



Oklahoma State Department of Health  
Creating a State of Health

July 28, 2015

CCN: 375098  
Survey Event ID: IEHS11

Mr. Mark Lawrence, Administrator  
Manorcare Health Services-Midwest City  
2900 Parklawn Drive  
Midwest City, OK 73110

Dear Mr. Lawrence:

On **July 17, 2015**, agents from our office concluded a complaint investigation at Manorcare Health Services-Midwest City to determine if your facility was in compliance with the Federal requirements for nursing home participation in the Medicare and/or Medicaid programs. This inspection found the most serious deficiency(ies) in your facility to be:

- Deficiency level "K"; a pattern of deficiencies that constitutes **immediate jeopardy** to resident health and safety, as evidenced by the CMS-2567, whereby significant corrections are required.

Although the survey team has determined that your facility **removed the immediate jeopardy** to resident health and safety, your facility has **not yet achieved substantial compliance** with the federal participation requirements for nursing facilities in the Medicare and Medicaid programs.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

### **Continuing Noncompliance**

The deficiencies identified on this visit indicate that you have not achieved compliance since our visit of **April 28, 2015**. As a result of this continuing noncompliance we are continuing the enforcement action described in our notice of **May 11, 2015**.

### **Determination of Substandard Quality of Care**

The following deficiencies have been determined to constitute substandard quality of care.

**F0309 -- S/S: K -- 483.25 -- Provide Care/services For Highest Well Being**

Terry L Cline, PhD  
*Commissioner of Health  
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In accordance with sections 1819(f) and/ or 1919(f) of the Social Security Act and regulations at 42 CFR Part 498, the Oklahoma State Department of Health is providing notice as authorized by the Dallas Regional Office that the Centers for Medicare and Medicaid Services (CMS) has made a determination of Substandard Quality of Care which led to an extended or partial extended survey. This will result in the State withdrawing your Nurse Aide Training and Certification program (NATCEP) for two years.

Statutory provisions at 1819(g)(5)(c) and/or 1919(g)(5)(c) of the Social Security Act and the federal regulation at 42CFR488.325(h), require the Oklahoma State Department of Health to issue notice to the attending physician of each resident who was identified as having been subject to substandard quality of care.

You are required to provide the following information to the Oklahoma State Department of Health within ten (10) working days of your receipt of this letter:

The name and address of the attending physician of each resident found to have been subject to substandard quality of care. A list of the affected residents is attached.

Pursuant to §488.325(g), your failure to provide to the Oklahoma State Department of Health within ten (10) working days the name and address of the attending physician for each of the listed residents will result in termination of participation or imposition of alternative remedies

In addition, 1819(g)(5)(c) and/or 1919(g)(5)(c) of the Social Security Act and the federal regulations at 42CFR488.325(h) require the Oklahoma State Department of Health to issue notice of the substandard quality of care to the Oklahoma State Board of Examiners of Long Term Care Administrators (OSBELTCA). The Oklahoma State Department of Health is issuing notice of the substandard quality of care to OSBELTCA and including a copy of this letter and the enclosed CMS 2567. If you need more information about OSBELTCA's handling of this notice, please contact OSBELTCA directly.

### **Plan of Correction (PoC)**

You must submit an acceptable plan of correction within ten calendar days of receipt of the complete CMS-2567. An acceptable PoC shows a provider's willingness and ability to achieve and maintain compliance and to provide residents the care and services they need. An acceptable PoC demonstrates correction has been, or will be achieved and makes the provider's allegation of compliance credible. An acceptable PoC is required before a revisit (to verify correction) will be made. To be considered acceptable, your PoC must contain the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic changes. This is part of your quality assurance plan. At the revisit, the quality assurance plan shall be reviewed to

determine the earliest date of compliance. If there is no finding of continuing non-compliance, **evidence of quality assurance being implemented will be required to establish a correction date earlier than the date of the revisit.**

- An acceptable completion date for correction of each deficiency. Your facility is ultimately accountable for its own compliance. The plan of correction will serve as the facility's allegation of compliance. Unless otherwise stated on the PoC, the last completion date will be the date of alleged compliance.

In addition, the PoC must contain only a Plan of Correction OR evidence refuting each deficient practice in a deficiency citation. It must be specific and realistic, stating exactly how the deficiency will be or was corrected.

Please submit your plan of correction under the second column on the Form CMS-2567. 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 CMS-2567 with the PoCs to:

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

If you fail to submit an acceptable PoC by the due date, we may recommend (to the CMS Regional Office) termination of your provider agreement [42CFR488.456(b)(1)(ii)].

### **Denial of Payment for New Admissions (DPNA)**

Based on deficiencies cited during this survey, and as authorized by Centers for Medicare & Medicaid Services (CMS) Dallas Regional Office, **this is formal notification of Denial of Payment for New Admissions (DPNA). DPNA will start August 12, 2015.** Your State Medicaid Agency will be notified by copy of this letter. The CMS Regional Office will notify your Medicare payer. The Medicare and Medicaid programs will make no payment for residents admitted on or after the DPNA effective date. DPNA will continue until your facility achieves substantial compliance or your provider agreement is terminated. [Facilities are prohibited from billing Medicare/Medicaid residents or their responsible parties during the denial period for services normally billed to Medicare or Medicaid.]

### **PROPOSED Remedies**

**Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, we will provide you with a separate formal notification of that determination.**

Based on the findings of noncompliance the Oklahoma State Department of Health is recommending that the following penalties be imposed by the Centers for Medicare and Medicaid Services (CMS) Regional Office:

- **DENIAL OF PAYMENT FOR NEW MEDICARE/MEDICAID ADMISSIONS: We are recommending a discretionary Denial of Payment for New Admissions (DPNA) effective August 12, 2015** in accordance with the statutory provisions at 1819(h)

and/or 1919(h) and the federal regulation at 42 CFR 488.417(b).

- **TERMINATION OF PROVIDER AGREEMENT** if the facility is not in substantial compliance by **October 28, 2015**.
- **PER-DAY CIVIL MONEY PENALTY** of **\$5,200.00** per day beginning **July 13, 2015** and continuing through **July 15, 2015**, the period of immediate jeopardy.
- **PER-DAY CIVIL MONEY PENALTY** of **\$300.00** per day, beginning **July 16, 2015**.

### **Filing An Appeal**

If you disagree with the determination of noncompliance (and/or substandard quality of care resulting in the loss of Nurse Aide Training and Competency Evaluation program (NATCEP), if applicable), you or your legal representative may request a hearing before an administrative law judge of the U. S. Department of Health and Human Services, Departmental Appeals Board. Procedures governing this process are set out in 42 CFR §498.40, *et seq.* You may appeal the finding of noncompliance that led to an enforcement action, but not the enforcement action or remedy itself. A request for a hearing should identify the specific issues, and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may have counsel represent you at a hearing (at your own expense). **A written request for a hearing must be filed no later than September 26, 2015 (60 days from the date of receipt of this letter).** Such written request should be made directly to:

U. S. Department of Health and Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, SW  
Cohen Building, Room G-644  
Washington, D.C. 20201

If you prefer, you can file your appeal electronically at the Departmental Appeals Board Electronic Filing System (DAB E-File) website: <https://dab.efile.hhs.gov>. When using DAB E-File for the first time, you will need to create an account by a) clicking Register on the DAB E-File home page; b) entering the requested information on the Register New Account form; and c) clicking Register Account at the bottom of the form. Each representative authorized to represent you must register separately to use the DAB E-File on your behalf.

The email address and password given during registration must be entered on the login screen at: [https://dab.efile.hhs.gov/user\\_sessions/new](https://dab.efile.hhs.gov/user_sessions/new) to access DAB E-File. A registered user's access to DAB E-File is restricted to the appeals for which he/she is a party or an authorized representative. You can file a new appeal by a) clicking the *File New Appeal* link on the Manage Existing Appeals screen; then b) clicking *Civil Remedies Division* on the File New Appeal screen; and c) entering and uploading the requested information and documents on the File New Appeal-Civil Remedies Division form.

The Civil Remedies Division (CRD) requires all hearing requests to be signed and accompanied by the notice letter from CMS that addresses the action taken and your appeal rights. All submitted documents must be in Portable Document Format (PDF). Documents uploaded to DAB E-File on any day on or before 11:59 p.m. ET will be considered to have been received on that day. You will be expected to accept electronic service of any appeal-related documents filed by CMS or that the CRD issues on behalf of the Administrative Law Judge (ALJ) via DAB E-File. Further instructions are

located at [https://dab.efile.hhs.gov/appeals/to\\_crd\\_instructions](https://dab.efile.hhs.gov/appeals/to_crd_instructions).

In addition, please forward a copy of your request to:

CMS Associate Regional Administrator  
Centers for Medicare & Medicaid Services  
Division of Survey and Certification  
ATTN: Judy Thomas  
1301 Young Street; Room 827  
Dallas, Texas 75202

**Additional Triggers for Loss of Approval of Nurse Aide Training and Competency Evaluation Program (NATCEP) and Competency Evaluation Program (CEP)**

Please note that §1919(f)(2)(B) also prohibits approval of Nurse Aide Training and Competency Evaluation Programs (NATCEP) and Competency Evaluation Programs (CEP) offered by or in any facility which within the previous two years:

- was assessed a civil money penalty of not less than \$5,000.00,
- was subject to denial of payment (including a ban on admissions),
- was terminated from participation,
- in the case of an emergency, was closed and/or had its residents transferred to other facilities.

**Informal Dispute Resolution**

In accordance with 42 CFR §488.331 and §7212 of the State Operations Manual (SOM), 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). 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 833 and the Oklahoma IDR Process for Medicare/Medicaid Certified Facilities.

The IDR request must be submitted within ten calendar days from receipt of the Statement of Deficiencies (CMS-2567). This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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:


- Scope and severity assessments of deficiencies with the exception of scope and severity assessments that constitute substandard quality of care (SQC) or immediate jeopardy (IJ);
- Remedy (ies) imposed by the Department;
- Alleged failure of the survey team to comply with a requirement of the survey process;
- Alleged inconsistency of the survey team 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](mailto:IDRCoordinator@health.ok.gov), telephone at (405) 271-6868 or fax at (405) 271-2206.

If you have any questions, please contact me at (405) 271-6868.

Sincerely,



 Sue Davis, Enforcement Coordinator  
Long Term Care  
Protective Health Services

SD/kd

C: Executive Director, Oklahoma State Board of Examiners for Long Term Care Administrators

Enclosure



Oklahoma State Department of Health  
Creating a State of Health

July 28, 2015

Executive Director  
Oklahoma State Board of Examiners for Long Term Care Administrators  
2401 Northwest 23rd, Suite 62  
Oklahoma City, Oklahoma 73107

Dear Sir:

On **July 17, 2015**, a Medicare/Medicaid survey was completed at Manorcare Health Services-Midwest City, Midwest City, by representatives of the Oklahoma State Department of Health (OSDH). Results of the survey indicated that residents in the facility have been subject to substandard care as defined in 42CFR 488.301. Based on the survey findings, we are providing this notice of the substandard quality of care to the Oklahoma State Board of Examiners for Long Term Care Administrators. The deficiencies are outlined on the attached form CMS-2567 for survey identification number IEHS11.


According to OSDH records, the licensed administrator at the time of the survey was **Mr. Mark Lawrence**. If your records indicate that a different licensed administrator was in charge of the facility at the time of the survey, please so advise us so we may reconcile OSDH records.

The following identifies citations in the attached survey which prompted this notice:

**F0309 -- S/S: K -- 483.25 -- Provide Care/services For Highest Well Being**

If we can be of any further assistance, please contact us at 405-271-6868.

Sincerely,

  
Sue Davis, Enforcement Coordinator  
Long Term Care  
Protective Health Services

SD/kd

Enclosure

Terry L Cline, PhD  
*Commissioner of Health  
Secretary of Health  
and Human Services*

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# MEMORANDUM

Date: July 28, 2015

To: Gloria LaFitte  
Oklahoma Health Care Authority

From: Sue Davis  
Oklahoma State Department of Health

Re: DENIAL OF PAYMENT FOR NEW ADMISSIONS

Facility: Manorcare Health Services-Midwest City

City: Midwest City

CCN Number: 375098

We are recommending an Denial of Payment for New Admissions (DPNA) at Manorcare Health Services-Midwest City effective **August 12, 2015**. As authorized by The Centers for Medicare and Medicaid Services, the attached notice is deemed to constitute formal notice to the facility. Please initiate denial of payment for new admissions based on this notice.

This action is based on an Immediate Jeopardy situation identified during a complaint investigation conducted **July 17, 2015**.

Copies of the facility notification and statement of deficiencies are attached.



# ENFORCEMENT MEMO

Date: July 28, 2015

To: Kay

From: Sue Davis

Re: IJ to Non-IJ with Double G

Facility: Manorcare Health Services-Midwest City

City: Midwest City

Survey Date: July 17, 2015

I have notified Judy Thomas that the following information is in AEM/ACO for CMS Regional Office to **impose** remedies:

- CMS-1539 with item #10 coded as a "B" at line L-12
- Cover letter for CMS-2567
- Enforcement team worksheet
- CMS-2567

# MEMORANDUM

Date: July 28, 2015

To: Team Secretary

From: Sue Davis

Re: Manorcare Health Services-Midwest City

- Please send a copy of this letter and the 2567 up to Nurse Aide Training. They need to cancel the nurse aide training program based on the Substandard Quality of Care Deficiency.
- Please send the memo regarding the Denial of Payment for New Admissions to the Oklahoma Health Care Authority along with a copy of this letter and the deficiencies.

Date: July 28, 2015

To: Kay

Re: Manorcare Health Services-Midwest  
City

Please e-mail the financial Information sheet to Amy Whiteley at the OHCA and forward it to the R/O when it comes back.

# MEMORANDUM

July 28, 2015

To: Amy Whiteley  
Oklahoma Health Care Authority

From: Sue Davis  
Oklahoma State Department of Health

Re: Medicaid Payments to Manorcare Health Services-Midwest City, Midwest City

CCN Number: 375098

The Centers for Medicare and Medicaid Services has requested the following information to assist them in determining this facility's financial ability to pay a Civil Money Penalty. Please provide the information concerning recent Medicaid payments and return to the Oklahoma State Department of Health as soon as possible:

## FACILITY FINANCIAL CONDITION WORKSHEET

*CMS must use an indicator of financial condition in order to impose a Civil Money Penalty  
42 CFR §488.438(f)*

Date of Calculation: \_\_\_\_\_

Facility Name: Manorcare Health Services-Midwest City

CCN#/ENF#: 375098 / \_\_\_\_\_

Owner of the provider agreement: (please provide)  
Manor Care Of Midwest City Ok, Llc

**Add the last three(3) full months of Medicaid reimbursement and divide by 3:**

Three month average Medicaid Reimbursement: \_\_\_\_\_

Optional: any other pertinent financial information:

If you have questions, please contact me at (405) 271-6868.

Thank you.



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## INVESTIGATIVE REPORT

**Facility:** Manor Care Health Services-Midwest City  
**Address:** 2900 Parklawn Drive  
**City, State, Zip:** Midwest City, OK, 73110  
**Provider #:** 375098  
**Complaint #:** OK00046377  
**Investigation Date(s):** 07/13/15, 07/16/15-07/17/15

ALLEGATION(S)	TAG NUMBERS CITED	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility neglected to ensure residents were provided care and services per physician's orders and POC.	F309	S

**Violation (s) unrelated to this complaint were also cited during the survey/investigation. A Description of Significant Findings Related to Each Allegation is Provided Below:**

An unannounced visit was made to the facility on 07/13/15 at 7:45 a.m. The person in charge of the facility at that time, DON, was contacted to announce the survey and the general nature of the complaint. Details of the allegations were not discussed in order for the surveyors to conduct a more thorough investigation.

The named resident was included in a sample of residents based on issues relevant to the allegations. The following regulatory areas were investigated: Resident/Patient/Client Neglect

Allegation #1:

The resident was not present in the facility during the survey.

Facility nursing policy and procedures were reviewed for providing care and services as ordered by the physician.

The clinical records of five sampled residents, including the resident identified in the complaint allegation, were reviewed for physician orders and plan of care.

A deficient practice was identified related to residents not receiving care as ordered by the physician. See form 2567, list of deficiencies at F309.

No deficient practice was identified related to this allegation.

**The items indicated below were utilized during the investigation.**

Yes  No  Will referrals be made to another agency by this Department?

**Record Review:** (Records that were reviewed in conjunction with the complaint.)

- |     |                                     |     |                                     |  |
|-----|-------------------------------------|-----|-------------------------------------|--|
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Medication Administration Records  |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Facility Incident Reports  |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | ADL (Activities of Daily Living) Flow Sheets   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Hospital Records   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Physician Progress Notes   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Physician Orders   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Nurses Notes   |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Dietary Notes  |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Laboratory and X-Ray Reports   |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Social Services Reports  |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Activities Reports   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Treatment Sheets   |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Pharmacy Records   |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Meal Intake Records  |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Weight Records   |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Skin Assessments   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Assessment & Care Plan Records (Care Plan and MDS)                                     |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Therapy and/or Ancillary Services Records  |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Resident Council Minutes   |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Health Care Authority Staffing Reports   |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Personnel Records/Background Check, etc.   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Staff Time Sheets, Schedules, etc.   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Facility In-Service Records  |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Medical Examiner Reports   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Ambulance Records  |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Death Certificate  |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Facility Investigation Reports   |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Facility Policy and Procedure Manual   |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Current Credentials of licensed, registered, or certified personnel and/or consultants |
| Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            | Facility Admission/ transfer records   |
| Yes | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> | Other:   |

**Interview:**

Number of interviews conducted with residents identified in the allegation(s). (If not interviewed, explain why in the description of findings.) 0

Total number of resident interviews conducted: 2

- Yes  No  N/A  Was the alleged perpetrator interviewed?
- Yes  No  N/A  Were interviews conducted with staff? Number: 5
- Yes  No  N/A  Were interviews conducted with family?
- Yes  No  N/A  Was the physician interviewed?
- Yes  No  N/A  Was the complainant interviewed?
  
- Yes  No  Was the complaint based on entity reported incident or anonymous complaint?

If not, complainant contacted on: 07/13/15

In the event of a serious injury or an unexpected death, were interviews conducted with any or all of the following:

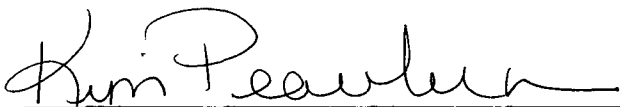
- Yes  No  N/A  Emergency Personnel
- Yes  No  N/A  Police Officers
- Yes  No  N/A  Funeral Home Personnel
- Yes  No  N/A  Other

**Observations:**

Number of sampled residents observed: 5

- Yes  N/A  Were sampled residents selected based on the allegations?
- Yes  No  N/A  Were residents identified in the allegation(s) present at the facility during the investigation?
- Yes  No  N/A  In the event of injury, was the area of injury observed?
- Yes  No  N/A  Was equipment being operated in a safe manner?
- Yes  No  Was an environmental tour conducted?

- |  |  |
|--|--|
| <input type="checkbox"/> Wound Care                  | <input type="checkbox"/> Safety Issues                   |
| <input type="checkbox"/> Medication Pass             | <input checked="" type="checkbox"/> Medical Intervention |
| <input type="checkbox"/> Dietary Issues              | <input checked="" type="checkbox"/> Neglect/Abuse        |
| <input type="checkbox"/> Personal Care               | <input type="checkbox"/> Infection Control               |
| <input type="checkbox"/> Dignity and Privacy Issues  | <input type="checkbox"/> Cleanliness of Residents        |
| <input type="checkbox"/> Restorative Care            | <input type="checkbox"/> Assistance With Eating          |
| <input checked="" type="checkbox"/> Nursing Services | <input type="checkbox"/> Use of Equipment, etc.          |
| <input type="checkbox"/> Other                       |  |



**Kim Peavler RN**

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**Date report was completed: 07/21/15**

**Name(s) of any additional surveyor(s) who participated in the investigation of this complaint:**

**Pam Anderson RN**

**Robin Crane RN**



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

PRINTED: 07/22/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>375098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES-MIDWEST CITY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 PARKLAWN DRIVE</b> <b>MIDWEST CITY, OK 73110</b>	
(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) COMPLETION DATE
F 000	INITIAL COMMENTS  An abbreviated survey was conducted on 07/13/15 and 07/16/15 - 07/17/15 to investigate complaint # OK00046377.  The following is a list of abbreviations used through out this document:  @- at O2- oxygen a.m.- morning AA- Awake and alert ADNS- Associate Director of Nursing c/o- complaints of cc- cubic centimeter DON-Director of Nursing DR.- doctor ED- Emergency Department EMS- Emergency Medical Services L- left L- liters lbs- pounds LPN- Licensed Practical Nurse NC- nasal cannula Pt.- patient QOD- Every other day RN- Registered Nurse SOB- shortness of breath SP02- Peripheral Capillary Oxygen Saturation X-times	F 000		
F 309 SS=K	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions ) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 07/22/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>375098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES-MIDWEST CITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 PARKLAWN DRIVE</b> <b>MIDWEST CITY, OK 73110</b>
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F 309	<p>Continued From page 1 accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: On 07/13/15, an Immediate Jeopardy (IJ) situation was determined to exist due to the facility's failure to follow physician's orders for a resident who had a PleurX drain that was to be changed every other day. The resident was sent to the emergency room per family request and was admitted with a diagnosis of Pleural effusion and Hypoxia.</p> <p>The IJ situation was verified with the Oklahoma State Department of Health (OSDH).</p> <p>At 4:00 p.m., the Administrator and the DON were informed of the IJ situation.</p> <p>At 7:20 p.m., the Administrator presented an acceptable plan of removal which was dated 07/13/15. The plan of removal documented:</p> <p>"Manor Care of Midwest City</p> <p>This plan of correction serves as Manor Care of Midwest City's response to Immediate Jeopardy Notification, in the areas of residents highest practical well being, received at the center on July 13,2015. The center does not admit nor concede the citations cite in the Notification. However, to the extent that any legitimate deficiencies exist at the center, the center is taking appropriate actions to correct any deficiencies that may be present at the center including, the actions listed in the Plan of</p>	F 309		
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F 309	<p>Continued From page 2 Correction.</p> <p>The following steps were immediately implemented:</p> <ol style="list-style-type: none"> <li>1. The identified patient is no longer in the facility.</li> <li>2. An audit for omissions in documentation was completed of resident's treatment administration records on July 13 at 4:30 pm.</li> <li>3. Education will be provided to licensed nursing staff related to: <ul style="list-style-type: none"> <li>- Following physician orders and the process for the shift to shift reconciliation of treatment administration documentation. Will be completed by 5:00 pm on 7-15-15</li> <li>- Education on identification of resident change of conditions. Will be completed by 5:00 pm on 7-15-15</li> <li>- The education of licensed staff will be completed by 7/15/2015 at 5:00 pm.</li> <li>- No licensed staff will work until they have received the education.</li> </ul> </li> <li>4. A QAA committee meeting was held on July 13, 2015 at 5:00 pm to confirm the audit in #2 was completed and to discuss the abatement plan.</li> <li>5. An audit of all current residents' orders, admitted within the last 30 days, to validate orders were implemented per physician order will be completed by 5:00 pm, July 15, 2015..."</li> </ol> <p>On 07/15/15 at 5:00 p.m., the immediate jeopardy situation was removed after determining by interviews and record review all components of</p>	F 309		

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F 309	<p>Continued From page 3</p> <p>the plan of removal had been implemented, including in-service for all licensed staff on following physician orders, identification of resident changes of condition and audits of current resident orders.</p> <p>The deficient practice remained isolated with actual harm.</p> <p>Based on interview and record review, it was determined the facility failed to follow physician orders for two (#1 and #3) of five sampled residents whose clinical records were reviewed for physician orders. Resident #1 was sent to the emergency room per family request and was admitted to the hospital with diagnosis of Pleural effusion and Hypoxia. This had the potential to affect all 79 residents who resided in the facility.</p> <p>Findings:</p> <p>1. Resident #1 was admitted to the facility with diagnosis which included Lung Cancer with Malignant Effusion, Lung Mass and Acute Hypoxic Respiratory Failure.</p> <p>A physician's order, dated 03/14/15, documented, "...The catheter was placed for refractive pleural effusion and requires drainage...Every other day...signed [Physician name deleted]..."</p> <p>A facility new patient notice, dated 03/23/15, documented "...Lung mass, Mag Pleural Effusion Pleurx drain. L (sic)... Last drain 20th-1000cc drainage systems sent..."</p> <p>An admission nurse's note, dated 03/23/15,</p>	F 309		

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F 309	<p>Continued From page 4</p> <p>documented the resident had modified independence in cognitive skills for daily decision making. He had a PleurX cath in the left rib area. He had continuous oxygen use at 2 liters.</p> <p>Admission physician orders, dated 03/23/15, documented, "...PleurX Drainage Kits Drain L (sic) Chest QOD (kits in med Room..."</p> <p>A administration record, dated 03/23/15, documented the PleurX drains were to be changed on 03/24/15, 03/26/15 and 03/28/15 at 10 a.m. There was no documentation in the clinical record the drain was changed during the resident stay in the facility.</p> <p>A nurse's note, dated 03/28/15, documented, "...11:23...Pt. is AA x 3. C/O SOB, respirations are even but shallow. Lungs slightly coarse, Left lower lobe very diminished, sats 82. Placed patient on 5L/NC sats 86. Notified Dr. [Physician name deleted] of patients situations (sic) at 1123, no new orders given...Daughter at bedside. Will continue to monitor..."</p> <p>A nurse's note, dated 03/28/15, documented, "...16:26...@ 1600 spoke with DR...o2 sat at 83%...daughter [name deleted] here at patient bed side...EMSA called..."</p> <p>A ED Provider note, dated 03/28/15 at 5:10 p.m., documented, "... Chief Complaint... Shortness of Breath 83% on 5L/NC... He was at [Nursing facility name deleted] and they checked his SpO2 and it was 85% on 5L NC O2 so they called EMS to bring him in...Reports he has a 'plurex' in his left lung that hasn't been drained since last Sunday..."</p>	F 309		

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F 309	<p>Continued From page 5</p> <p>Patient with worsening pleural effusion. Hasn't had pleurex drained since Sunday..."</p> <p>A History and Physical, dated 03/29/15, documented, "...According to his family the Pleur-x drain was not utilize during his stay at the nursing home. Last night he had 600cc drained. This morning he had an additional 1650 cc drained. He w as (sic) on 6 liters of oxygen by nasal cannula this morning but is currently on 2 L after his additional drainage..."</p> <p>On 07/13/15 at 8:45 a.m., the next of kin was asked how many drainage kits were brought to the facility at the time of admission. They stated that there was a bag of four brought and given to the nursing staff. They were asked how many of those kits were returned with the resident's personal belongings. They stated four were given at the time of discharge.</p> <p>At 1:09 p.m., the DON was asked if the PleurX was changed as ordered. She stated, "It is not documented but I made sure all the nurses knew and were comfortable with doing it, but no, they were not done. We were not aware until after he was sent to the hospital." She was asked who made the facility aware. She stated the son informed the facility when he came to pick up the resident's personal belongings.</p> <p>At 2:40 p.m., LPN #1 was asked what the condition of the resident was during her shift the day he was discharged to the hospital. She stated, "When I first received him his sats were in the 70's." She was asked what time did she assume his care. She stated that she was working the 7-3 day shift. She was asked what she did for the decreased saturations. She stated,</p>	F 309		

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F 309	<p>Continued From page 6</p> <p>"I increased his oxygen to 5 liters to get them up. He had no lung sounds on the left and decreased sounds in the right side. I called the physician and called family. The physician wanted to keep the saturations above 80%. I continued to monitor him and his O2 sats came up to 83% but during the next shift he worsened while I was still there, so I called the physician to let him know the family wanted him sent out to the hospital. He gave the order to send him to the hospital."</p> <p>She was asked if she noticed anything different with the pleurx drain. She stated, "The pleur vac drain was full. No one had been changing." She was asked if she changed it at that time. She stated, "No, I didn't."</p> <p>2. Resident #3 was admitted to the facility with diagnosis which included acute renal failure and dialysis.</p> <p>A hospital discharge order, dated 06/13/15, documented, "...Weigh daily and notify physician if gain 2-3 lbs overnight or 5 lbs in one week..."</p> <p>There was no documentation in the resident clinical record the order for daily weights were transcribed to the facility admission orders.</p> <p>A facility weight and vital sign summary, dated 6/01/15-7/31/15, documented, "...Weight Summary 06/17/2015 08:54 180 "</p> <p>There was no documentation in the weight and vital sign summary the resident daily weights were done.</p> <p>An admission assessment, dated 06/20/15, documented the resident was independent in</p>	F 309		

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F 309	<p>Continued From page 7</p> <p>cognitive skills for daily decision making. She required extensive assistance of two people for transfers and toileting. She required extensive assistance of one person for mobility, dressing and bathing.</p> <p>On 07/13/15 at 2:20 p.m., LPN #2 was asked if there were any residents with orders to have daily weights performed. She stated, "We don't have anyone in the facility with daily weights."</p> <p>At 2:25 p.m., the resident was asked if the facility weighed her daily. She stated, "No. I haven't been weighed here since I came in."</p> <p>On 07/16/15 at 4:39 p.m., LPN #4 was asked how the facility ensured admission orders were transcribed correctly to the facility orders. She stated, "I do the orders from the hospital discharge orders." She was asked if anyone verifies that the orders are correctly transcribed. She stated, "Sometimes."</p> <p>At 4:43 p.m., LPN #3 was asked who is responsible for writing admission orders. She stated the admission nurse does the admit. She was asked how the facility ensured the orders were transcribed correctly. She stated that sometimes another nurse will look at them.</p> <p>On 07/17/15 at 8:05 a.m., the DON was asked how the facility ensured orders were transcribed correctly upon admission to the facility. She stated there was an admission nurse, orders are placed on the report sheets and the oncoming nurse should look at them.</p>	F 309			



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LL000	<p>Initial Comments</p> <p>An abbreviated survey was conducted on 07/13/15 and 07/16/15-07/17/15 to investigate complaint # OK00046377.</p> <p>The following is a list of abbreviations used throughout this document:</p> <ul style="list-style-type: none"> <li>@- at</li> <li>O2- oxygen</li> <li>a.m.- morning</li> <li>AA- Awake and alert</li> <li>ADNS- Associate Director of Nursing</li> <li>c/o- complaints of</li> <li>cc- cubic centimeter</li> <li>DON-Director of Nursing</li> <li>DR.- doctor</li> <li>ED- Emergency Department</li> <li>EMS- Emergency Medical Services</li> <li>L- left</li> <li>L- liters</li> <li>lbs- pounds</li> <li>LPN- Licensed Practical Nurse</li> <li>NC- nasal cannula</li> <li>Pt.- patient</li> <li>QOD- Every other day</li> <li>RN- Registered Nurse</li> <li>SOB- shortness of breath</li> <li>SP02- Peripheral Capillary Oxygen Saturation</li> <li>X-times</li> </ul>	LL000		
LL816	<p>310:675-9-1.1.(b)(1)(2) BASIC NURSING AND PERSONAL CARE</p> <p>(b) Basic nursing and personal care shall be provided for residents as needed.</p> <p>(1) Nursing care shall include, but not be limited to:</p> <p>(A) Encouraging residents to be active and out</p>	LL816		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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LL816	<p>Continued From page 1</p> <p>of bed for reasonable time periods.</p> <p>(B) Measuring resident temperature, blood pressure, pulse and respirations at least once every thirty days and more frequently if warranted by the resident's condition, with the results recorded in the clinical record.</p> <p>(i) Measuring resident weight at least once every thirty days and more frequently if warranted by the resident's condition, with the results recorded in the clinical record.</p> <p>(ii) Measuring resident pain whenever vital signs are taken and more frequently if warranted by the resident's condition, with the results recorded in the clinical record.</p> <p>(C) Offering fluids, and making fluids available, to maintain proper hydration.</p> <p>(D) Following proper nutritional practices for diets, enteral and parenteral feedings and assistance in eating.</p> <p>(E) Providing proper skin care to prevent skin breakdown.</p> <p>(F) Providing proper body alignment.</p> <p>(G) Providing supportive devices to promote proper alignment and positioning.</p> <p>(H) Turning bed residents every two hours or as needed, to prevent pressure areas, contractures, and decubitus.</p> <p>(I) Performing range of motion exercises in accordance with individual assessment and care plans.</p> <p>(J) Ensuring that residents positions are changed every two hours or as needed when in a chair and are toileted as needed.</p> <p>(K) Establishing and implementing bowel and bladder programs to promote independence, or developing toileting schedules to promote continence.</p> <p>(L) Performing catheter care with proper positioning of bag and tubing at all times.</p>	LL816		
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LL816	<p>Continued From page 2</p> <p>(M) Recording accurate intake and output records for residents with tube feedings or catheters.</p> <p>(N) Assessing the general mental and physical condition of the resident on admission.</p> <p>(O) Updating the assessment and individual care plan when there is a significant change in the resident's physical, mental, or psychosocial functioning.</p> <p>(P) Recognizing and recording signs and symptoms of illness or injury with action taken to treat the illness or injury, and the response to treatments and medications.</p> <p>(2) Personal care shall include, but not be limited to:</p> <p>(A) Keeping residents clean and free of odor.</p> <p>(B) Keeping bed linens clean and dry.</p> <p>(C) Keeping resident's personal clothing clean and neat.</p> <p>(D) Ensuring that residents are dressed appropriately for activities in which they participate; bedfast/chairfast residents shall be appropriately dressed and provided adequate cover for comfort and privacy.</p> <p>(E) Ensuring that the resident's hair is clean and groomed.</p> <p>(F) Providing oral hygiene assistance at least twice daily with readily available dental floss, toothbrush and dentifrice. A denture cleaning/soaking device and brush shall be available and maintained for each resident as needed.</p> <p>(G) Keeping toenails and fingernails clean and trimmed.</p>	LL816		

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LL816	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: On 07/13/15, an Immediate Jeopardy (IJ) situation was determined to exist due to the facility's failure to follow physician's orders for a resident who had a PleurX drain that was to be changed every other day. The resident was sent to the emergency room per family request and was admitted with a diagnosis of Pleural effusion and Hypoxia.</p> <p>The IJ situation was verified with the Oklahoma State Department of Health (OSDH).</p> <p>At 4:00 p.m., the Administrator and the DON were informed of the IJ situation.</p> <p>At 7:20 p.m., the Administrator presented an acceptable plan of removal which was dated 07/13/15. The plan of removal documented:</p> <p>"Manor Care of Midwest City</p> <p>This plan of correction serves as Manor Care of Midwest City's response to Immediate Jeopardy Notification, in the areas of residents highest practical well being, received at the center on July 13,2015. The center does not admit nor concede the citations cite in the Notification. However, to the extent that any legitimate</p>	LL816		
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LL816	<p>Continued From page 4</p> <p>deficiencies exist at the center, the center is taking appropriate actions to correct any deficiencies that may be present at the center including, the actions listed in the Plan of Correction.</p> <p>The following steps were immediately implemented:</p> <ol style="list-style-type: none"> <li>1. The identified patient is no longer in the facility.</li> <li>2. An audit for omissions in documentation was completed of resident's treatment administration records on July 13 at 4:30 pm.</li> <li>3. Education will be provided to licensed nursing staff related to: <ul style="list-style-type: none"> <li>- Following physician orders and the process for the shift to shift reconciliation of treatment administration documentation. Will be completed by 5:00 pm on 7-15-15</li> <li>- Education on identification of resident change of conditions. Will be completed by 5:00 pm on 7-15-15</li> <li>- The education of licensed staff will be completed by 7/15/2015 at 5:00 pm.</li> <li>- No licensed staff will work until they have received the education.</li> </ul> </li> <li>4. A QAA committee meeting was held on July 13, 2015 at 5:00 pm to confirm the audit in #2 was completed and to discuss the abatement plan.</li> <li>5. An audit of all current residents' orders, admitted within the last 30 days, to validate orders were implemented per physician order will be completed by 5:00 pm, July 15, 2015..."</li> </ol>	LL816		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NH5512</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/17/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES-MIDWEST C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2900 PARKLAWN DRIVE MIDWEST CITY, OK 73110</b>
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LL816	<p>Continued From page 5</p> <p>On 07/15/15 at 5:00 p.m., the immediate jeopardy situation was removed after determining by interviews and record review all components of the plan of removal had been implemented, including in-service for all licensed staff on following physician orders, identification of resident changes of condition and audits of current resident orders.</p> <p>The deficient practice remained isolated with actual harm.</p> <p>Based on interview and record review, it was determined the facility failed to follow physician orders for two (#1 and #3) of five sampled residents whose clinical records were reviewed for physician orders. Resident #1 was sent to the emergency room per family request and was admitted to the hospital with diagnosis of Pleural effusion and Hypoxia. This had the potential to affect all 79 residents who resided in the facility.</p> <p>Findings:</p> <p>1. Resident #1 was admitted to the facility with diagnosis which included Lung Cancer with Malignant Effusion, Lung Mass and Acute Hypoxic Respiratory Failure.</p> <p>A physician's order, dated 03/14/15, documented, "...The catheter was placed for refractive pleural effusion and requires drainage...Every other day...signed [Physician name deleted]..."</p> <p>A facility new patient notice, dated 03/23/15, documented "...Lung mass, Mag Pleural Effusion Pleurx drain. L (sic)... Last drain 20th-1000cc drainage systems sent..."</p>	LL816		

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LL816	<p>Continued From page 6</p> <p>An admission nurse's note, dated 03/23/15, documented the resident had modified independence in cognitive skills for daily decision making. He had a PleurX cath in the left rib area. He had continuous oxygen use at 2 liters.</p> <p>Admission physician orders, dated 03/23/15, documented, "...PleurX Drainage Kits Drain L (sic) Chest QOD (kits in med Room..."</p> <p>A administration record, dated 03/23/15, documented the PleurX drains were to be changed on 03/24/15, 03/26/15 and 03/28/15 at 10 a.m. There was no documentation in the clinical record the drain was changed during the resident stay in the facility.</p> <p>A nurse's note, dated 03/28/15, documented, "...11:23...Pt. is AA x 3. C/O SOB, respirations are even but shallow. Lungs slightly coarse, Left lower lobe very diminished, sats 82. Placed patient on 5L/NC sats 86. Notified Dr. [Physician name deleted] of patients situations (sic) at 1123, no new orders given...Daughter at bedside. Will continue to monitor..."</p> <p>A nurse's note, dated 03/28/15, documented, "...16:26...@ 1600 spoke with DR...o2 sat at 83%...daughter [name deleted] here at patient bed side...EMSA called..."</p> <p>A ED Provider note, dated 03/28/15 at 5:10 p.m., documented, "... Chief Complaint... Shortness of Breath 83% on 5L/NC... He was at [Nursing facility name deleted] and they checked his SpO2 and it was 85% on 5L NC O2 so they called EMS to bring him in...Reports he has a 'plurex' in his left lung that hasn't been</p>	LL816		

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LL816	<p>Continued From page 7.</p> <p>drained since last Sunday... Patient with worsening pleural effusion. Hasn't had pleurex drained since Sunday..."</p> <p>A History and Physical, dated 03/29/15, documented, "...According to his family the Pleur-x drain was not utilize during his stay at the nursing home. Last night he had 600cc drained. This morning he had an additional 1650 cc drained. He w as (sic) on 6 liters of oxygen by nasal cannula this morning but is currently on 2 L after his additional drainage..."</p> <p>On 07/13/15 at 8:45 a.m., the next of kin was asked how many drainage kits were brought to the facility at the time of admission. They stated that there was a bag of four brought and given to the nursing staff. They were asked how many of those kits were returned with the resident's personal belongings. They stated four were given at the time of discharge.</p> <p>At 1:09 p.m., the DON was asked if the PleurX was changed as ordered. She stated, "It is not documented but I made sure all the nurses knew and were comfortable with doing it, but no, they were not done. We were not aware until after he was sent to the hospital." She was asked who made the facility aware. She stated the son informed the facility when he came to pick up the resident's personal belongings.</p> <p>At 2:40 p.m., LPN #1 was asked what the condition of the resident was during her shift the day he was discharged to the hospital. She stated, "When I first received him his sats were in the 70's." She was asked what time did she assume his care. She stated that she was working the 7-3 day shift. She was asked what she did for the decreased saturations. She stated,</p>	LL816		



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LL816	<p>Continued From page 8</p> <p>"I increased his oxygen to 5 liters to get them up. He had no lung sounds on the left and decreased sounds in the right side. I called the physician and called family. The physician wanted to keep the saturations above 80%. I continued to monitor him and his O2 sats came up to 83% but during the next shift he worsened while I was still there, so I called the physician to let him know the family wanted him sent out to the hospital. He gave the order to send him to the hospital."</p> <p>She was asked if she noticed anything different with the pleurx drain. She stated, "The pleurx vac drain was full. No one had been changing." She was asked if she changed it at that time. She stated, "No, I didn't."</p> <p>2. Resident #3 was admitted to the facility with diagnosis which included acute renal failure and dialysis.</p> <p>A hospital discharge order, dated 06/13/15, documented, "...Weigh daily and notify physician if gain 2-3 lbs overnight or 5 lbs in one week..."</p> <p>There was no documentation in the resident clinical record the order for daily weights were transcribed to the facility admission orders.</p> <p>A facility weight and vital sign summary, dated 6/01/15-7/31/15, documented, "...Weight Summary 06/17/2015 08:54 180 "</p> <p>There was no documentation in the weight and vital sign summary the resident daily weights were done.</p> <p>An admission assessment, dated 06/20/15, documented the resident was independent in cognitive skills for daily decision making. She</p>	LL816		

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LL816	<p>Continued From page 9</p> <p>required extensive assistance of two people for transfers and toileting. She required extensive assistance of one person for mobility, dressing and bathing.</p> <p>On 07/13/15 at 2:20 p.m., LPN #2 was asked if there were any residents with orders to have daily weights performed. She stated, "We don't have anyone in the facility with daily weights."</p> <p>At 2:25 p.m., the resident was asked if the facility weighed her daily. She stated, "No. I haven't been weighed here since I came in."</p> <p>On 07/16/15 at 4:39 p.m., LPN #4 was asked how the facility ensured admission orders were transcribed correctly to the facility orders. She stated, "I do the orders from the hospital discharge orders." She was asked if anyone verifies that the orders are correctly transcribed. She stated, "Sometimes."</p> <p>At 4:43 p.m., LPN #3 was asked who is responsible for writing admission orders. She stated the admission nurse does the admit. She was asked how the facility ensured the orders were transcribed correctly. She stated that sometimes another nurse will look at them.</p> <p>On 07/17/15 at 8:05 a.m., the DON was asked how the facility ensured orders were transcribed correctly upon admission to the facility. She stated there was an admission nurse, orders are placed on the report sheets and the oncoming nurse should look at them.</p>	LL816		



## Survey Tracking

**Facility:** Manassas - mwc      **Survey Date:** 07/17/15  
**City:** Midwest City      **Provider Number:** 375098  
**Type of Survey:** Annual  Follow-Up       **Event ID:** JEHS11  
**Complaint**  **Complaint #:** OK0040377      **IJ ?** Yes  No   
**Substandard Quality of Care:** Yes  No   
**Continuing Non Compliance:** Yes  No       **Date of 1<sup>st</sup> Visit:**   /  /    
**Opportunity to Correct:** Yes  No       **OTC Date:**   /  /  

ACTION NEEDED	DATE DUE	DATE REC'D	DATE FINISHED	SIGNATURE
Survey Exit			7-17-15	<i>Ann Bowler</i>
Life Safety Code Survey Exit				
Rec'd by Coordinator Ass't			7-23-15	<i>Leson Alwell</i>
Rec'd by Survey Coordinator			7/27/15	<i>ms</i>
Rec'd by LSC Coordinator				
Rec'd by Enforcement Reviewer		7/28/15	7/28/15	<i>RD</i>
Rec'd by Support Staff for Letter				
Rec'd by Reviewer for Signature				
Rec'd by Support Staff to Mail Letter		7/28/15	7/29/15	<i>Justin</i>
POC Back From Facility				
POC Rec'd by Support Staff				
POC to Team For Review				
POC Review by Team				
POC to Approved/Rejected				
Revisit- 1 <sup>st</sup>				
Result of Revisit Turned In				
Result of Revisit to CMS or HCA				
Revisit - 2 <sup>nd</sup>				
Revisit - 3 <sup>rd</sup>				
Denial of Payment for New Admissions				
Result of Final Visit to CMS or HCA				
Termination Date				
Final Certification				
Keyed into ACO/ACTS				