankles. Resident #10 was asked if she had seen any live bed bugs she stated about 2 weeks ago. At 2:30 p.m., employee #1 stated all rooms at the home were chemically treated on 10/23/19 for bed bugs. She stated she had called the pest control company back on 11/01/19 and all rooms were sprayed again for bed bugs. On 11/14/19 the pest control company returned and treated resident #5 and #6's rooms again for bed bugs. On 12/02/19 the pest control company returned and chemically treated resident #5 and #6's rooms again and two other rooms. She was asked if the pest control company performed a follow-up inspection to ensure the bed bugs were no longer in the home. Employee #1 stated all the pest control company did was for general pest treatment (not bed bugs) on 12/06/19 and on 01/07/20. The administrator was out of the home on the day of survey.	{R 351}	Facility will continue contract with Pest Control Company for monthly pest control and Bed Bug maintenance. Facility representative will communicate with residents and POAs/guardians (responsible parties) on noncompliance to safety/health interventions in place for the elimination/continuation of bed bug problems. Documentation will be kept to log all communication attempted/completed.	