

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/15/2022
NAME OF PROVIDER OR SUPPLIER Maplewood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6202 East 61st Street Tulsa, OK 74136	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41220</p> <p>On [DATE] at 7:24 p.m., an Immediate Jeopardy (IJ) was verified with the Oklahoma State Department of Health (OSDH) regarding the facility's failure to implement the abuse policy to ensure employee background checks were completed. Documentation from OK Screen, dated [DATE], revealed CNA #1 had been disqualified from employment in LTC until [DATE] and had been a full time employee at the facility since [DATE]. CNA #2, CNA #3, Dietary aide #1, 2, 3, Dietary aide #4, and Transportation aide #1 were currently employed by the facility and had not received final clearance of background checks.</p> <p>On [DATE] at 7:30 p.m., the facility's administrator and Regional Director of Operations were made aware of the IJ situation related to the facility's failure to implement the abuse policy in regards to employee background checks. A plan of removal of the IJ situation was requested.</p> <p>A plan of removal was received on [DATE]. The facility was notified the immediacy was lifted as of [DATE] at 7:29 a.m. when all components of the plan of removal had been completed. The deficient practice remained at a level of harm. The plan of removal documented:</p> <p>Plan of Removal F607</p> <p>Please accept this POR as related to the Immediate Jeopardy called on [DATE] in relations to the failure to implement the Abuse policy regarding background checks for employees.</p> <p>Action Item: A root cause analysis was completed on [DATE] by the IDT to identify systemic issues .Date completed: [DATE] 1000pm central</p> <p>RCA of IJ regarding failure to implement the Abuse policy regarding the background checks for employees.</p> <p>Why was the employee screening for background checks not get completed in the entirety?</p> <p>The administrative team failed to ensure the process for OK screen was completed in its entirety.</p> <p>Why did the administrative team fail to monitor the process?</p> <p>The administrative team relied on the resource team to validate the process continued to be performed to the standard set for by Oklahoma State Department of Health.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Why did the resource team fail to ensure the process was followed to the standard set for by Oklahoma State Department of Health?</p> <p>The resource team (consisted of two regional HR members and a HR specialist) completed a full audit of employee records in May of 2022. The full audit of the employee record included verification of OK screen approval, completed and signed application packet, EEOC form, Veteran form, completed and signed drug screen, completed and signed W-4, Completed and signed I-9, Copy of Drivers license and social security card, Signed wage deduction authorization, signed policy and procedure acknowledgment, initial and signed Senate [NAME] 9, resident rights acknowledgement, signed arbitration agreement, completed TB test, Completed Hep B, consent/declination, Completed emergency contact, signed job description, Signed new hirer orientation checklist, CPR certification for direct care staff, IV certification LVN if applicable, signed resident abuse and neglect P&P and proficiency testing. The resource team identified areas of the process that needed improvement through the record audit. The Human Resource Director was re-educated on the on boarding process, which includes OK Screen. The resource team completed the areas of improvement with the Human Resource Director. The resource team completed random follow up visits with the Human Resource Director. Follow up visits include but not limited to education on processes, assisting in addressing concerns, verification of new hirer process, assistance with recruiting and assistance with employee retention. No concerns were identified during the random follow up visits. The resource team then stopped the random visits and resumed quarterly visits with the center Human Resource Director. Routine visits from the resource team are scheduled quarterly and as needed. New hirer packet audits will be completed by the administrative team and the resource team per new hire.</p> <p>Why did the resource team resume quarterly visits?</p> <p>The resource team determined that the Human Resource Director was completing the on boarding process to include the OK Screen to the standards set forth by the Oklahoma State Department of Health.</p> <p>Why did the Human Resource Director stop completing the OK Screen to the standards set forth by the Oklahoma State Department of Health?</p> <p>The Human Resource Director began having performance issues which was noted by the administrative team. The Administrator addressed the Human Resource Director's performance and attendance issues on [DATE]. The Human Resource Director did not agree with the performance improvement plan and resigned without notice.</p> <p>Why did the Administrator address the Human Resource Directors performance issues?</p> <p>The Administrator attempted to correct the center employee's poor performance, to maintain the integrity of the department, ensure policies were implemented and staffing concerns were addressed appropriately.</p> <p>How did the Administrator address the immediate opening of the Human Resource Director position?</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The current Business Office Manager offered to assist with on boarding new hirers. She had experience from her previous employment. She audited the current employee files on [DATE] and noted concerns with the on boarding process related to OK screen completion. The BOM notified the administrative team, and the resource team was than notified. The administrative team and the BOM initiated a performance improvement plan and began the process to complete the OK Screen. Thirty of the thirty-seven OK Screens were completed prior to [DATE].</p> <p>This event could have been prevented if the process was completed through OK Screen. If the employee was entered and registered to our center in OK screen, we would have received a notification from OK Screen notifying the center of the barring of employment. The center would have than terminated the employee per our abuse policy.</p> <p>Action Item: The resource team (HR/compliance, Nursing and operational resources) re-educated the BOM, HR assistant and the administrative team on [DATE] on the on boarding process. The on boarding process includes the completion of the OK screen, prior to the employee starting employment .Date Completed: [DATE] 5pm central</p> <p>Action Item: The BOM and HR assistant completed a full audit of all employee records on [DATE]. The resource team assisted in the audit to verify the completion of the audit and the accuracy of the audit .Date Completed: [DATE] 12:00pm central</p> <p>Action Item: POR reviewed in the Adhoc QAPI on [DATE] by the IDT, Root Cause Analysis was validated, and action plan from [DATE] will be updated .Date Completed: [DATE] 1:30pm central time</p> <p>Action Item: The administrative and the resource team will validate the on boarding process is complete. The on boarding process includes the OK Screen is complete prior to starting employment in the center. Each new hirer will be validated by the administrative team and or the resource team. This process has been initiated as of [DATE] and will continue until the center reaches substantial compliance. The HR/Compliance officer/Resource team will continue education with the HR assistant, education and validation of the new hirer process will include but not limited to the OK Screen process. The HR/Compliance officer/Resource team will complete monitoring Monday-Friday until substantial compliance is met .Date Completed: [DATE] 2:00pm central</p> <p>Action Item: Ten outstanding employees for OK screen will be completed by the BOM. The missing component for the completion is the finger printing process. The OK Screen has been completed up to the fingerprint process. Consents are on file for all ten staff members. Finger printing will be scheduled asap for the remaining nine employees missing fingerprints. One of the ten has been completed, seven of the ten have been scheduled for finger printing, one of the ten is pending confirmation of finger printing. One of the employees was termed on [DATE], related to the background check. Employees will not return to work after [DATE] at 8:30am central until the completed OK Screen is returned with the clearance letter .Date initiated: [DATE] 8:00am</p> <p>Based on record review and interview, the facility failed to implement their abuse policy for eight (CNA #1, 2, CNA #3, Dietary aide #1, 2, 3, Dietary aide #4, and Transportation aide #1) of eight employees who were hired by the facility and had not received final clearance of background checks upon hire; no letters were provided for provisional employment. Currently seven employees were working at the facility without completed background checks.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The Daily Census Report, dated [DATE], identified 78 residents who resided in the facility.</p> <p>Findings:</p> <p>The Abuse Prevention Program policy, dated [DATE], read in part, .As part of the resident abuse prevention program, the administration will: 1. Conduct employee background checks and will not knowingly employ or otherwise engage any individual who has: a. Been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; b. Had a finding entered in the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or c. Had a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property .</p> <p>On [DATE] at 4:13 p.m., the assistant BOM informed the surveyors that the facility had confirmation from an audit, conducted [DATE], that CNA #1 currently working at the facility was ineligible to work in LTC. The assistant BOM was asked to provide documentation of background checks for eight employees.</p> <p>Review of the eight employee files revealed:</p> <p>CNA #1 was a full time employee and had been hired by the facility on [DATE]. OK Screen documentation, dated [DATE], revealed CNA #1 was disqualified from working in LTC facilities until [DATE]. Review of the punch detail for CNA #1 revealed they had actively worked in the facility with the last documented shift as the night shift on [DATE]. The employee was terminated on [DATE];</p> <p>CNA #2 was a current full time employee, hired [DATE]. The OK Screen background check was initiated on [DATE];</p> <p>CNA #3 was hired as a full time employee on [DATE]. The OK Screen background check was initiated on [DATE];</p> <p>Dietary aide #1 was a current full time employee, hired [DATE]. The OK Screen background check was initiated on [DATE];</p> <p>Dietary aide #2 was a current full time employee, hired [DATE]. The OK Screen background check was initiated on [DATE];</p> <p>Dietary aide #3 was a current full time employee, hired [DATE]. The OK Screen background check was initiated on [DATE];</p> <p>Dietary aide #4 was a current part time employee, hired [DATE]. The OK Screen background check was initiated on [DATE]; and</p> <p>Transportation aide #1 was a full time employee, hired [DATE]. The OK Screen background check was initiated on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 5:12 p.m., the administrator stated employee files were being audited off and on between doing other things since [DATE]. The administrator was asked what the protocol was for hiring new employees. They stated they ran background checks before the employee began working in the facility. The administrator stated they had identified some things were wrong with the employee files and they began the audit in [DATE]. The administrator stated they had been notified CNA #1 was not eligible to work in LTC and terminated CNA #1 at approximately 10:00 a.m. on [DATE].</p> <p>On [DATE] at 10:33 a.m., the administrator was asked who was responsible to train human resources/BOM employees to ensure they were aware of the facility's protocol to complete background checks. The administrator stated the facility human resources employees/BOM were trained by corporate personnel.</p> <p>On [DATE] at 11:01 a.m., an interview with the Regional Human Resource director provided results of an internal facility audit of employee files performed in the facility in May of 2022 by the corporate human resource department, and stated the lack of completed background checks had not been identified at that time.</p> <p>On [DATE] at 3:44 p.m., the disqualification for employment in LTC facilities, due to a barrier in effect for CNA #1, was verified during an interview with an OK Screen employee. The OK Screen employee stated CNA #1 was not listed in their system as employed, with this facility/any other long term care facility.</p> <p>On [DATE] at 4:53 p.m., the BOM was asked where provisional letters of employment were located. The BOM stated they did not have any provisional letters of employment.</p> <p>As of [DATE] at 7:00 p.m., documentation of completed OK screen background checks had not been provided by the facility for:</p> <ul style="list-style-type: none"> A. CNA #2 [DATE]-[DATE] (406 days) B. CNA #3 [DATE]-[DATE] (387 days) C. Dietary aide #1 [DATE]-[DATE] (261 days) D. Dietary aide #2 [DATE]-[DATE] (8 years and 309 days) E. Dietary aide #3 [DATE]-[DATE] (140 days) F. Dietary aide #4 [DATE]-[DATE] (119 days) G. Transportation aide #1 [DATE] -[DATE] (147 days) 		