

June 8, 2018

CCN: 37G035

Survey Event ID: 25LT11

Ms. Anne Wesenberg-Acker, Administrator Gatesway Foundation, Inc li 1217 East College Broken Arrow, OK 74012

Dear Ms. Wesenberg-Acker:

On May 30, 2018, agents from our office concluded a complaint investigation at your facility to determine if your facility was in compliance with the Federal requirements for participation in the Medicaid program. This inspection found apparent violations of federal regulations 42 CFR 483, Subpart I, Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Determination of Immediate Jeopardy

This complaint investigation found the most serious deficiency in your facility to constitute immediate jeopardy. The following deficiency has been determined to constitute immediate jeopardy:

W0122

483,420

CLIENT PROTECTIONS

W0149

483.420(d)(1)

STAFF TREATMENT OF CLIENTS

LL244

1-O.S. 63-1-1918(B)(12) Rights and Responsibilities - Violations

Conditions of Participation "Not Met"

It is our determination that the fololowing conditions of participation were not met at the time of the survey:

W0102

483.410

GOVERNING BODY AND MANAGEMENT

W0122

483.420

CLIENT PROTECTIONS

Plan of Correction (PoC)

You must submit an acceptable plan of correction within ten calendar days of receipt of the CMS-2567. 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 enclosed 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

Imposition of Remedies

In accordance with federal regulation 42 C.F.R. 442.117(a)(1) and (2), a survey agency must terminate a facility's certification if it determines that the deficiencies pose immediate jeopardy to residents' health and safety. Termination of certification for Gatesway Foundation, Inc II is scheduled to take effect on August 13, 2018.

Additional Penalties Under State Law

In accordance with the Nursing Home Care Act the following remedies may apply.

§63-1-1914.1. Actions for Violations - Considerations

- A. For violations of the Nursing Home Care Act, the rules promulgated thereto, or Medicare/Medicaid certification regulations:
 - 1. The State Department of Health shall seek remedial action against a licensee, owner or operator of a facility and may, after notice and opportunity for a hearing, impose the remedy most likely to:
 - a. gain and ensure continued compliance with the Nursing Home Care Act, the rules promulgated thereto, or federal certification standards or both rules and standards, or
 - b. provide for the financial operation of the facility that ensures the health, safety and welfare of the residents;
 - 2. In the alternative or in addition to any remedial action, the State Commissioner of Health may direct the Oklahoma Health Care Authority to withhold vendor payments due to a facility under its programs until such time as the corrections are made;
 - 3. The Department may deny, refuse to renew, suspend or revoke a license, ban future admissions to a facility, assess administrative penalties, or issue a conditional license; and
 - 4. a. Pursuant to an investigation or inspection that reveals a willful violation of rules pertaining to minimum direct-care staffing requirements, the Commissioner shall notify the Oklahoma Health Care Authority and the Authority shall withhold as a penalty a minimum of twenty percent (20%) of the vendor payments due the facility under its programs for each day such violation continues.
 - b. The Commissioner shall impose an equivalent penalty amount under licensure standards for a facility that does not receive vendor payments under its program that is in willful violation of rules pertaining to minimum direct-care staffing requirements.

O.S. 63, Section 1-1916.1 (A) Violations - Penalties - Criteria for determination of amount of penalty - Appeal - Surrender of license.

§63-1-1916.1. Penalties for Violations

A. Any person who has been determined by the State Department of Health to have violated any provision of the Nursing Home Care Act or any rule promulgated or order issued pursuant to the provisions of the Nursing Home Care Act, may be liable for an administrative penalty for each day that said violation or violations continue to exist. Penalties of not less than Fifty Dollars (\$50.00) per day or more than Three Thousand Dollars (\$3,000.00) per day may be imposed for deficiencies that do not constitute immediate jeopardy to residents. Penalties of not less than Three Thousand Fifty Dollars (\$3,050.00) per day or more than Ten Thousand Dollars (\$10,000.00) per day may be imposed for deficiencies constituting immediate jeopardy to residents; provided, however, that specialized facilities for the developmentally disabled or nursing facilities licensed pursuant to this act, which do not participate in Medicaid or Medicare, shall be liable for the maximum penalty, not to exceed Ten Thousand Dollars (\$10,000.00) for any related series of violations.

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 during the same ten calendar days you have for submitting an acceptable plan of correction (PoC) for the cited deficiencies. Failure to submit a completed IDR Request Form and supporting documentation within this timeframe waives your right to the IDR.

The Department is offering informal dispute resolutions to ICF/MR facilities *only* if a survey or complaint investigation finds that a Condition of Participation is not met. If you have any questions regarding the IDR process, please contact the IDR Coordinator at (405) 271-6868 or by fax at (405) 271-2206.

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

Appeal Rights for Survey Findings

If you wish to contest any of the deficiencies, including the finding of immediate jeopardy, cited during the inspection, you may submit a written request for an appeal to the following office:

Hearing Clerk
Office of Administrative Hearings
Oklahoma State Department of Health
1000 NE 10th Street
Oklahoma City, OK 73117

Office: (405) 271-1269 Fax: (405) 271-1268

A request for a hearing must be submitted within sixty (60) days of receipt of this letter.

Appeal Rights for Termination of the Provider Agreement

An appeal of the termination of the provider agreement is to be directed to the Oklahoma Health Care Authority, the Medicaid agency for the State of Oklahoma.

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

Sincerely,

Sue Davis, Enforcement Coordinator

Long Term Care

Protective Health Services

SD/ldc

C: Oklahoma Health Care Authority

ENFORCEMENT MEMO

June 8, 2018

To: Enforcement Staff

From: Sue

Re: Gatesway Foundation, Inc.

- I FAXED this to the facility today, but the hard copies still need to be mailed. It includes language that our legal division thought needed to be included. It also includes language concerning a CMP and a Ban on Admissions.
- Please make sure a copy goes to Emily Lindsey at the Health Care Authority
- Please send a copy of the deficiencies to OHCA also.
- Prepare 1539 for termination and send to OHCA ASAP.



INVESTIGATIVE REPORT

Facility:

Gatesway Foundation, Inc II

Address:

1217 East College

City, State, Zip:

Broken Arrow, OK 74012

Provider #:

37G035

Complaint #:

OK00052027

Investigation Date(s): 05/29/18 through 05/30/18

ALLEGATION(S)	TAG NUMBERS CITED	S = SUBSTANTIATED US = UNSUBSTANTIATED
The facility failed to provide care and services according to client needs.	W102, W122,W149, W153, W154, W155, W186 L244, M102	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 <u>05/29/18</u> at <u>8:20 AM</u>. The person in charge of the facility at that time, the administrator, 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 client was included in a sample of clients based on issues relevant to the allegations. The following regulatory areas were investigated: client protection, governing body and management, physical environment and facility staffing.

Allegation #1: The facility failed to provide care and services according to clients' needs.

During the survey, clients were observed in the living area and bedrooms of the facility. Staff and client interviews were conducted and voiced concerns about a situation which could be considered neglect. A camera feed from an incident identified by the staff and clients was viewed by the surveyors. The incident appeared to be consistent with the staff not providing appropriate care to the clients in the facility.

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Based on observation, interview and record review, it was determined the facility failed to provide care and services to prevent neglect. This allegation was substantiated. Refer to W102, W122, W149, W153, W154, W155, W186, L244, M102, CMS-2567 Statement of Deficiencies. The items indicated below were utilized during the investigation. Yes \to No \to Will referrals be made to another agency by this Department? **Record Review:** (Records that were reviewed in conjunction with the complaint.) Yes N/A Medication Administration Records Yes 🖂 Facility Incident Reports N/A Yes N/A ADL (Activities of Daily Living) Flow Sheets Yes N/A 🔀 Hospital Records N/A Physician Progress Notes Yes Yes N/A **Physician Orders** Yes N/A **Nurses Notes** N/A Yes [**Dietary Notes** Yes N/A Laboratory and X-Ray Reports N/A Yes [Social Services Reports Yes N/A **Activities Reports** Yes N/A **Treatment Sheets** Yes N/A Pharmacy Records N/A Meal Intake Records Yes 🗌 Yes [N/A Weight Records Yes N/A Skin Assessments Yes N/A Assessment & Care Plan Records (Care Plan and MDS) Yes \square N/A Therapy and/or Ancillary Services Records Yes N/A Resident Council Minutes N/A Yes Health Care Authority Staffing Reports Yes N/A Personnel Records/Background Check, etc. Yes N/A Staff Time Sheets, Schedules, etc. Yes N/A Facility In-Service Records Medical Examiner Reports Yes N/A 🔀 Ambulance Records Yes N/A Yes] N/A 🔀 Death Certificate Yes N/A **Facility Investigation Reports** Yes N/A Facility Policy and Procedure Manual Current Credentials of licensed, registered, or certified personnel and/or consultants Yes \(\sum \text{N/A} \text{ \(\sum \) Yes N/A Facility Admission/ transfer records Yes N/A Other:video records

Interview:

Number of interviews conducted in the description of findings.) Total number of resident intervie	with residents identified in the allegation(s). (If not interviewed, explain why <u>1</u> ws conducted: <u>4</u>
Yes No N/A □ Yes No N/A □	Was the alleged perpetrator interviewed? Were interviews conducted with staff? Number: 6 Were interviews conducted with family? Was the physician interviewed? Was the complainant interviewed?
Yes No Was t	he complaint based on entity reported incident or anonymous complaint?
In the event of a serious injury or following: Yes No N/A X	an unexpected death, were interviews conducted with any or all of the Emergency Personnel Police Officers Funeral Home Personnel Other
Observations:	
Number of sampled residents observes N/A	were sampled residents selected based on the allegations? Were residents identified in the allegation(s) present at the facility during the investigation? In the event of injury, was the area of injury observed? Was equipment being operated in a safe manner? Was an environmental tour conducted?
 Wound Care Medication Pass Dietary Issues Personal Care Dignity and Privacy Issues Restorative Care Nursing Services Other 	 Safety Issues Medical Intervention Neglect/Abuse Infection Control Cleanliness of Residents Assistance With Eating Use of Equipment, etc.
Pamela Llau Pamela Dean, RN, Clinical Hea Date report was completed: 05	

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Name(s) of any additional surveyor(s) who participated in the investigation of this complaint:							
Nick Hope, RN, Clinical Health Facility Surveyor							
D							

PRINTED: 06/07/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		37G035	B. WING		C 05/30/2018	
NAME OF PROVIDER OR SUPPLIER GATESWAY FOUNDATION, INC II			STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74012	03/30/2016		
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W 000	INITIAL COMMENT	rs	W 00	0		
W 102	#OK00052027 was through 05/30/18.	vey to investigate complaint conducted on 05/29/18 Y AND MANAGEMENT	W 10	2		
		sure that specific governing nent requirements are met.				
	Based on record red determined the faci the Condition of Pa	s not met as evidenced by: eview and interview, it was lity was not in compliance with rticipation of Governing Body y not meeting the Condition of ent Protection.				
	and staff interviews failed to implement report, investigate a neglect by a staff m	on, record review and client, it was determined the facility their policy and procedure to and protect a client from tember for 1 (#2) client with and who was incontinent of				
	Eight total clients re	esided in the facility. Findings:				
W 104	See W149, W153, GOVERNING BOD CFR(s): 483.410(a)	Υ	W 10	4		
		y must exercise general policy, ing direction over the facility.				
LABORATOR'	/ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	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

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W 104	interview, it was de failed to ensure the investigated and pr of neglect for 1 (#2) impairment and was bladder. Eight total clients retained to the facility's abuse policy was reviewed documentation was "Definitions:Negle provide individuals goods/services negligible individuals goods/services	s not met as evidenced by: tion, record review and termined the governing body administrator reported, rotected clients from a incident client with cognitive is incontinent of bowel and resided in the facility. Findings: a, neglect and exploitation d. The following is located in the policy: rect: The willful failure to served with the ressary which directly or an individual served suffering o substantial risk of imminent by include, but is not limited to, od, clothing, shelter, medical gly failing to implement a or maintaining necessary abuse or neglect of any nature ted, or identified, the following followed. Failure to report neglect, or exploitation may y actions, termination, and	W 1	104			

	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED				
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W 104	interviews from the alleged perpetrator information to deter The facility policy do responsibility of the notify Department in notification of approximate Executive Officer necessary actions to protection, and medindividual during the allegation of abuse. Client's #2 had diagintellectual disability the facility on 05/01 On 05/29/18 at 8:20 house manager if a had issues with incoclients who someting stated 2 of the client stated 2 of the client incontinence and 1 episodes of both both A review of client #2 conducted. The inconducted. The inconducted incontinent par prompt her frequent IHP further document assistance with bat the client had limited walker while in the long distances.	person making the allegation, witnesses, interviews from the and reviewing all the mine a finding. Documented, "It is the supervisor to immediately dead, who will assure the opriate agencies and the Chief The supervisor will take to assure the safety, dical care, if needed, of a investigation of any neglect, and/or exploitation"	W 1	04			

	ENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	TE SURVEY MPLETED			
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W 104	A chart entry dated intellectual disabilitidocumented the clitimes during the 3-director of nurses (was aware of any is toileting accidents. frequent incontinent further stated staff assistance with clie after toileting. The total assistance with difficulty standing where cliunattended. She situations where cliunattended. She situations where cliunattended. She situations where cliunattended. She situations where cliunattended and the administratic concerns by anothe by the QIDP to cleat toileting accident. The DON stated, sliwith the administrative which showed client toileting accident in The QIDP had been and had not assister right away or assister in the client away or	at's clinical record, documented month when she had been el or bladder. 105/07/18, by the qualified ties professional (QIDP) ient had soiled her clothing 2 -11 shift. 100N). She was asked if she issues with client #2 having She stated, client #2 had note of bowel and bladder. She were to provide total ent #2 when cleaning herself a DON stated client #2 required th showering, since she had without any assistance. 100 if she was aware of any lient #2 had been left soiled and stated "Yes." She provided the provident had been sent to her atternation. The e-mail documented er client (#1) had been told to an up after client #2 had a she had watched a camera feed after and assistant administrator in the facility as the only staffed in cleaning up the feces sting client #2 in showering.	W 1	104			
	The DON stated sh	he had asked the the					

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W 104	camera feed by the investigated as posstated the administrated the administrated that with client #1 of had with client #1 of had with client #1 of had watched a came 3-11 shift on 05/07/feed showed feces the facility for over #1 had told her the clean up the feces while she worked in the administrator stated and investigating the stated she was not further. At 10:45 AM, the standinistrator. She the camera feed for She stated she countains that countains the camera feed for She stated she countains at the camera feed for She stated she camera feed for She stated	observed incident on the QIDP should be reported and sible neglect. The DON rator stated, "No." urveyor interviewed the ator. The assistant he surveyor of a meeting she on 05/08/18. She stated she hera feed in the facility from the 118. She stated the camera had remained on the floor of 27 minutes. She stated client QIDP had instructed her to and to watch other clients	W	04			

	OF DEFICIENCIES OF CORRECTION				(3) DATE SURVEY COMPLETED		
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W 104	The surveyor asked had done after water stated she had very not leave somethin administrator was a reported and invest was asked if she had in the facility regard "No." Between 11:30 AM administrator and E the camera feed frow was observed on the Camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the office area and the bedrooms, including the only staff in the camera feed some office area and the bedrooms, including the office area and the bedrooms are area.	d the administrator what she ching the camera feed. She cally counseled the QIDP to g on the floor for so long. The asked if the incident had been igated. She stated, "No." She ad interviewed any other staff ling the incident. She stated, and 2:00 PM 2 surveyors, the DON watched a recording of om 05/07/18. The following he camera feed: howed 2 views of the facility, ing area, partial living area, en and back door were visible, of the front door, entry into an west hallway to 4 client g client #2's bedroom. era feed started, several hing area, including client #1 and medication aide (CMA) at the front door. The QIDP is facility. P is observed walking down	W 1				
	something to the Q5:59 PM, the QID	P leaves the office area, walks					

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W 104	substance on the f client #2 and assis6:00 PM, client # to start down the h The QIDP is obsertelephone as she woffice. The substadining area6:25 PM the QID office area. At this with client #16:29 PM, the QID down the hall to the been observed to be bedroom to assist6:41 PM, certified worked at a sister walks through the opens the back do visitors. She stops the QIDP6:45 PM, CNA #1 through the front doffice. No addition7:28 PM, the QID comes out to the divisitors7:30 PM, the QID the visitors with the	a, and looks down at the loor. She says something to the sher in getting her walker. 2 is observed using her walker allway toward her bedroom, wed to be talking on the valks down the hallway to the nice remains on the floor of the price of the state of the she is observed to talk. Provide the she is observed to return the office area. No staff have enter the hallway to client #2's her. If nurse aide (CNA) #1 who facility, comes in the front door, facility to the back door. She or and lets in a group of 7 to by the office area to talk with then leaves the facility oor. The QIDP remains in the all staff are in the facility. Provide area and talks with the office, leaving the says are a says and talks with the office, leaving the says are and talks with the office, leaving the says are and talks with the office, leaving the says are and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and talks with the office, leaving the says are says and the says are says are says are says and talks with the says are sa	W 1	04			

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At no time of observed to bedroom to toileting accompany to toileting accompany to the cadministrate care to clier administrate the camera it carefully, by the QIDF did not answard the facility's investigating had watche on 05/07/18 soiled for on She further attention to reported, in during the in the area. Sentire came been aware	or. The back do during the go down assist I cident. Observa or was a feed, be she was a feed, be stated as the can vestigate the can vestigate of the vertage of the vertag	e visitors leave the facility oor. The camera feed, was anyone on the hallway to client #2's her with cleaning up from the stated if the QIDP had provided the stated, "No." The dishe had previously watched ut apparently had not watched as asked if the failure of care be considered neglect. She was asked if she had followed and procedure for reporting, rotecting the client after she amera feed from the incident chick client #2 had been left to hours. She stated, "No." she should have paid closer hera feed and should have ed and protected the client was asked if visitors should cility with no staff present in ed she had not watched the previously, so she had not visitors in the facility. She per should have been present in evisitors.	W				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			IPLE CONSTRUCTION NG	COV	(X3) DATE SURVEY COMPLETED		
		37G035	B WING_			C / 30/2018		
NAME OF PROVIDER OR SUPPLIER GATESWAY FOUNDATION, INC II				STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74012				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ILD BE	(X5) COMPLETION DATE		
W 122	·	sure that specific client	W 12	22				
	On 05/29/18 at 3.3 (IJ) situation was de facility failed to have a cognitively impair	s not met as evidenced by: 0 PM, an Immediate Jeopardy etermined to exist when the e a system in place to protect ed client, who required eting and showering, from tember.						
	notified on 05/29/18	te Department of Health was B, and concurred with the team tence of an IJ situation.						
	The facility's admin situation on 05/29/1	istrator was informed of the IJ 8 at 3:35 PM.						
	The Plan of Remov	al documented the following:						
	be put on an immed Any further infraction	ellectual disabilities given a formal reprimand and diate 90 day probation period. Ins will result in immediate will not work in any cottage as						
		a cottage until a replacement d census is in compliance with						
	in-serviced over ab control along with e 5/29/18. Any staff i	gement team will be use and neglect and infection thics by 12 midnight on not in-serviced by 12 midnight rior to reporting to the next						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		37G035	B WING				C 20/2048
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	U3/-	30/2018
GATESW	AY FOUNDATION, IN	C II			217 EAST COLLEGE ROKEN ARROW, OK 74012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)			(X5) COMPLETION DATE
W 122	Continued From page 9		W 1	22			
	revised an (sic) indiaddress staffing, at as the types and de constitutes neglect can negatively affect entire community. Currently Gatesway staff and CMA's [ce counted in the cense [licensed practical r LPN's will pass the Any time a volunteer person will be preserved by the components of the Staff from all shifts an understanding of Based on observational decomposed in the staff interviews	dures will be reviewed and cated to more specifically buse, neglect and ethics such efinition of abuse, what and how unethical behavior at not on (sic) you but the vis re-structuring the nursing entified medication aide] will be sus and an additional LPN nurse] will be hired and the bulk of the medications. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are is on the property a staff ent to oversee them. Are in the property and the plan had been carried out. All plan had been carried out.					
	was not in compliar Participation for Clif failed to implement report, investigate a neglect by a staff m	nce with the Condition of ent Protections. The facility their policy and procedure to and protect a client from					
	See W149						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		' '	TIPLE CONSTRUCTION	(X3) E	(X3) DATE SURVEY COMPLETED	
		37G035	B WING			C 05/30/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 1217 EAST COLLEGE BROKEN ARROW, OK 7401	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
W 131	The facility must end Therefore, the facility must end Therefore, the facilinot compelled to put the same of the convenience of	is not met as evidenced by: tion and staff interview, it was ility failed to ensure 1 (#1) pelled to perform a service for f staff. tial to affect all 8 clients who ty. Findings: and procedure for rights and cumented: "No individual will erform work or service for compensation." noses which included mild y. urveyor interviewed client #1. w she liked living in the facility. were going pretty well now. d her if there had been any st. She stated, "Yes." Client the month, client #2 had an is was left on the floor in the t #1 further stated the qualified ies professional (QIDP) had o client #2's feces and to watch the QIDP worked in the office. not feel comfortable with that	W 1	31		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MUL A BUILD	TIPLE CON	(X3) DATE SURVEY COMPLETED			
		37G035	B WING			C 05/30/2018	
	PROVIDER OR SUPPLIER	C II		1217 E	TADDRESS, CITY, STATE, ZIP CODE AST COLLEGE EN ARROW, OK 74012	<u>, , , , , , , , , , , , , , , , , , , </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
W 131	At 10:30 AM, the sudirector of nurses (I was aware of any is toileting accidents. frequent incontinen DON was told of the client #1 in which slibeen told by the QI watch other clients. been made aware of "Yes." The DON propers of an e-mail disent to the administrates described a situation evening of 05/07/18 client #1 told the assistant administrates from the floor watch two other client. The DON told the sadministrator had matched the camer 05/07/18. She state to show something #2 had been standillooked at the floor a area. She stated the #2 using her walker her room. She state feces remained on 27 minutes. She state on gloves and strom the floor, but the	arveyor interviewed the DON). She was asked if she issues with client #2 having She stated, client #2 had be of bowel and bladder. The esurveyor's interview with the told the surveyor she had DP to clean up feces and She was asked if she had of the incident. She stated, ovided the surveyor with a lated 05/08/18, which had been trator and herself. The e-mail #1 had spoken with the lator on 05/08/18. The e-mail must had occurred on the lator on 05/08/18. The e-mail occurred on the lator on 05/08/18. The e-mail occurred on the lator on othe lator and instrator she had DP to clean up client #2's of the facility as well as to ents in the facility. The e-mail documented sistant administrator she had DP to clean up client #2's of the facility as well as to ents in the facility. The bon stated the QIDP and at client #1 and left the lator of the facility for over lated at that time it appears the lator of the facility for over lated at that time it appears the lator of lient #1. Client #1 then that the lator of the facility for over lated at that time it appears the lator of lient #1. Client #1 then that the lator of lient with the facility for over lated at that time it appears the lator of lient #1. Client #1 then that the lator of lient with the facility for over lated at that time it appears the lator of lient #1. Client #1 then that the lator of lient with the facility for over lator with the lator of lient #1. Client #1 then that the lator of lient with the facility for over lator with the lator of lient #1. Client #1 then that the lator of lient with the facility for over lator with the lator of lient with the facility for over lator with the lator of lient with the facility for over lator with the lator of lient with lator of lient with lator of lient with lator of lient wit	W 1	31			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		37G035	B WING			C 05/30/2018	
	PROVIDER OR SUPPLIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE 217 EAST COLLEGE BROKEN ARROW, OK 74012	1 001	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
W 131	stated, "No." She fi staff's job.	eces from another client. She urther stated that was the	W ·	131			
	assistant administra administrator told the had with client #1 of the same information the surveyor by the on the floor of the fa up for over 27 minutold her the QIDP h	ne surveyor of the meeting she n 05/08/18. She described on that had been provided to DON of the feces remaining acility and not being cleaned ites. She stated client #1 had ad instructed her to clean up the to the state of the she					
	administrator and D	and 2:00 PM 2 surveyors, the DON watched a recording of om 05/07/18. The following see camera feed:					
	In one view, the din entry into the kitche The other view, is o office area and the	howed 2 views of the facility. ing area, partial living area, en and back door are visible. of the front door, entry into an west hallway to 4 client g client #2's bedroom.					
	clients are in the dir and #2. The certifie	era feed started, several ning area, including client #1 ed medication aide (CMA) is the front door. The QIDP is facility.					
	5:51 PM, the QID the hallway into an	P is observed walking down office area.					
		is observed walking out of oks down at something on the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			E CONSTRUCTION		E SURVEY IPLETED
		37G035	B WING				C 30/2018
	PROVIDER OR SUPPLIER	C II		1	TREET ADDRESS, CITY, STATE, ZIP CODE 217 EAST COLLEGE BROKEN ARROW, OK 74012	1 001	00/2010
(X4) ID PREFIX TAG			PREFIX (EACH CORRECTIVE ACTION SHOU		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 131	observed to go to the the QIDP. 5:59 PM, the QID into the dining area substance on the fl client #2 and assist6:00 PM, client #2 to start down the harmonic telephone as she woffice. The substandining area. 6:06 PM, client #1 another client away floor of the dining area. 6:07 PM, client #1 another client away floor of the dining area. 6:07 PM, client #1 chairs from the dining areas the floor, crewill not walk in the conthe floor. The Cleave the office area. At this with client #1. 6:26 PM, client #1 hall to the office area and6:27 PM, client #1 paper over the substarted to bend over	P leaves the office area, walks, and looks down at the oor. She says something to sher in getting her walker. It is observed using her walker allway toward her bedroom. We do be talking on the valks down the hallway to the nee remains on the floor of the substance on the rea. It is observed as she takes ing table and places them eating a barrier so other clients area where the substance is alDP has not been observed to	W	131			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		IDENTIFICATION NUMBER		NG	COMPLETED		
		37G035	B. WING_		0	C 5/30/2018	
	PROVIDER OR SUPPLIER	C II		STREET ADDRESS, CITY, STATE, ZIP COE 1217 EAST COLLEGE BROKEN ARROW, OK 74012		0/00/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
W 149	then takes the tower observation was mas sanitize the floor after removed. 6:29 PM, the QIDI down the hall to the At 12:45 PM, during camera feed, the acqIDP should have the instructed clies "Yes." She further still clients assist with p STAFF TREATMEN CFR(s): 483.420(d) The facility must depolicies and proced mistreatment, negle mistreatment, negle acquirity failed to have a cognitively impair assistance with toile neglect by a staff must on 05/29/18 at 3:3 (IJ) situation was defacility failed to have a cognitively impair assistance with toile neglect by a staff must on 05/29/18 at 3:3 (IJ) concerning the existing the concerning the existing the staff must on 05/29/18 at 3:3 (IJ) at 12 (IJ) at 13 (IJ) at 13 (IJ) at 14 (IJ) at 14 (IJ) at 14 (IJ) at 15 (IJ)	o pick up the substance. She of to the kitchen area. No ade of any attempts to clean or the substance had been of the office area. It is the observation of the diministrator was asked if the cleaned up the area and not not at 10 do so. She stated, stated staff were not to have roviding care to other clients. It of clients of the client of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client. It is not met as evidenced by. The or abuse of the client.	W 13				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		l ' ′		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		37G035	B WING			i .	30/2040
NAME OF I	PROVIDER OR SUPPLIER	070000	5		STREET ADDRESS, CITY, STATE, ZIP CODE	05/	30/2018
CATEON	/AV FOUNDATION IN	IO II			217 EAST COLLEGE		i
GAIESW	AY FOUNDATION, IN	IC II		E	BROKEN ARROW, OK 74012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFICIENCY)			BE	(X5) COMPLETION DATE
W 149	"QIDP [qualified int professional] will be be put on an imme An further infraction termination. QIDP direct care staff. Staff will not leave is in the cottage an State Regulations. Staff and the manain-serviced over abcontrol along with 65/29/18. Any staff will be inserviced pshift. Policies and procederised an (sic) indicates and staffing, and as the types and deconstitutes neglect can negatively affeentire community. Currently Gateswastaff and CMA's [counted in the centificensed practical LPN's will pass the	age 15 val documented the following: ellectual disabilities e given a formal reprimand and diate 90 day probation period. Ins will result in immediate will not work in any cottage as a cottage until a replacement d census is in compliance with agement team will be suse and neglect and infection ethics by 12 midnight on not in-serviced by 12 midnight rior to reporting to the next dures will be reviewed and icated to more specifically buse, neglect and ethics such efinition of abuse, what and how unethical behavior ct not on (sic) you but the y is re-structuring the nursing ertified medication aide] will be sus and an additional LPN nurse] will be hired and the bulk of the medications. er is on the property a staff	W 1	149	1		
	person will be pres	ent to oversee them.					
		the organization they represent					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		37G035	B WING			l .	C 30/2018
	PROVIDER OR SUPPLIER	C II		1	STREET ADDRESS, CITY, STATE, ZIP CODE 217 EAST COLLEGE BROKEN ARROW, OK 74012	1 00/	30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 149	campus Until pernobtained volunteers The IJ was remove PM, although the decomponents of the Staff from all shifts an understanding of Based on observation and staff interviews failed to implement report, investigate an eglect by a staff meglect by a staff meg	worn whenever they are on the nanent badges can be will be given paper badges." d effective 05/29/18 at 11:59 efficient practice remained. All plan had been carried out. were interviewed and voiced f the plan of removal. on, record review and client, it was determined the facility their policy and procedure to and protect 1 (#2)client from member. esided in the facility. Findings: neglect and exploitation d. The following located in the policy: ect. The willful failure to served with the essary which directly or an individual served suffering of substantial risk of imminent include, but is not limited to, and, clothing, shelter, medical gly failing to implement a remaintaining necessary	W 1	149			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		, ,	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		37G035	B WING			C /30/2018	
	PROVIDER OR SUPPLIER	IC II		STREET ADDRESS, CITY, STATE, ZIP CO 1217 EAST COLLEGE BROKEN ARROW, OK 74012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 149	criminal sanctions. abuse, neglect, or the following agence DEPARTMENT OF The abuse, neglect documented the stan investigation of investigator from the preliminary investigator from the interviews from the interviews from the alleged perpetrator information to dete. The facility's policy supervisor will take the safety, protection needed, of individually allegation of all exploitation" Client #2 had diagrintellectual disabilities the facility on 05/01. On 05/29/18 at 8:2 house manager if a had issues with incidents who sometimistated 2 of the clien incontinence and 1 episodes of both be A review of client # conducted. The inwas reviewed. The	plinary actions, termination, and Reporting: All allegations of exploitation will be reported to ciesOKLA [Oklahoma] STATE HEALTH." It and exploitation policy further eps involved when conducting abuse, including assigning the person making the allegation, gathering statements, experson making the allegation, witnesses, interviews from the end reviewing all the rmine a finding. I documented, "The encessary actions to assure on, and medical care, if all during the investigation of ouse, neglect, and/or moses which included mild by. She had been admitted to	W 1	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		37G035	B WING		05	C 5/30/2018	
	PROVIDER OR SUPPLIER	C II		STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74012			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		OULD BE	(X5) COMPLETION DATE	
W 149	IHP further docume assistance with bath the client had limite walker while in the flong distances. Charting notes for the located in the client 5 times during the rincontinent of bowe. A chart entry dated intellectual disabiliting documented the client documented the client documented the client mes during the 3-1. At 10.00 AM, the susceptible shows a saked how She stated things with the surveyor asked problems in the past #1 stated earlier in accident and feces dining room. Client had told her to clear watch other clients office. At 10:30 AM, the susceptible shows aware of any is toileting accidents. Frequent incontinent further stated staff vassistance with clie after toileting. The total assistance with	tly to use the bathroom. The ented the client required total hing. The IHP documented and mobility and required a facility and a wheelchair for the month of May 2017, its clinical record, documented month when she had been all or bladder. 05/07/18, by the qualified es professional (QIDP) ent had soiled her clothing 2	W 1	149			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	, ,	TIPLE CONSTRUCTION	COM	(X3) DATE SURVEY COMPLETED	
		37G035	B WING		<u>l</u>	C / 30/2018	
	PROVIDER OR SUPPLIER			CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
W 149	client #1 in which been told by the C watch other clients been made aware "Yes." The DON propy of an e-mail sent to the adminisemail documente assistant administ described a situative evening of 05/07/1 client #1 told the abeen told by the C feces from the floor watch two other clients watched the came 05/07/18. She stated watched the came 05/07/18. She stated watched the floor area. She stated #2 using her walke her room. She stated #10 using her walke her room. She stated #2 using her walke her room, but The DON stated sif the observed incommediately clean observation of the	d of the surveyor's interview with she told the surveyor she had alDP to clean up feces and so She was asked if she had of the incident. She stated, provided the surveyor with a dated 05/08/18, which had been strator and the DON. The diction of the dient #1 had spoken with the rator on 05/08/18. The e-mail on which had occurred on the last of the facility as well as to ients in the facility. Surveyor she and the assistant met with the administrator and the feed on the 3-11 shift of ated the camera feed appeared gon the floor under where client The DON stated the QIDP and at client #1 and left the the camera feed showed client er to walk down the hallway to ated in the camera feed the in the floor of the facility for over stated at that time it appears the ling to client #1. Client #1 then started to pick up the feces then backed away. The had asked the administrator in the floor of the facility for over stated at that time it appears the ling to client #1. Client #1 then started to pick up the feces then backed away. The had asked the administrator in the floor of the facility for over stated at that time it appears the ling to client #1. Client #1 then started to pick up the feces and the client attempting to pick up the exported and investigated as	W 1	49			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		37G035	B. WING				C 30/2018
	PROVIDER OR SUPPLIER	IC II	i	1:	TREET ADDRESS, CITY, STATE, ZIP CODE 217 EAST COLLEGE BROKEN ARROW, OK 74012		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 149	At 10:40 AM, the sassistant administrator told thad with client #1 of the same information the surveyor by the on the floor of the fup for over 27 minutold her the QIDP in the feces and to way worked in the office. The assistant admination had not observed a cleaning up after since the camera feed with the questioned whether the been reported and administrator state incident should have investigated the adsure what had hap investigate it any function of the camera feed for the camera feed for the camera feed for the camera feed on the country of the area and remain over 28 minutes.	The DON stated the d, "No." urveyor interviewed the ator. The assistant he surveyor of a meeting she on 05/08/18. She described on that had been provided to DON of the feces remaining facility and not being cleaned utes. She stated client #1 had had instructed her to clean up atch other clients while she are assisting client #2 with the had the toileting accident. If the DON had watched the he administrator and are the incident should have investigated. The assistant downer asked whether the re been reported and ministrator stated she wasn't pened, so she was not going to urther. Urveyor interviewed the awas asked if she had watched are 05/07/18. She stated, "Yes." all do not really tell what had amera feed, other than the mething on the floor, leaving fining out of camera view for she stated the QIDP then was to the area and put on gloves	W 1	49			

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		37G035	B WING			C 05/30/2018	
NAME OF PROVIDER OR SUPPLIER GATESWAY FOUNDATION, INC II				STREET ADDRESS, CITY, STATE, ZIP CO 1217 EAST COLLEGE BROKEN ARROW, OK 74012	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI TAG		SHOULD BE		
W 149	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 1	49			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
37G035		B WING			C 05/30/2018		
NAME OF PROVIDER OR SUPPLIER GATESWAY FOUNDATION, INC II				1	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74012		JUN 20 10
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	FIX (EACH CORRECTIVE ACTION SHOU		D BE COMPLÉTION	
W 149	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		W 14				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
37G035		37G035	B WING			C 05/30/2018	
NAME OF PROVIDER OR SUPPLIER			[s	TREET ADDRESS, CITY, STATE, ZIP CODE	03/	30/2010
GATESWAY FOUNDATION, INC II				1	217 EAST COLLEGE		
GAIESN	AT FOUNDATION, IN	C II	Ī	В	BROKEN ARROW, OK 74012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 149	9 Continued From page 23		W 149				
	floor of the dining a	rea.					
	redirecting another substance on the flo	was observed to be client away from the cor of the dining area. was observed as she took					
	chairs from the dining across the floor, crewould not walk in the	ng table and placed them eating a barrier so other clients be area where the substance he QIDP had not been					
		was observed to leave the time, she was observed to					
	the hall to the office	was observed to walk down area. She was observed to a and put on disposable					
	of paper over the sustanted to bend over quickly backed awar use a paper towel to then took the towel observation was manual to the sustanted of the sustanted	was observed to drop a piece ubstance on the floor. She if to pick up the substance, but y. The QIDP was observed to pick up the substance. She to the kitchen area. No ade of any attempts to clean or ter the substance had been					
	down the hall to the	O was observed to return office area. No staff had nter the hallway to client #2's ner.					
		nember from a sister facility, por, walked through the facility					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		37G035	B. WING				C / 30/2018
NAME OF PROVIDER OR SUPPLIER GATESWAY FOUNDATION, INC II				STREET ADDRESS, CITY, STATE, ZI 1217 EAST COLLEGE BROKEN ARROW, OK 74012	Y, STATE, ZIP CODE :		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 149	to the back door. Selet in a group of 7 voffice area to talk won-6:45 PM, the staff through the front do office. No additional -7:28 PM, the QID to the dining area and -7:30 PM, the QID leaving the visitors -7:34 PM, the CM facility through the observed leaving the observed leaving the observed to go down bedroom to assist the interview with the anyone observed to go down bedroom to assist the interview with the anyone observed to go down bedroom to assist the interview with the anyone observed to go down bedroom to assist the toileting accident At 12:45 PM, during camera feed, the analyone observed apparently had not asked if the failure considered neglect. The administrator was a group of the administrator was a gr	She opened the back door and isitors. She stopped by the vith the QIDP. I member then left the facility for. The QIDP remained in the al staff were in the facility. P left the office area, came out and talked with the visitors. P returned to the office, with the clients. A was observed to enter the front door. The visitors are ne facility through the back the camera feed, was the QIDP for the hallway to client #2's ner as the QIDP had stated in the surveyor. At no time was to go down the hallway to client sist her with cleaning up from the interest of the diministrator was asked if the care to client #2. She stated, the camera feed, but watched it carefully. She was of care by the QIDP could be. She did not answer.	W 1	49			
	have been in the fa	cility with no staff present in ed she had not watched the					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		` ′		E CONSTRUCTION	COMPLETED		
		37G035	B WING			ı	C / 30/2018
NAME OF PROVIDER OR SUPPLIER GATESWAY FOUNDATION, INC II				•	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74012	1	00,2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
W 149	entire camera feed, of the visitors in the member should have with the visitors.	ge 25 , so she had not been aware e facility. She stated a staff we been present in the facility d the administrator if allowing	W 1	49			
W 153	the QIDP to continucare to client #2 aft had the potential to for neglect. She sta STAFF TREATMEN CFR(s): 483.420(d)	te to work, providing direct er the incident on 05/07/18, put the client at continued risk ated, she guessed so. NT OF CLIENTS	W 1	53			
	mistreatment, negle injuries of unknown immediately to the	esure that all allegations of ect or abuse, as well as source, are reported administrator or to other nce with State law through ures.					
	Based on record rewas determined the	s not met as evidenced by: eview and staff interview, it e facility failed to report an et to the Oklahoma State lth (OSDH).					
	This had the potent resided in the facilit	ial to affect all 8 clients who y. Findings:					
	facility which indica	was located or provided by the ted any allegations of neglect reported to OSDH.					
	policy was reviewed	, neglect and exploitation d. The following s located in the policy:					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		37G035	B WING			l .	C 30/2018
	PROVIDER OR SUPPLIER	C II		1:	TREET ADDRESS, CITY, STATE, ZIP CODE 217 EAST COLLEGE ROKEN ARROW, OK 74012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 153	"Definitions:Negle provide individuals goods/services neor indirectly results in or being exposed to injury. Neglect may failure to furnish for attention or knowing required program or equipment" The policy document procedure " When nature is suspected following procedure report suspected at may result in discip criminal sanctions. abuse, neglect, or ethe following agence DEPARTMENT OF Client's #2 had diagrintellectual disability the facility on 05/01 On 05/29/18 at 8:20 house manager if a had issues with inconclients who sometimestated 2 of the client incontinence and 1 episodes of both both A review of client #2 conducted. The incomas reviewed. The was incontinent par	ect: The willful failure to served with the ressary which directly or an individual served suffering a substantial risk of imminent or include, but is not limited to, od, clothing, shelter, medical gly failing to implement a remaintaining necessary abuse or neglect of any l, reported, or identified, the res will be followed. Failure to buse, neglect, or exploitation linary actions, termination, and Reporting: All allegations of exploitation will be reported to iesOKLA [Oklahoma] STATE HEALTH."	W 1	53			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUILDI	RIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
		37G035	B WING			C 5/30/2018
	PROVIDER OR SUPPLIER	IC II		STREET ADDRESS, CITY, STATE, ZIP CO 1217 EAST COLLEGE BROKEN ARROW, OK 74012		0/00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 153	assistance with bat the client had limite walker while in the long distances. At 10:30 AM, the sidirector of nurses (was aware of any it toileting accidents. frequent incontiner further stated staff assistance with clie after toileting. The total assistance with difficulty standing with the DON was asked situations where clied in the stated, "Yes." surveyor with a copy which had been sed DON. The e-mail of spoken with the as 05/08/18. The e-min had occurred on the e-mail documented administrator she had up client #2 feces for well as to watch two watched the camer 05/07/18. She stated to show something #2 was standing. Tooked at the floor it is a state of the	ented the client required total thing. The IHP documented and mobility and required a facility and a wheelchair for surveyor interviewed the DON). She was asked if she assues with client #2 having. She stated, client #2 had ace of bowel and bladder. She were to provide total and #2 when cleaning herself. DON stated client #2 required the showering, since she had without any assistance. The DON provided the by of an e-mail dated 05/08/18, and to the administrator and the documented client #1 had sistant administrator on an in the following of 05/07/18. The state of total told by the QIDP to clean from the floor of the facility as to other clients in the facility. Surveyor she and the assistant and the floor under where client are feed on the 3-11 shift of the the camera feed showed client #1 and left the ne camera feed showed client the camera feed showed client	W 1	53		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	l ' '	TIPLE CONSTRUCTION ING		DATE SURVEY COMPLETED
		37G035	B WING			C 05/30/2018
	PROVIDER OR SUPPLIER	C II		STREET ADDRESS, CITY, STATE, ZIP CO 1217 EAST COLLEGE BROKEN ARROW, OK 74012		03/30/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORF X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 153	#2 using her walker her room. She state feces remained on 27 minutes. The DON stated shadministrator if the immediately cleanir observation of clies should have been radministrator stated. At 10:40 AM, the su assistant administrator told the had with client #1 of the same information the surveyor by the on the floor of the flup for over 27 minutold her the QIDP her feces and to was worked in the office. The assistant administrator told her the GIDP her feces and to was worked in the office. The assistant administrator told her the UDP her feces and to was worked in the office. The assistant administrator told her the UDP her feces and to was worked in the office. The assistant administrator told her the UDP her feces and to was worked in the office. The assistant administrator told her the UDP her feces and to was worked in the office. The assistant administrator told the same and the feces and the	r to walk down the hallway to red in the camera feed the the floor of the facility for over the had asked the the incident of the QIDP noting up the feces and the noting up the feces and the noting up the feces and the eported. The DON stated the dt, "No." Arveyor interviewed the actor. The assistant the surveyor of the meeting she on 05/08/18. She described on that had been provided to DON of the feces remaining accility and not being cleaned attes. She stated client #1 had ad instructed her to clean up atch other clients while she had the toileting accident. If the DON had watched the ne administrator and reported and ministrator stated she wasn't bened, so she was not going to rther.	W 1	53		
	administrator. She	urveyor interviewed the was asked if she had watched r 05/07/18. She stated, "Yes."				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		37G035	B WING				C 3 0/2018
	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP 1217 EAST COLLEGE BROKEN ARROW, OK 74012	CODE	<u> </u>	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		N SHOULD E APPROPF	BE	(X5) COMPLETION DATE
	happened on the c QIDP looking at so the area, remaining 28 minutes. The C picked up somethin. The surveyor asked had done after wates tated she had verloot leave somethin administrator was a reported. She state the time she did not needed to be reported. She state on the floor below asked about the inc 05/07/18. She state on the floor below asked about what had observed the legs. She stated shower. The QIDP was ask her about what had 05/07/18. She state talked with her. Between 11:30 AM administrator and E the camera feed frow was observed on the Camera feed sone view, the dining into the kitchen and	and and really tell what had amera feed, other than the mething on the floor, leaving gout of camera view for over alDP then put on gloves and and off the floor. If the administrator what she ching the camera feed. She bally counseled the QIDP to go on the floor for so long. The asked if the incident had been ed "No." She further stated at bot think if was something that sted. If DP was interviewed. She was cident which had occurred on the dashe had noticed the feces client #2. She further stated feces running down client #2's the instructed client #2 to take a led if anyone had talked with a occurred on the evening of the daministrator had and 2:00 PM the surveyors, DON watched a recording of the om 05/07/18. The following	W	153			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	I ' '	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
		37G035	B WING	3			C 3 0/2018
	PROVIDER OR SUPPLIER	C II		STREET ADDRESS, CITY, STATE, Z 1217 EAST COLLEGE BROKEN ARROW, OK 74012		1 00.	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		TON SHOULD THE APPROPI	BE .	(X5) COMPLETION DATE
W 154	The surveyors watco 05/07/18 shift betwood 05	ched the camera feed for the een 5:44 PM through 7:34 PM e QIDP is the only staff the facility. At 5:59 PM, the olook at a substance on the communder where client #2 is P is observed to provide client direct her to the hallway toward is time the QIDP is observed to hallway to an office area. Observed to leave the office at which time she went into the sisted another client in picking om the floor. OP is observed to return to the sisted another client in picking om the floor. OP is observed to leave the 8 PM. At no time during the ne QIDP observed to go down the 42's bedroom to assist her in er the toileting accident. If the observation of the dministrator was asked if the care to client #2. She stated, ed if she had reported the spossible neglect. She stated after viewing the camera bably should have reported AT OF CLIENTS (3)	W				

				E SURVEY IPLETED			
		37G035	B WING				C / 30/2018
	PROVIDER OR SUPPLIER	C II	1	STREET ADDRESS, CITY, STATE, ZIF 1217 EAST COLLEGE BROKEN ARROW, OK 74012		1 03/	30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	`	ON SHOULD HE APPROPI	BE	(X5) COMPLETION DATE
W 154	Based on record rewas determined the allegation of neglectimpairment. This had the potent resided in the facility. No documentation of facility which indicated by a staff member of facility. The facility's abuse policy was reviewed documentation was "Definitions:Neglety provide individuals goods/services nectindirectly results in or being exposed to injury. Neglect may failure to furnish for attention or knowing required program of equipment" The policy document procedure " When nature is suspected following procedure to documented the steep of the policy documented procedure to following procedure t	s not met as evidenced by: eview and staff interview, it e facility failed to investigate an it for 1 (#2) client with cognitive ial to affect all 8 clients who y. Findings: was located or provided by the ted any allegations of neglect had been investigated by the d. The following located in the policy: ect: The willful failure to served with the essary which directly or an individual served suffering o substantial risk of imminent of include, but is not limited to, od, clothing, shelter, medical gly failing to implement a or maintaining necessary	W 1	54			
		n the facility to complete a					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		37G035	B WING				C 30/2018
	PROVIDER OR SUPPLIER	IC II		1217 E	TADDRESS, CITY, STATE, ZIP CODE AST COLLEGE EN ARROW, OK 74012	001	00/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	(X5) COMPLETION DATE	
W 154	interviews from the interviews from the alleged perpetrator information to dete. Client's #2 had diagintellectual disabilit the facility on 05/01. On 05/29/18 at 8:2 house manager if a had issues with incolients who sometimes tated 2 of the clier incontinence and 1 episodes of both both the client was reviewed. The was incontinent parprompt her frequent IHP further document assistance with batten the client had limited walker while in the long distances. At 10:30 AM, the standard distances incontinent further stated staff assistance with client further stated staff assistance with cli	gation, gathering statements, a person making the allegation, witnesses, interviews from the and reviewing all the rmine a finding. gnoses which included mild y. She had been admitted to	W	154			

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE: COMPLIANCE TO THE APPROPRIATE DATE: COMPLIANCE TO	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER GATESWAY FOUNDATION, INC II STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74012 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74012 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE COMPLIANCE CROSS-REFERENCED TO			
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DAY	00,2010		
DEFICIENCY)	(X5) COMPLETION DATE		
The DON was asked if she was aware of any situations where client #2 had been left soiled. She stated, "Yes." The DON provided the surveyor with a copy of an e-mail dated 05/08/18, which had been sent to the administrator and the DON. The e-mail documented client #1 had spoken with the assistant administrator on 05/08/18. The e-mail described a situation which had occurred on the evening of 05/07/18. The e-mail documented client #1 hold had occurred on the evening of 05/07/18. The e-mail documented client #1 toil the assistant administrator she had told by the QIDP to clean up client #2 feces from the floor of the facility. The DON told the surveyor she and the assistant administrator had met with the administrator and watched the camera feed on the 3-11 shift of 05/07/18. She stated the camera feed appeared to show something on the floor under where client #2 was standing. The DON stated the QIDP looked at the floor and at client #1 and left the area. She stated the camera feed showed client #2 using her walker to walk down the hallway to her room. She stated in the camera feed the feces remained on the floor of the facility for over 27 minutes. The DON stated she had asked the administrator if the incident of the QIDP not immediately cleaning up the feces and the observation of client #2 not receiving assistance to bath should be investigated. The DON stated the administrator replied, "No." At 10.40 AM, the surveyor interviewed the assistant administrator replied, "No."			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ` ′	TIPLE CONSTRUCTION	(X	(X3) DATE SURVEY COMPLETED		
		37G035	B WING			C 05/30/2018		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 1217 EAST COLLEGE BROKEN ARROW, OK 7401		03/00/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIA			
W 154	the same information the surveyor by the on the floor of the support over 27 minimals to the floor over 27 minimals for over 28 minimals for over 28 minimals for over 29 minimal	ion that had been provided to a DON of the feces remaining facility and not being cleaned utes. She stated client #1 had had instructed her to clean up atch other clients while she e. inistrator told the surveyor she any staff assisting client #2 with he had the toileting accident. If the DON had watched the he administrator and er the incident should have. The assistant administrator I about investigating the dishe wasn't sure what had was not going to investigate it urveyor interviewed the er was asked if she had watched or 05/07/18. She stated, "Yes." all did not really tell what had amera feed, other than the mething on the floor, leaving grout of camera view for over the did the administrator what she camera feed. She shally counseled the QIDP to he gon the floor for so long. The asked if the incident had been stated "No." She further stated not think if was something that	W 1	54				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL ⁻ A BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		37G035	B WING		05	C / 30/2018	
	PROVIDER OR SUPPLIER	C II	į	STREET ADDRESS, CITY, STATE, ZIP CO 1217 EAST COLLEGE BROKEN ARROW, OK 74012		130/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
W 154	on the floor below of she had observed flegs. She stated she shower. The QIDP was asked her about what had observed to look at the dining room und The QIDP is observed to look at the dining room und The QIDP is observed was not observed to 6:25 PM at which time to the look of the came to be droom. At this time to look at the dining room und the QIDP is observed to look at the di	sident which had occurred on ed she had noticed the feces elient #2. She further stated eces running down client #2's he instructed client #2 to take a ed if anyone had talked with occurred on the evening of ed the administrator had eat the administrator had en of the facility. In grea, partial living area, entry back door are visible. The front door, entry into an office en allway to the 4 client great elient #2's bedroom. The defended had en of the facility of the end of the floor in the end of the provide client #2 her en of the hallway toward her ente the QIDP is observed to go to an office area. The QIDP of leave the office area until me she went into the dining another client in picking up the	W 1	54			

AND PLAN C	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED	
		37G035	B WING				C 30/2018
NAME OF	PROVIDER OR SUPPLIER	1	L 1	STREET ADDRESS, CITY, STATE, ZIP CO	DDF	05/-	30/2010
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GATESW	/AY FOUNDATION, IN	CII		BROKEN ARROW, OK 74012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
W 154	At 6:29 PM, the QII office area and was office area until 7:3 camera feed was the hallway of clien cleaning herself aft. At 12:45 PM, during camera feed, the a QIDP had provided "No." She was ask investigation of the She stated after vie she should have in STAFF TREATMEN CFR(s): 483.420(d) The facility must provide the investigation of the stated after vie she should have in STAFF TREATMEN CFR(s): 483.420(d) The facility must provide the investigating of the state of t	DP is observed to return to the sonot observed to leave the 8 PM. At no time during the ne QIDP observed to go down to the description of the equation of the difference of the toileting accident. If the observation of the difference of the care to client #2. She stated, ed if she had conducted an incident. She stated, "No." ewing the camera feed again, vestigated the incident. NT OF CLIENTS (3) It is not met as evidenced by: the toileting accident to further potential abuse ion is in progress. It is not met as evidenced by: the facility failed to further incidents of neglect an allegation of neglect. It is a stated and exploitation description. The following is located in the policy: I the willful failure to served with the description of the served with directly or	W 1				
(X4) ID PREFIX TAG W 154	Continued From part At 6:29 PM, the QII office area and was office area until 7:3 camera feed was the hallway of clien cleaning herself aft. At 12:45 PM, during camera feed, the a QIDP had provided "No." She was ask investigation of the She stated after vies he should have in STAFF TREATMEN CFR(s): 483.420(d). The facility must provide the investigation of the She stated after vies he should have in STAFF TREATMEN CFR(s): 483.420(d). The facility must provide the investigation of the She stated after vies he should have in STAFF TREATMEN CFR(s): 483.420(d). The facility must provide the investigating of the state of the s	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) age 36 DP is observed to return to the sent observed to leave the 8 PM. At no time during the ne QIDP observed to go down to the two	PREFITAG	1217 EAST COLLEGE BROKEN ARROW, OK 74012 PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY) 54	RECTION SHOULD	BE	co

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUILD	TIPLE CONSTRUCTION	COM	E SURVEY 1PLETED
		37G035	B WING			C / 30/2018
	PROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STA 1217 EAST COLLEGE BROKEN ARROW, OK 7	1 03/	30/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	BE	(X5) COMPLETION DATE
W 155	injury. Neglect may failure to furnish for attention or knowin required program of equipment" The policy docume procedure" When nature is suspected following procedure. The abuse, neglect documented the stand investigation of the investigation of the investigator from preliminary investig interviews from the alleged perpetrator information to determine the safety, protection needed, of individuany allegation of abexploitation" Client's #2 had diagnitellectual disability the facility on 05/01. On 05/29/18 at 8:20 house manager if a had issues with incicients who sometir stated 2 of the clients.	o substantial risk of imminent y include, but is not limited to, od, clothing, shelter, medical gly failing to implement a or maintaining necessary Inted the following in abuse or neglect of any independent of any independent of any independent of a will be followed" It and exploitation policy in a	W 1	55		

	TATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MUL A BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		37G035	B WING				C 30/2018	
	PROVIDER OR SUPPLIER			12	REET ADDRESS, CITY, STATE, ZIP CODE 217 EAST COLLEGE ROKEN ARROW, OK 74012	1 03/	30/2016	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 155	A review of client #2 conducted. The indivas reviewed. The was incontinent par prompt her frequen IHP further docume assistance with batthe client had limite walker while in the long distances. At 10:30 AM, the sudirector of nurses (I was aware of any is toileting accidents. frequent incontinen further stated staff assistance with clie after toileting. The total assistance with difficulty standing where clies he stated, "Yes." surveyor with a cop which had been ser DON. The e-mail dispoken with the ass 05/08/18. The e-m had occurred on the e-mail documented administrator she hup client #2 feces fi well as to watch two	ge 38 owel and bladder incontinence. 2's clinical record was dividual habilitation plan (IHP) IHP documented the client it of the time and staff were to tly to use the bathroom. The ented the client required total hing. The IHP documented d mobility and required a facility and a wheelchair for arveyor interviewed the DON). She was asked if she esues with client #2 having She stated, client #2 had ce of bowel and bladder. She were to provide total nt #2 when cleaning herself DON stated client #2 required in showering, since she had without any assistance. The DON provided the by of an e-mail dated 05/08/18, int to the administrator and the locumented client #1 had sistant administrator on ail described a situation which he evening of 05/07/18. The client#1 told the assistant ad told by the QIDP to clean from the floor of the facility as to other clients in the facility. urveyor she and the assistant	W 1	55				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		37G035	B WING				C 30/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1217 EAST COLLEGE BROKEN ARROW, OK 74012	CODE	031	50/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
W 155	watched the camer 05/07/18. She state to show something #2 was standing. Tooked at the floor area. She stated the #2 using her walke her room. She stated feces remained on 27 minutes. At 10:40 AM, the state administrator told the same information the surveyor by the on the floor of the fup for over 27 minutes. At 10:45 AM, the state administrator. She the camera feed for She stated she could happened on the could plooking at so the area, remaining 28 minutes, putting something off the first the surveyor asked and done after wat stated she had verified the surveyor asked she had verified the surveyor asked she staff worksheets of staff wo	met with the administrator and ra feed on the 3-11 shift of ited the camera feed appeared on the floor under where client. The DON stated the QIDP and at client #1 and left the he camera feed showed client r to walk down the hallway to ted in the camera feed the the floor of the facility for over urveyor interviewed the ator. The assistant he surveyor of the meeting she on 05/08/18. She described on that had been provided to a DON of the feces remaining facility and not being cleaned utes. Burveyor interviewed the was asked if she had watched in 05/07/18. She stated, "Yes." ald not really tell what had amera feed, other than the mething on the floor, leaving to out of camera view for over it on gloves and picking up	W 1	55			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	TIPLE CONSTRUCTION DING	(×	(3) DATE SURVEY COMPLETED
		37G035	B WING			C 05/30/2018
	PROVIDER OR SUPPLIER	C II		STREET ADDRESS, CITY, STATE, ZIP CO 1217 EAST COLLEGE BROKEN ARROW, OK 74012	DE	03/30/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		SHOULD BE	
W 155	providing direct care administrator had of the camera feed ship one view, the dine entry into the kitche The other view, is office area and the bedrooms, including The surveyors watch 5:44 PM through 7:30 PM at a substance on the under where clients.	te in the facility after the bserved the camera feed. IDP was interviewed. She was sident which had occurred on ed she had noticed the feces client #2. She further stated eces running down client #2's he instructed client #2 to take a ded if anyone had talked with occurred on the evening of ed the administrator had he was asked if she had in the facility as direct care e stated, "Yes, at least 2 more and 2:00 PM the surveyors, bon watched a recording of the objoint 15.00 PM. The following	W 1	55		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION		E SURVEY PLETED
		37G035	B WING			0
		370039	D WING		05/3	30/2018
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
GATESW	YAY FOUNDATION, IN	C II		1217 EAST COLLEGE		
	•			BROKEN ARROW, OK 74012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 155	Continued From pa	ge 41	W 1	55		
	this time the QIDP in hallway to an office observed to leave to which time she were	lway toward her bedroom. At is observed to go do another area. The QIDP was not he office area until 6:25 PM at into the dining area and tent in picking up the floor.				
	office area and was office area until 7:3 camera feed was the the hallway of client	DP is observed to return to the not observed to leave the RPM. At no time during the DP observed to go down the H2's bedroom to assist her inter the toileting accident.				
	camera feed, the ac QIDP had provided "No." She was ask had been protected neglect The admir the camera feed ag	g the observation of the dministrator was asked if the care to client #2. She stated, ed if the clients in the facility from the potential of further histrator stated after viewing pain, the QIDP should not as direct care until an een conducted.				
W 186	continued to work a She stated, "Yes." had been protected QIDP. She stated,	AFF	W 1	86		
	staff to manage and	ovide sufficient direct care d supervise clients in eir individual program plans.				
	Direct care staff are	e defined as the present				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	` ′	TIPLE CONSTRUCTION ING			E SURVEY PLETED
		37G035	B WING				C 30/2018
	PROVIDER OR SUPPLIER	IC II		STREET ADDRESS, CITY, STATE, ZIP CO 1217 EAST COLLEGE BROKEN ARROW, OK 74012	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD	BE	(X5) COMPLETION DATE
W 186	on-duty staff calcul period for each def This STANDARD is Based on observa and staff interviews failed to have a system sufficient direct car facility to provide calculated to provide to the client was inconstaff were to prompost to the client was inconstant with the client was asked if she with the client was aske	ated over all shifts in a 24-hour ined residential living unit. Is not met as evidenced by: tion, record review and client is, it was determined the facility is tem in place to ensure the estaff were available in the eare. In the facility. Findings: In the facility included mild in the facility of the time and in the frequently to use the included the client than the facility and while in the facility and while in the facility and a	W 1				
	e-mail dated 05/08, the administrator a documented a clier assistant administr described a situation evening of 05/07/15	the surveyor a copy of an /18, which had been sent to nd the DON. The e-mail nt had spoken with the ator on 05/08/18. The e-mail on which had occurred on the 8. The e-mail documented ssistant administrator she had					

AND DIAN OF CODRECTION I DENTIFICATION NUMBER I '		JILDING			COMPLETED		
		37G035	B WING	i		1	C 3 0/2018
	PROVIDER OR SUPPLIER	IC II	•	1217	ET ADDRESS, CITY, STATE, ZIP CODE EAST COLLEGE KEN ARROW, OK 74012	1	00.2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	i	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
W 186	been told by the QI feces from the floo watch two other clic. The DON told the sadministrator had rwatched the camer 05/07/18. She state to show something #2 was standing. looked at the floor area. She stated th #2 using her walke her room. She state feces remained on 27 minutes. At 10:40 AM, the state state informatic the same informatic the same informatic the same informatic the same informatic the surveyor by the on the floor of the fup for over 27 minutes. At 10:45 AM, the state administrator. She the camera feed for the surveyor asked had done after wat stated she had verified to the same informatic the surveyor asked had done after wat stated she had verified the same something the same something the same same than the same same same same same same same sam	IDP to clean up client #2's r of the facility as well as to ents in the facility. Surveyor she and the assistant met with the administrator and ra feed on the 3-11 shift of ted the camera feed appeared on the floor under where client The DON stated the QIDP and at client #2 and left the ne camera feed showed client r to walk down the hallway to ted in the camera feed the the floor of the facility for over urveyor interviewed the ator. The assistant he surveyor of the meeting she on 05/08/18. She described on that had been provided to a DON of the feces remaining racility and not being cleaned		186			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MUL A BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		37G035	B WING			1	C 30/2018
	PROVIDER OR SUPPLIER	C II		STREET ADDRESS, CITY, STATE, ZIF 1217 EAST COLLEGE BROKEN ARROW, OK 74012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ON SHOULD HE APPROPI	BE	(X5) COMPLETION DATE
W 186	o5/07/18. She state the facility as direct stated the certified left the facility to pa facility on the camp only staff in the faci was gone. She stated on the floor below of she had observed flegs. She stated she shower. The surveyors wated o5/07/18 for the time 7:34 PM. During the staff member presented the QIDP is observed the floor in the dining is standing. The QI client #2 her walker toward her bedroom observed to go down area. The QIDP was office area until 6:20 into the dining area picking up the subsection of the company of the subsection of the dining area picking up the subsection of the dining area and was office area and was office area until 7:30 camera feed was the hallway of client cleaning herself after the factor of the dining area feed, the acquired plant of the provided plant of the factor of the fact	ge 44 cident which had occurred on ed she had been working in care on 05/07/18. The QIDP medication aide (CMA) had ss medications at a sister us. She stated she was the lity during the time the CMA ted she had noticed the feces elient #2. She further stated eces running down client #2's he instructed client #2 to take a ched the camera feed from the frame of 5:44 PM through is time the QIDP is the only ent in the facility. At 5:59 PM, and to look at a substance on a groom under where client #2 DP is observed to provide and direct her to the hallway had this time, the QIDP is another hallway to an office as not observed to leave the se not observed to leave the se not observed to return to the and assisted another client in tance from the floor. OP is observed to return to the end of the observed to go down the end of the diministrator was asked if the care to client #2. She stated, and if sufficient staff had been are the following the staff client staff had been and in the sufficient staff had been and sufficient staff had sufficient staff had been and sufficient staff had suffic	W 1	86			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED	
		270025						
		37G035	B WING			05/	30/2018	
	PROVIDER OR SUPPLIER AY FOUNDATION, IN	СІІ		1	TREET ADDRESS, CITY, STATE, ZIP CODE 217 EAST COLLEGE BROKEN ARROW, OK 74012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 186 W 454	after the toileting ad	by to provide care to the client ccident. She stated, "No." che facility required 2 direct sent at all times.	W -					
***	CFR(s): 483.470(l)e The facility must pr to avoid sources ar This STANDARD i	ovide a sanitary environment and transmission of infections. s not met as evidenced by:						
	Based on observation and interview, it was determined the facility failed to ensure a sanitary environment in the dining room was provided. This had the potential to affect all 8 clients who resided in the facility. Findings:							
	interviewed client # liked living in the fa going pretty well no there had been any stated, "Yes." Clier month, client #2 ha left on the floor in the further stated the C	200 AM, the surveyor 1. She was asked how she cility. She stated things were low. The surveyor asked her if or problems in the past. She not #1 stated earlier in the d an accident and feces was the dining room. Client #1 aliDP had told her to clean up is and to watch other clients eked in the office.						
	interview with client surveyor she had bup feces and watch if she had been ma stated, "Yes." The	ON was told of the surveyor's at #1 in which she told the leen told by the QIDP to clean of other clients. She was asked ade aware of the incident. She DON provided the surveyor-mail dated 05/08/18, which						

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			ONSTRUCTION		E SURVEY PLETED
		37G035	B WING			1	C 30/2018
NAME OF PR	OVIDER OR SUPPLIER		1	STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 031.	30/2010
					EAST COLLEGE		
GATESWA	Y FOUNDATION, IN	C II			KEN ARROW, OK 74012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
t e constant von Tavo Constant	The e-mail docume the assistant admired assistant admired and the evening of 0 documented clients administrator she hap client #2's feces well as to watch two The DON told the sadministrator had now the documented the camer 15/07/18. She start of show something \$2 was standing. Tooked at the floor as area. She stated the \$2 using her walked the camer form. She start is cased in the floor, but the stated the QIDP appropriate the floor in the floor of the floor of the same informatic the same informatic the surveyor by the floor of th	ented client #1 had spoken with instrator on 05/08/18. The situation which had occurred 5/07/18. The e-mail #1 told the assistant ad told by the QIDP to clean from the floor of the facility as to other clients in the facility. Surveyor she and the assistant het with the administrator and a feed on the 3-11 shift of ted the camera feed appeared on the floor under where client the DON stated the QIDP and at client #2 and left the he camera feed showed client in to walk down the hallway to ted in the camera feed the the floor of the facility for over tated at that time it appears the highest the backed away. The DON peared to pick up the apper towel, but did not clean or	W	154			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	l ' '		LE CONSTRUCTION		E SURVEY IPLETED
		37G035	B WING				C 30/2018
	PROVIDER OR SUPPLIER	IC II		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
W 454	administrator. She the camera feed for She stated she coun happened on the camera feed for She stated she county looking at sort the area, remaining 28 minutes. At 11:00 AM, the Quasked about the inc 05/07/18. She state the facility as direct she had noticed the client #2. She furth feces running down she instructed clien stated she had been had not had time to floor right away. She cleaned and disinfer after she had picken not sure. Between 11:30 AM administrator and Extremely in the camera feed she in one view, the dinentry into the kitcher The other view, is coffice area and the bedrooms, including	urveyor interviewed the was asked if she had watched or 05/07/18. She stated, "Yes." ald not really tell what had amera feed, other than the mething on the floor, leaving out of camera view for over all DP was interviewed. She was cident which had occurred on the dealth was also been working in the care on 05/07/18. She stated are feees on the floor below the stated she had observed in client #2 legs. She stated are assisting client #2 so she of clean up the feees from the she was asked if she had beeted the area of the feees and it up. She stated she was and 2:00 PM the surveyors, DON watched a recording of the of the following.	W 2	154			

STATEMENT OF DEFIC AND PLAN OF CORRE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	l ' '		E CONSTRUCTION		E SURVEY IPLETED
		37G035	B WING			l	C 20/2048
NAME OF PROVIDER				S'	TREET ADDRESS, CITY, STATE, ZIP CODE 217 EAST COLLEGE BROKEN ARROW, OK 74012	<u> </u>	30/2018
, , , , , , , , , , , , , , , , , , , ,	CH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
clients and #2 leaves the onl 5:51 I the hal 5:58 I the kitcle floor ur observe the QIE 5:59 I into the substate client # 6:00 I to start The QI telepholoffice. dining a with cli 6:25 I office a with cli 6:27 I towel to the tow was ma floor af6:29 I	The certification the facility vity staff in the PM, the QIDI lway into an PM, client #1 chen, she loop der where could be do go to the PM, the QIDI edining area ince on the flet and assist PM, client #2 and assist PM, client #2 down the hard pris observed in the Substantiarea. PM the QIDI area. At this ent #1. PM, the QIDI area. At this ent #1. PM, the QIDI area ince or ince we have the substantiarea.	ning area, including client #1 ed medication aide (CMA) a the front door. The QIDP is facility. P is observed walking down office area. is observed walking out of iks down at something on the lient #2 is standing. She is ne office and say something to P leaves the office area, walks and looks down at the foor. She says something to sher in getting her walker. It is observed using her walker allway toward her bedroom. Wed to be talking on the ralks down the hallway to the falks down the hallway to the first observed to leave the time she is observed to talk P is observed to use a paper substance. She then takes hen area. No observation tempts to clean or sanitize the fance had been removed. P was observed to return	W	454			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION	(E SURVEY PLETED
		37G035	B WING				30/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1217 EAST COLLEGE BROKEN ARROW, OK 74012	CODE	00/	50/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE
W 454	walks through the opens the back do visitors. She stops the QIDP. 6:45 PM, the star facility through the in the office. No a7:30 PM, the QID the visitors with the visitors with the visitors with the control door. The visit facility by the back During the time the they and the client around in the dining substance had been clean substance had been clean and dilook like it had been was asked if not control opens the substance of the substance had been clean and dilook like it had been was asked if not control opens the substance had been clean and dilook like it had been was asked if not control opens the substance had been clean and dilook like it had been was asked if not control opens the substance had been clean and dilook like it had been was asked if not control opens the substance had been clean and dilook like it had been clean asked if not control opens the substance had been clean and dilook like it had been clean asked if not control opens the substance had been clean and dilook like it had been clean asked if not control opens the substance had been clean and dilook like it had been clean asked if not control opens the substance had been clean and dilook like it had been clean and dilook like it had been clean asked if not control opens the substance had been clean and dilook like it had been cl	#1 comes in the front door, facility to the back door. She for and lets in a group of 7 is by the office area to talk with a state of the front door. The QIDP remains additional staff are in the facility. OP returns to the office, leaving a clients. IA returns to the facility by the sitors are observed leaving the adoor. It is visitors were in the facility, is were observed to be walking a groom in the area where the en. The camera feed, was anyone or disinfect the area where the en. Ing the observation of the administrator was asked if area are had been on the floor had sinfected. She stated it did not en cleaned or disinfecting the area end an issue with infection	W	154			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) PROVIDER/SUPPLIER/CLIA		A BUILDING		COMPLETED		
_		NH7236	B WING		05/3	0/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
GATESW	/AY FOUNDATION, IN	C: II	T COLLEGE ARROW, OK			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
M 000	INITIAL COMMENT	-S	M 000	· · · · · · · · · · · · · · · · · · ·		
		vey to investigate complaint conducted on 05/29/18				
MM150	310:675-11-7 Staffin	ng	MM150			
	qualified staff and s the residential living programs and servi by their individual ne that the facility does volunteers for servion (b) Each ICF/MR 1 minimum direct-car 310:675-13-12(a).	6 shall maintain at least the e-staff ratios specified in OAC				
		the severely impaired client, duty direct care staff ratio				
	(2) 1 to 4 from	7:00 a.m. to 3:00 p.m.; 3:00 p.m. to 11:00 p.m.; and 11:00 p.m. to 7:00 a.m.				
		e sufficient dietary, nursing, administrative staff to serve cility.				
	and staff interviews failed to have a sys	on, record review and client, it was determined the facility tem in place to ensure a staff were available in the			į	

Oklahoma State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		NH7236	B WING		05/3	30/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GATESW	VAY FOUNDATION, INC	CII	T COLLEGE ARROW, OK			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
MM150	Continued From pa	ge 1	MM150			
	Eight clients resided	d in the facility. Findings:				
	Client #2 had diagn intellectual disability	oses which included mild y.				
	the client was incon staff were to promp bathroom. The IHP required total assist documented the clie	litation plan (IHP) documented ntinent part of the time and of her frequently to use the further documented the client tance with bathing. The IHP ent had limited mobility and while in the facility and a distances.				
	interviewed the dire was asked if she wa	30 AM, the surveyor ector of nurses (DON). She as aware of any issues with aff in the facility to provide				
	e-mail dated 05/08/ the administrator ar documented a clien assistant administra described a situatio evening of 05/07/18 client #1 told the as been told by the QII	the surveyor a copy of an (18, which had been sent to and the DON. The e-mail at had spoken with the ator on 05/08/18. The e-mail on which had occurred on the 3. The e-mail documented assistant administrator she had DP to clean up client #2's of the facility as well as to ents in the facility.	CAMPATA TARGET T			
	administrator had m watched the camera 05/07/18. She stat to show something #2 was standing. T looked at the floor a	surveyor she and the assistant met with the administrator and ra feed on the 3-11 shift of ted the camera feed appeared on the floor under where client The DON stated the QIDP and at client #2 and left the ne camera feed showed client				

Oklahoma State Department of Health

STATE FORM 25LT11 If continuation sheet 2 of 4

	OF CORRECTION	IDENTIFICATION NUMBER		E CONSTRUCTION	COMP	PLETED
		NH7236	B WING		05/3	30/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GATESW	VAY FOUNDATION, IN	C III	T COLLEGE ARROW, OK			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
MM150	Continued From pa	ge 2	MM150			
	her room. She stat	to walk down the hallway to ed in the camera feed the the floor of the facility for over				
	assistant administra administrator told the had with client #1 o the same information the surveyor by the	ne surveyor of the meeting she n 05/08/18. She described on that had been provided to DON of the feces remaining acility and not being cleaned				
	had not observed a	nistrator told the surveyor she ny staff assisting client #2 with he had the toileting accident.				
	administrator. She the camera feed for The surveyor asked had done after water stated she had verb	rveyor interviewed the was asked if she had watched 05/07/18. She stated, "Yes." If the administrator what she ching the camera feed. She bally counseled the QIDP to g on the floor for so long.				
	asked about the inc 05/07/18 She state the facility as direct stated the certified left the facility to pa facility on the camp only staff in the faci was gone. She sta on the floor below of she had observed f	DP was interviewed. She was sident which had occurred on ed she had been working in care on 05/07/18. The QIDP medication aide (CMA) had ss medications at a sister us. She stated she was the lity during the time the CMA ted she had noticed the feces client #2. She further stated eces running down client #2's he instructed client #2 to take a				

Oklahoma State Department of Health STATE FORM

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Oklahoma State Department of Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND DUAN OF CODDECTION DENTIFICATION NUMBER	ULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
A BOIL	LDING	
NH7236 B WING	IG	05/30/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, O	CITY, STATE, ZIP CODE	
GATESWAY FOUNDATION, INC II 1217 EAST COLL		
BROKEN ARROV	DDA (DEDIA DI ALI AE AADDEATI	ON OFF
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	FIX (EACH CORRECTIVE ACTION SHOUL	D BE COMPLETE
MM150 Continued From page 3 MM15	50	
The surveyors watched the camera feed from 05/07/18 for the time frame of 5:44 PM through 7:34 PM. During this time the QIDP is the only staff member present in the facility. At 5:59 PM, the QIDP is observed to look at a substance on the floor in the dining room under where client #2 is standing. The QIDP is observed to provide client #2 her walker and direct her to the hallway toward her bedroom. At this time, the QIDP is observed to go down another hallway to an office area. The QIDP was not observed to leave the office area until 6:25 PM at which time she went into the dining area and assisted another client in picking up the substance from the floor. At 6:29 PM, the QIDP is observed to return to the office area and was not observed to leave the office area until 7:38 PM. At no time during the camera feed was the QIDP observed to go down the hallway of client #2's bedroom to assist her in cleaning herself after the toileting accident. At 12:45 PM, during the observation of the camera feed, the administrator was asked if the QIDP had provided care to client #2. She stated, "No." She was asked if sufficient staff had been present in the facility to provide care to the client after the toileting accident. She stated, "No." She further stated the facility required 2 direct care staff to be present at all times.	50	

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
			A BUILDING			
		NH7236	B WING		05/3	30/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
GATESW	VAY FOUNDATION, IN	IC II	T COLLEGE			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ARROW, O	PROVIDER'S PLAN OF CORRECT	TION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
LL000	Initial Comments		LL000			
		vey to investigate complaint conducted on 05/29/18				
LL244	1-O.S. 63-1-1918(E Responsibilities - V		LL244			
	physical abuse and defined in Section Oklahoma Statutes involuntary seclusic chemical restraints discipline or converteat the resident's those restraints aur physician for a spenecessitated by an restraint may only be qualified licensed in the supervision of the forth in writing the cuse of restraint. Us restraint shall required.	Il be free from mental and a neglect, as such terms are 10-103 of Title 43A of the secondary punishment, on, and from any physical and imposed for purposes of nience and not required to medical symptoms, except thorized in writing by a cified period of time or as are emergency where the period of the physician, nurse or other personnel under the physician who shall set circumstances requiring the se of a chemical or physical ire the consultation of a tenty-four (24) hours of such				

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 06/07/2018

FORM APPROVED Oklahoma State Department of Health T(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (Y2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING	COMPLETED
	NH7236	B WING	05/30/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1217 EAST COLLEGE

GATESW	/AY FOUNDATION INC II	ARROW, OF		
(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
LL244	Continued From page 1	LL244		
	This REQUIREMENT is not met as evidenced by. On 05/29/18 at 3:30 PM, an Immediate Jeopardy (IJ) situation was determined to exist when the facility failed to have a system in place to protect a cognitively impaired client, who required assistance with toileting and showering, from neglect by a staff member. The Oklahoma State Department of Health was notified on 05/29/18, and concurred with the team concerning the existence of an IJ situation. The facility's administrator was informed of the IJ situation on 05/29/18 at 3:35 PM. The Plan of Removal documented the following: "QIDP [qualified intellectual disabilities professional] will be given a formal reprimand and be put on an immediate 90 day probation period. An further infractions will result in immediate termination. QIDP will not work in any cottage as direct care staff. Staff will not leave a cottage until a replacement is in the cottage and census is in compliance with State Regulations. Staff and the management team will be in-serviced over abuse and neglect and infection control along with ethics by 12 midnight on 5/29/18. Any staff not in-serviced by 12 midnight will be inserviced prior to reporting to the next shift.			
	Policies and procedures will be reviewed and			

Oklahoma State Department of Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		NH7236	B WING		05/3	0/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GATESV	AY FOUNDATION, IN	C. II	T COLLEGE ARROW, OF			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
LL244	Continued From pa	ge 2	LL244			
	address staffing, at as the types and de constitutes neglect can negatively affect entire community. Currently Gatesway staff and CMA's [ce counted in the cens	icated to more specifically buse, neglect and ethics such efinition of abuse, what and how unethical behavior of not on (sic) you but the vis re-structuring the nursing entified medication aide] will be sus and an additional LPN				
	LPN's will pass the Any time a voluntee	nurse] will be hired and the bulk of the medications. er is on the property a staff ent to oversee them.	<u> </u>			
	as volunteers and t and they are to be v campus. Until pern	iven badges identifying them he organization they represent worn whenever they are on the nanent badges can be s will be given paper badges."				
	PM, although the decomponents of the Staff from all shifts	d effective 05/29/18 at 11:59 eficient practice remained. All plan had been carried out. were interviewed and voiced f the plan of removal.				
	and staff interviews failed to implement	on, record review and client , it was determined the facility their policy and procedure to and protect 1 (#2)client from nember.				
	Eight total clients re	esided in the facility. Findings:				
	policy was reviewed	, neglect and exploitation d. The following slocated in the policy:				

Oklahoma State Department of Health
STATEMENT OF DEFICIENCIES (X1) PROVID

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	l · ·	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NOWBER	A BUILDING		COMP	LEIED
		NH7236	B WING		05/3	0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATESV	VAY FOUNDATION, IN	C II 1217 EAS	T COLLEGE	:		
OAILOI	-	BROKEN	ARROW, OF	C 74012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	.D BE	(X5) COMPLETE DATE
LL244	Continued From pa	ge 3	LL244			
	provide individuals goods/services ned indirectly results in or being exposed to injury. Neglect may failure to furnish for attention or knowing required program of equipment" The policy docume procedure" When nature is suspected all may result in discip criminal sanctions, abuse, neglect, or ethe following agency DEPARTMENT OF The abuse, neglect documented the stean investigation of a investigation of a investigator from the preliminary investig interviews from the alleged perpetrator information to determine the safety, protection needed, of individuals and the safety, protection needed, of individuals and the safety, protection needed, of individuals and the safety in the safety, protection needed, of individuals and the safety in the safety, protection needed, of individuals and the safety in the safety, protection needed, of individuals and the safety in the safety in the safety in the safety, protection needed, of individuals and the safety in the safety	essary which directly or an individual served suffering of substantial risk of imminent of include, but is not limited to, od, clothing, shelter, medical gly failing to implement a remaintaining necessary abuse or neglect of any life, reported, or identified, the es will be followed. Failure to buse, neglect, or exploitation linary actions, termination, and Reporting: All allegations of exploitation will be reported to iesOKLA [Oklahoma] STATE HEALTH." and exploitation policy further eps involved when conducting abuse, including assigning the efacility to complete a ation, gathering statements, person making the allegation, witnesses, interviews from the and reviewing all the				

Oklahoma State Department of Health

AND PLAN OF CORRECTION (X	IDENTIFICATION NUMBER	1 '	E CONSTRUCTION	COMP	SURVEY PLETED
	NH7236	B WING		05/3	30/2018
NAME OF PROVIDER OR SUPPLIER GATESWAY FOUNDATION, INC II	1217 EAS	DDRESS, CITY, ST ST COLLEGE I ARROW, OK	·		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
intellectual disability. She facility on 05/01/18 On 05/29/18 at 8:20 A house manager if any had issues with inconticlients who sometimes stated 2 of the clients incontinence and 1 (#2 episodes of both bower A review of client #2's conducted. The individual reviewed. The IH was incontinent part of prompt her frequently IHP further documents assistance with bathin the client had limited in walker while in the faciling distances. Charting notes for the located in the client's of times during the more incontinent of bowel of A chart entry dated 05 intellectual disabilities documented the client times during the 3-11 stated earlier in the past #1 stated earlier in the	les which included mild She had been admitted to 3. I.M., the surveyor asked the of the clients in the facility tinence. She identified 3 is were incontinent. She had occasional episodes of 2) client had frequent el and bladder incontinence. I. clinical record was idual habilitation plan (IHP) is documented the client of the time and staff were to to use the bathroom. The eld the client required total ing. The IHP documented mobility and required a cility and a wheelchair for month of May 2017, clinical record, documented in the when she had been in bladder. I. (07/18, by the qualified professional (QIDP) thad soiled her clothing 2				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING		COMP	PLETED
		NH7236	B WING		05/3	30/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CATESM	VAY FOUNDATION, IN	1217 EAS	T COLLEGE	:		
GAILSV	AT FOUNDATION, IN	BROKEN	ARROW, OK	74012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
LL244	Continued From pa	ge 5	LL244			
	had told her to clea watch other clients office. At 10:30 AM, the su	#1 further stated the QIDP n up client #2's feces and to while the QIDP worked in the urveyor interviewed the				
	was aware of any is	DON). She was asked if she ssues with client #2 having She stated, client #2 had				
	frequent incontinent further stated staff v	ce of bowel and bladder. She were to provide total				
	after toileting. The	nt #2 when cleaning herself DON stated client #2 required				
		n showering, since she had ithout any assistance.	1			
	client #1 in which sheen told by the QII watch other clients. been made aware of "Yes." The DON property of an e-mail documented assistant administrates described a situation evening of 05/07/18 client #1 told the aspeen told by the QII feces from the floor watch two other clients.	-				
	administrator had m watched the camera 05/07/18. She stat to show something #2 was standing. T	urveyor she and the assistant net with the administrator and a feed on the 3-11 shift of the camera feed appeared on the floor under where client the DON stated the QIDP and at client #1 and left the				

PRINTED: 06/07/2018 FORM APPROVED Oklahoma State Department of Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A BUILDING. B WING NH7236 05/30/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE **GATESWAY FOUNDATION, INC II BROKEN ARROW, OK 74012** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) LL244 Continued From page 6 LL244 area. She stated the camera feed showed client #2 using her walker to walk down the hallway to her room. She stated in the camera feed the feces remained on the floor of the facility for over 27 minutes. She stated at that time it appears the QIDP said something to client #1. Client #1 then put on gloves and started to pick up the feces from the floor, but then backed away. The DON stated she had asked the administrator. if the observed incident of the QIDP not immediately cleaning up the feces and the observation of the client attempting to pick up the feces should be reported and investigated as possible neglect. The DON stated the administrator stated, "No." At 10:40 AM, the surveyor interviewed the assistant administrator. The assistant administrator told the surveyor of a meeting she had with client #1 on 05/08/18. She described the same information that had been provided to the surveyor by the DON of the feces remaining on the floor of the facility and not being cleaned up for over 27 minutes. She stated client #1 had told her the QIDP had instructed her to clean up the feces and to watch other clients while she worked in the office. The assistant administrator told the surveyor she had not observed any staff assisting client #2 with cleaning up after she had the toileting accident.

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She stated she and the DON had watched the camera feed with the administrator and questioned whether the incident should have been reported and investigated. The assistant administrator stated when asked whether the incident should have been reported and

investigated the administrator stated she wasn't sure what had happened, so she was not going to

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A. BUILDING	COMPLETED
NH7236 B WING	05/30/2018
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74012	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLETE
LL244 Continued From page 7 investigate it any further. At 10.45 AM, the surveyor interviewed the administrator. She was asked if she had watched the camera feed for 05/07/18. She stated, "Yes." She stated she could not really tell what had happened on the camera feed, other than the QIDP looking at something on the floor, leaving the area and remaining out of camera view for over 28 minutes. She stated the QIDP then was observed to return to the area and put on gloves and pick up something off the floor. The surveyor asked the administrator what she had done after watching the camera feed. She stated she had verbally counseled the QIDP to not leave something on the floor for so long. The administrator was asked if the incident had been reported and investigated. She stated, "No." She was asked if she had interviewed any other staff in the facility regarding the incident. She stated, "No." The surveyor asked the administrator for sign in sheets of staff working in the facility between 05/07/18 and 05/28/18. The QIDP had signed in for 2 additional shifts, of which she was providing direct care, after the administrator had observed the camera feed. At 11:00 AM, the QIDP was interviewed. She was asked about the incident which had occurred on 05/07/18. She stated she had been working in the facility as direct care on 05/07/18. She stated she had noticed the feces on the floor below client #2. She further stated she had observed feces running down client #2 to take a shower. The QIDP further stated she had been assisting client #2 in the shower, because she could hot be left	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER	1 ` ′	LE CONSTRUCTION	COMPLETED	
		NH7236	B WING		05/3	30/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATESV	VAY FOUNDATION, IN	CIII	T COLLEGE ARROW, OF			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	JEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
LL244	Continued From pa	ge 8	LL244			
	alone, during the tir floor without being	ne the feces remained on the cleaned up.				
	her about what had 05/07/18. She state talked with her and was in the client's retime of the camera had worked as dired 05/07/18. She state worked at least 2 m 05/07/18. Between 11:30 AM administrator and Date camera feed frow was observed on the Camera feed shone view, the dining into the kitchen and other view, was of the office area and the bedrooms, including 1-5:44 PM, the camera feed shone view, was of the camera feed shone view, was of the office area and the bedrooms, including 1-5:44 PM, the camera feed shone view, was of the office area and the bedrooms, including 1-5:54 PM, the camera feed shone where in the camera feed shone was observed on the bedrooms, including 1-5:54 PM, the camera feed shone was observed on the bedrooms, including 1-5:54 PM, the camera feed shone was observed on the bedrooms, including 1-5:55 PM, the QIDI the hallway into an observed on the bedrooms, including 1-5:55 PM, client #1 the kitchen, she loofloor under where contact the shone was observed on the bedrooms including 1-5:58 PM, client #1 the kitchen, she loofloor under where contact the shone was observed on the bedrooms including 1-5:58 PM, client #1 the kitchen, she loofloor under where contact the shone was observed on the bedrooms including 1-5:58 PM, client #1 the kitchen, she loofloor under where contact the shone was observed on the shone was observe	hows 2 views of the facility. In g area, partial living area, entry I back door were visible. The he front door, entry into an west hallway to the 4 client g client #2's bedroom. era feed started, several dining area, including client #1 ed medication aide (CMA) left ont door. The QIDP was the lity. P was observed walking down				

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STATEMENT OF DEFICIENCIES (X1) PROVI

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ` ′	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		NH7236	B WING		05/3	80/2018
	PROVIDER OR SUPPLIER	1217 FAS	DRESS, CITY, S T COLLEGE	TATE, ZIP CODE	1 00.0	
GALESW	/AY FOUNDATION, IN	BROKEN	ARROW, OK	74012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
LL244	Continued From pa	ge 9	LL244			
	into the dining area substance on the flictient #2 and assist6.00 PM, client #2 walker to start down bedroom. The QID on the telephone as to the office. The s floor of the dining a6:06 PM, client #1 redirecting another substance on the floor, crewould not walk in the	was observed to be client away from the cor of the dining area. was observed as she took ng table and placed them eating a barrier so other clients area where the substance he QIDP had not been				
		was observed to leave the time, she was observed to				
	the hall to the office	was observed to walk down area. She was observed to a and put on disposable				
	of paper over the su started to bend ove quickly backed awa use a paper towel to then took the towel	was observed to drop a piece ubstance on the floor. She r to pick up the substance, but y. The QIDP was observed to pick up the substance. She to the kitchen area. No ade of any attempts to clean or				

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MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1217 EAST COLLEGE BROKEN ARROW, OK 74912 [MAI] D SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) L244 Continued From page 10 sanitize the floor after the substance had been removed. -6-29 PM, the OIDP was observed to return down the hall to the office area. No staff had been observed to enter the hallway to client #2's bedroom to assist her. -6.41 PM, a staff member from a sister facility, came in the front door. The QIDP remained in the office area to talk with the QIDP. -6-45 PM, the Staff member then left the facility through the front door. The QIDP remained in the office. No additional staff were in the facility. -7:28 PM, the OIDP left the office area, came out to the dining area and talked with the visitors. -7:34 PM, the CMA was observed to enter the facility through the front door. The visitors are observed leaving the facility through the front door. The visitors are observed leaving the facility through the final through the facility through the final through	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ATESWAY FOUNDATION, INC II CATE DEPARTMENT COLLEGE			NH7236	B WING		05/3	30/2018
ERECHIN TAG REQULATORY OR LOS IDENTIFYING INFORMATION) L1244 Continued From page 10 sanitize the floor after the substance had been removed. -6 29 PM, the QIDP was observed to return down the hall to the office area. No staff had been observed to enter the hallway to client #2's bedroom to assist her. -6.41 PM, a staff member from a sister facility, came in the front door, walked through the facility to the back door. She opened the back door and let in a group of 7 visitors. She stopped by the office area to talk with the QIDP. -6.45 PM, the staff member then left the facility through the fortidous area and talked with the visitors. -7.38 PM, the QIDP returned to the office, leaving the visitors with the clients. -7.34 PM, the CMA was observed to enter the facility through the front door. The visitors are observed leaving the facility through the forth door. The visitors are observed leaving the facility through the forth door. At no time, during the camera feed, was the QIDP observed to go down the hallway to client #2's bedroom to assist her as the QIDP add stated in her interview with the surveyor. At no time was anyone observed to go down the hallway to client #2's bedroom to assist her as the QIDP add stated in her interview with the surveyor. At no time was anyone observed to go down the hallway to client #2's bedroom to assist her as the QIDP add stated in her interview with the surveyor. At no time was anyone observed to go down the hallway to client #2's bedroom to assist her with cleaning up from the toileting accident.			C II 1217 EAS	T COLLEGE			
sanitize the floor after the substance had been removed. 6 29 PM, the QIDP was observed to return down the hall to the office area. No staff had been observed to enter the hallway to client #2's bedroom to assist her. 6:41 PM, a staff member from a sister facility, came in the front door, walked through the facility to the back door. She opened the back door and let in a group of 7 visitors. She stopped by the office area to talk with the QIDP. 6 45 PM, the staff member then left the facility through the front door. The QIDP remained in the office. No additional staff were in the facility. 7:28 PM, the QIDP left the office area, came out to the dining area and talked with the visitors. 7:30 PM, the QIDP returned to the office, leaving the visitors with the clients. 7:34 PM, the CMA was observed to enter the facility through the front door. The visitors are observed leaving the facility through the back door. At no time, during the camera feed, was the QIDP observed to go down the hallway to client #2's bedroom to assist her as the QIDP had stated in her interview with the surveyor. At no time was anyone observed to go down the hallway to client #2's bedroom to assist her with cleaning up from the toileting accident. At 12:45 PM, during the observation of the	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE
camera feed, the administrator was asked if the QIDP had provided care to client #2. She stated,	LL244	sanitize the floor afremoved. 6:29 PM, the QID down the hall to the been observed to electroom to assist her interview with tanyone observed to go down the during area at the control of the distribution	ter the substance had been P was observed to return e office area. No staff had inter the hallway to client #2's her. Inember from a sister facility, bor, walked through the facility she opened the back door and isitors. She stopped by the with the QIDP. I member then left the facility bor. The QIDP remained in the fall staff were in the facility. P left the office area, came out and talked with the visitors. P returned to the office, with the clients. A was observed to enter the front door. The visitors are the facility through the back the camera feed, was the QIDP on the hallway to client #2's her as the QIDP had stated in the surveyor. At no time was to go down the hallway to client sist her with cleaning up from the observation of the dministrator was asked if the				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING		COMPLETED	
					1	
		NH7236	B WING		05/3	0/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GATESW	/AY FOUNDATION, IN	C II	T COLLEGE ARROW, OF			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
LL244	Continued From pa	ge 11	LL244			
	"No." The administ previously watched apparently had not asked if the failure considered neglect. The administrator whave been in the fathe area. She state entire camera feed of the visitors in the member should have with the visitors. The surveyor asked the QIDP to continuate to client #2 afth had the potential to	trator stated she had the camera feed, but watched it carefully. She was of care by the QIDP could be. She did not answer. I was asked if visitors should cility with no staff present in ed she had not watched the so she had not been aware a facility. She stated a staff we been present in the facility. If the administrator if allowing ue to work, providing direct er the incident on 05/07/18, put the client at continued risk ated, she guessed so.				
LL811	The facility shall may and prevent the devinfection in the follo (1) Food handling (2) Laundry practic (3) Disposal of environments (4) Pest control ments (5) Traffic control for (6) Visiting rules for (7) Sources of air-	practices. les including linen handling. les including linen handling linen handling. les including linen handling linen handling. les including linen handling linen handl	LL811			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLE				
		NH7236	B WING		05/3	0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
CATECIA	VAV EQUINDATION IN	1217 EAS	ST COLLEGE			
GAIESV	VAY FOUNDATION, IN	BROKEN	ARROW, OK	74012		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
LL811	Continued From pa	ge 12	LL811			
	determined the faci environment in the This had the potent resided in the facilit On 05/29/18 at 10:0 interviewed client # liked living in the facing pretty well not there had been any stated, "Yes." Clier month, client #2 ha left on the floor in the further stated the Cuther the Client #1's feces while the QIDP wor. At 10:30 AM, the Dinterview with client surveyor she had bup feces and watch if she had been mastated, "Yes." The with a copy of an ehad been sent to the the assistant admiremail described a	on and interview, it was lity failed to ensure a sanitary dining room was provided. ial to affect all 8 clients who y. Findings: 00 AM, the surveyor 1. She was asked how she cility. She stated things were w. The surveyor asked her if a problems in the past. She at #1 stated earlier in the d an accident and feces was ne dining room. Client #1 eIDP had told her to clean up is and to watch other clients				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING (X3) DATE S COMPL				
		NH7236	B WING		05/3	0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GATESV	AY FOUNDATION, IN	C. II	T COLLEGE ARROW, OK			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
LL811	documented client# administrator she hup client #2's feces well as to watch two The DON told the sadministrator had mwatched the camera 05/07/18. She state to show something #2 was standing. Tlooked at the floor a area. She stated the #2 using her walker her room. She state feces remained on 27 minutes. She st QIDP said something put on gloves and sfrom the floor, but the stated the QIDP appropriate the QIDP appropriate with a part disinfect the floor in At 10:40 AM, the substance with a part disinfect the floor in the same information the surveyor by the on the floor of the faup for over 27 minutes the surveyor by the on the floor of the faup for over 27 minutes and to ware worked in the office. At 10:45 AM, the substance with a part of the floor of the faup for over 27 minutes and to ware worked in the office. At 10:45 AM, the substance with a part of the floor	In told the assistant and told by the QIDP to clean from the floor of the facility as to other clients in the facility. Inveyor she and the assistant the with the administrator and a feed on the 3-11 shift of the difference of the DON stated the QIDP and at client #2 and left the recamera feed showed client to walk down the hallway to the difference of the floor of the facility for over atted at that time it appears the floor of the facility for over atted at that time it appears the floor of the facility for over atted at that time it appears the floor of the facility for over atted at that time it appears the floor of the facility for over atted at that time it appears the floor of the facility for over atted at that time it appears the floor of the facility for over atted at that time it appears the floor of the facility for over atted at that time it appears the floor of the facility for over atted at that time it appears the floor of	LL811			
		⁻ 05/07/18. She stated, "Yes." Id not really tell what had				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
			A BUILDING			
		NH7236	B WING		05/3	0/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
GATESW	/AY FOUNDATION, IN	C. II	T COLLEGE ARROW, OK			
(VA) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
LL811	Continued From pa	ige 14	LL811			
	QIDP looking at so	amera feed, other than the mething on the floor, leaving gout of camera view for over				
	asked about the inc 05/07/18. She stat the facility as direct she had noticed the client #2. She furth feces running dowr she instructed clien stated she had bee had not had time to floor right away. Sh cleaned and disinfe	IDP was interviewed. She was cident which had occurred on ed she had been working in care on 05/07/18. She stated a feces on the floor below her stated she had observed in client #2 legs. She stated at #2 to take a shower. She in assisting client #2 so she oclean up the feces from the ne was asked if she had exted the area of the feces it up. She stated she was				
	administrator and D	and 2:00 PM the surveyors, DON watched a recording of om 05/07/18. The following ne camera feed:				
	In one view, the din entry into the kitche The other view, is o office area and the	howed 2 views of the facility. Joing area, partial living area, en and back door are visible. Joing the front door, entry into an west hallway to the 4 client g client #2's bedroom.				
	clients are in the di and #2. The certific leaves the facility v the only staff in the					
	the hallway into an	P is observed walking down office area.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A BUILDING		COMP	LETED	
		NH7236	B WING		05/3	0/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
0.47501	AV FOLINDATION IN	1217 EAS	T COLLEGE				
GATESV	VAY FOUNDATION, IN	BROKEN	ARROW, OF	74012			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
LL811	Continued From pa	age 15	LL811				
	the kitchen, she loo floor under where o	I is observed walking out of oks down at something on the client #2 is standing. She is the office and say something to					
	5:59 PM, the QIDP leaves the office area, walks into the dining area, and looks down at the substance on the floor. She says something to client #2 and assists her in getting her walker.						
	to start down the harmonic The QIDP is observed telephone as she was a she w	2 is observed using her walker allway toward her bedroom. wed to be talking on the valks down the hallway to the noce remains on the floor of the					
		P is observed to leave the time she is observed to talk					
	towel to pick up the the towel to the kitc was made of any a	P is observed to use a paper substance. She then takes then area. No observation ttempts to clean or sanitize the tance had been removed.					
	6:29 PM, the QID down the hall to the	P was observed to return e office area.					
	walks through the formula opens the back do	#1 comes in the front door, racility to the back door. She or and lets in a group of 7 by the office area to talk with					
		f member then leaves the front door. The QIDP remains					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPL A BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		NH7236	B. WING		05/3	30/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GATESW	VAY FOUNDATION, IN	C II	T COLLEGE ARROW, OK			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETE DATE
LL811	Continued From pa	ge 16	LL811			
	in the office. No ad	Iditional staff are in the facility.				
	7:30 PM, the QIDI the visitors with the	P returns to the office, leaving clients.				
		A returns to the facility by the itors are observed leaving the door.				
ļ	they and the clients	visitors were in the facility, were observed to be walking room in the area where the n.				
		ne camera feed, was anyone or disinfect the area where the n.				
	camera feed, the ad where the substance been clean and disi look like it had beer was asked if not cle	g the observation of the dministrator was asked if area ce had been on the floor had infected. She stated it did not n cleaned or disinfected. She eaning or disinfecting the area d an issue with infection I, "Yes."				
i						

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SURVEY TEAM COMPOSITION AND WORKLOAD REPORT

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P O Box 26684, Baltimore, MD 21207, or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D C 20503

Provider/Supplier Number 37G035		Provider/Supplier GATESWAY FO		ATION, INC II		The state of the s	
Type of Survey (select all that apply)	B Dump C Federa	laint Investigation ing Investigation Il Monitoring v-up Visit	E F G H	Initial Certification Inspection of Care Validation Life Safety Code	I J K L	Recertification Sanctions/Hearing State License CHOW	
Extent of Survey (select all that apply)	B Extended	Standard Survey (all p l Survey (HHA or Lor ktended Survey (HHA rvey	ng Term	* * /			

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. 32615	05/29/2018	05/30/2018	0.00	2.00	9.00	0.00	8.00	16.00
2. 35580	05/29/2018	05/30/2018	1.00	0.00	7.00	0.00	3.50	4.00
3.								
4.								
5.								
6.								
7.								
8.			-				· · · · · · · · · · · · · · · · · · ·	
9.								
10.								
11.							· · · · · · · · · · · · · · · · · · ·	
12.								
13.					· <u> </u>			
14.			<u></u>					

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

JUN 0 8 2018 SAC