OKLAHOMA
State Department
of Health

Delivery via email to: admin@dcrduncan.com

December 21, 2022

License Number: RC6901
Survey Event ID: CUH511

Ms. Jessica Garvin, Administrator
Duncan Community Residence
P.O. Box 1474
Duncan, OK 73534

Dear Ms. Garvin:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **December 19, 2022**.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the spaces 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.

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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) 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.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Duncan Community Residence**
Address: **1510 West Main**
City, State, Zip: **Duncan, OK 73534**
Provider #: **RC6901**
Complaint #: **OK00058392**
Investigation Date(s): **12/19/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to ensure legal representatives were made aware of changes made to who has access to resident funds.	S

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

An unannounced on-site investigation was initiated on 12/20/2022 at 08:30 a.m.

A sample of four 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 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 R-715 for details.

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.

_____

Julie Edmiaston RN, BSN

Date report completed: 12/20/2022

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Duncan Community Residence**
Address: **1510 West Main**
City, State, Zip: **Duncan, OK 73534**
Provider #: **RC6901**
Complaint #: **OK00059892**
Investigation Date(s): **12/19/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home has failed to give the residents a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the home. A home must protect and promote the rights of each resident.	**S**

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

An unannounced on-site investigation was initiated on 12/20/2022 at 8:30 a.m.

A sample of four 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 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 R-715 for details.

Determination Summary and Follow-Up Action:

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Thank you for bringing these concerns to our attention.

_____

Julie Edmiaston RN, BSN

Date report completed: 12/20/2022

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 12/19/2022

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 Complaint investigations (#OK00058392, #OK00059892) were conducted on 12/19/22.	R 000		
R 715 SS=E	310:680-15-2 (3) PROTECTION OF RESIDENTS' FUNDS To protect each resident's funds, the residential care home: (3) May accept funds from a resident for safekeeping and managing, if the home receives written authorization from the resident or his guardian; such authorization shall be attested to by a witness who has no pecuniary interest in the facility or home or its operations, and who is not connected in any way to the home personnel or the administrator in any manner whatsoever. This Rule is not met as evidenced by: Based on record review, observation, and interview, the home failed to ensure a written, witnessed authorization was received from the resident or guardian before the home accepted and managed funds for two (#1 and #2) of four sampled residents reviewed for resident funds. The Assistant Administrator reported 22 residents resided in the home. Findings: A "Policy on Management of Resident Funds" not dated, read in parts, "...Residents may manage their own funds or ask the facility to manage their funds for them...The facility will apply with Social Security to become Representative Payee and will do annual accounting with Social	R 715		

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 715	Continued From page 1 Security...Resident accounts will be balanced by an Administrator or by the Board treasurer...When residents require cash from their accounts, they will request it from the office. An administrator will go to the bank for the resident or take out of the resident petty cash at the facility. Accounting will be made in the individual resident's ledger..." 1. Resident #1's "Resident's Personal Funds Agreement," dated 02/09/15, read in parts, "...I authorize the management of Duncan Comm(unity) Residence manage my entire personal spending funds account following procedures outlined in accordance with minimum standards..." The form did not contain a signature witness nor contain a space on the form for a signature witness. On 12/19/22 at 12:25 p.m., resident #1 was asked if they managed their own finances. They stated no, they assigned a payee to take care of that and received a weekly allowance. On 12/19/22 at 1:40 p.m., the assistant administrator was asked if resident #1's fund agreement had a witness signature. They reported it did not have a witness signature and they would have to do a new one for everyone that needed it. 2. Resident #2's "Contract," dated 06/03/14, read in parts, "...Facility is a non-profit corporation which is licensed by the State of Oklahoma to provide room and board ...supportive assistance as required or needed..." On 12/19/22 at 9:25 a.m., resident #2 was asked if they managed their own finances. Resident #2 stated, "no, they just give me spending money."	R 715		

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OKLAHOMA
State Department
of Health

Delivery via email to: admin@dcrduncan.com

December 29, 2022

License Number: RC6901
Survey Event ID: CUH511

Ms. Jessica Garvin, Administrator
Duncan Community Residence
P.O. Box 1474
Duncan, OK 73534

Dear Ms. Garvin:

On **December 19, 2022**, 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 20, 2023**.

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

Digitally signed by Tempal Killman
Date: 2022.12.29 09:35:31 -06'00'

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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Oklahoma State Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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OKLAHOMA
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Delivery via email to: admin@dcrduncan.com

February 15, 2023

License Number: RC6901
Survey Event ID: CUH512

Jessica Garvin, Administrator
Duncan Community Residence
1510 West Main
Duncan, OK 73534

Dear Ms. Garvin:

On **February 14, 2023**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Residential Care Facility. The findings of that visit indicate that the deficiencies cited during your complaint survey on **December 10, 2022,** have now been corrected and your facility is in compliance with licensure standards effective **January 20, 2023**.

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

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 02/14/2023

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 offsite/paper visit was conducted 02/14/23. The facility was in substantial compliance.	{R 000}		

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