



Delivery Via Email: ExecutiveDirector@MansionAtWaterfordSLC.com

September 16, 2020

License Number: AL5591

Mr. Alex Baggs, Administrator
The Mansion at Waterford
6110 North Penn Avenue
Oklahoma City, OK 73112

RE: Survey Event PC6L11

Dear Mr. Baggs:

On **June 1, 2020**, agents from our office completed a COVID-19 focused infection control survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- C1505 - The current correction date is incorrect.

Please provide a new plan of correction for these deficiencies and return with amendments as soon as possible.

Sincerely,

Katie
Stagner

Digitally signed by Katie Stagner
DN: cn=Katie Stagner, o=Oklahoma
State Department of Health, ou=Long
Term Care,
email=kstagner@health.ok.gov, c=US
Date: 2020.09.16 08:26:17 -0500

Katie Stagner, Enforcement Coordinator
Long Term Care
Protective Health Services

Enclosure



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 8/12/2013

Facility Name: The Mansion At Waterford

License Number: AL5591

Survey Event ID: PC6L11

Date Survey Completed: 6/1/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1505

Based on: Based on observation, record review and interview, it was determined the facility failed to ensure safe and adequate care was provided to 15 (#1-#15) of 15 memory care residents, by allowing two direct care staff who were positive for COVID-19, to provide care to the residents.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: *Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law*

REQUIRED ELEMENTS OF A PLAN

ASSISTED LIVING CENTER'S PLAN ELEMENTS

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

No Adverse Effects to residents. The Community followed CDC guidelines for HCP with mild to moderate illness who are not severely immunocompromised: At least 10 days have passed since symptoms and at least twenty-four hours have passed since last fever without the use of fever reducing medications and symptoms have improved. The community received conflicting release to return to work directives between local and state health departments.

OSDH Response: Element accepted Yes No

2. How will other residents having the potential to be affected by the same deficient practice be identified?

Employees providing cohort care for COVID-19 positive resident maintained compliance with donning and doffing Full PPE as well as Full PPE on during presence in Memory Care. CMA#1 and CMA#2 completed their Self- Isolation and were asymptomatic upon return to work.

OSDH Response: Element accepted Yes No

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

The Executive Director and Director of Health and Wellness reviewed the CDC Return to Work Criteria for HCP with SARS-CoV-2 Infection. Employee temperatures and screening is completed upon arrival at the community and prior to employees shift start.

OSDH Response: Element accepted Yes No

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:
 a. How the correction will be evaluated for effectiveness;
 b. How the correction will be incorporated into the center's quality assurance system; and
 c. How monitoring records will be kept to evidence the correction.

The Community will communicate symptomatic employees to the HD, notify employees of the requirement of 10 day self isolation with symptoms, refer employee to their health care Practitioner for follow-up and request communication of COVID-19 test results if tested. The Community will communicate positive test results to the county and state health department

The Executive Director/Designee will review the community symptoms tracking log daily to ensure follow up and reporting compliance. The Executive

		<p>Director/Designee and Director of Health and Wellness will review COVID-19 tests, symptoms and follow up plan during Quarterly Quality Improvement meetings. The Executive Director will request email confirmation of the community plan of 10 day self isolation and the employee asymptomatic status and the date of return to employment.</p> <p>The community Executive Director will review COVID-19 confirmed status of employees daily and provide return to work updates to the employees supervisor and the Director of Health and Wellness.</p> <p>Employee COVID-19 Positive test status is maintained in a secured filed in the Executive Director office.</p>	
OSDH Response: Element accepted		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. On what date will corrective action be completed?		6/1/2020	
OSDH Response: Element accepted		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Administrator's Signature Alex Baggs <small>OAC 310:663-25-4(F)</small>		Date 9/15/2020	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Alex Baggs
Items Below Are For OSDH Use Only			
Plan of Correction: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.			