Oklahoma State Department of Health
Creating a State of Health

January 29, 2020

License Number: Rc6901
Survey Event ID: 5YHM11

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 **January 15, 2020**.

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 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,

Katie Stagner

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

SD/kgs

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Duncan Community Residence**
Address: **1510 West Main**
City, State, Zip: **Duncan Oklahoma 73534**
Provider #: **RC6901**
Complaint #: **# OK00054668**
Investigation Date: **01/15/2020**

ALLEGATION	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to provide a clean comfortable homelike environment.	**S**

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

An unannounced on-site investigation was initiated on Wednesday, January 15, 2020 at 11:55 a.m.

A sample of 16 residents including any identified residents, 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, Tag R351for details.

An investigation specific to bed bug infestation was completed.

Determination Summary and Follow-Up Action:
Deficient practice was substantiated for allegation #1. 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

Mary Cooper RN

Date report completed: 01/16/2020

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 _____	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 An abbreviated survey was conducted on 01/15/20 to investigate complaint #OK00054668. Census was 22. The allegation was substantiated. 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 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.	R 351		

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DUNCAN COMMUNITY RESIDENCE	1510 WEST MAIN DUNCAN, OK 73534

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R 351	Continued From page 1 At 12:05 p.m., resident #4 was asked if she had seen any bed bugs, she stated yes, her case 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	R 351		

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R 351	Continued From page 2 he sees bed bugs every day, somewhere. He stated he had seen bed bugs everyday in three 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.	R 351		

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R 351	Continued From page 3 At 2:04 p.m., resident #11's bed was observed to 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		

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
RC6901	DUNCAN COMMUNITY RESIDENCE

Type of Survey (select all that apply)

3				

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

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

SURVEY TEAM AND WORKLOAD DATA

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

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 41872	01/15/2020	01/15/2020	0.25	0.00	1.25	0.00	1.75	5.00
2. 30875	01/15/2020	01/15/2020	0.50	0.00	1.25	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**

JAN 30 2020

OKLAHOMA
State Department
of Health

Delivery via email to: dcradmin@gmail.com

July 6, 2021

License Number: RC6901

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

Survey Event ID: 5YHM12

Dear Ms. Bennett:

Enclosed is the summary of deficiencies following the offsite/paper revisit conducted at your Residential Care facility on **November 13, 2020**. The findings of the revisit indicate the deficiencies cited during your complaint investigation on **January 15, 2020** have now been corrected effective **January 21, 2020.**

You will be notified of any enforcement actions being taken. If you have questions or need assistance, please feel free to contact me at (405) 426-8200.

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.

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The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

OKLAHOMA
State Department
of Health

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.

Sincerely,

Katie Stagner

Digitally signed by Katie Stagner
Date: 2021.07.06 11:03:04 -05'00'

Katie Stagner, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

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 11/13/2020

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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 offsite/paper revisit was completed on 11/13/20. Credible evidence of corrections was submitted for all deficiencies.	{R 000}		

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