Delivery via email to: jwill@covliving.org

October 8, 2024

License Number: CC1902AL

Mr. Jacob Will, Administrator
Covenant Living At Inverness
3800 West 71st Street South
Tulsa, OK 74132

Survey Event ID: 1H0G11

Dear Mr. Will:

On **September 25, 2024,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template. Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: http://www.ok.gov/health. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care**. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action will be completed for each violation; and
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, 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 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face to face, or a virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA State Department of Health

INVESTIGATIVE REPORT

Facility: Covenant Living at Inverness
Address: 3800 West 71st Street
City, State, Zip: Tulsa, OK 74132
Provider #: CC1902AL
Complaint #: OK00067319
Investigation Dates: 09/24/24 and 09/25/24

ALLEGATION
The facility failed to ensure residents were not physically, verbally, or psychosocially abused.

An unannounced on-site investigation was initiated 09/24/2024 at 10:45 a.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for odors. Staff were observed for assisting residents with activities of daily living. Staff were observed treating residents with respect and kindness.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, treatment records, dietician notes, and activities of daily living (ADL) records. Facility policy and procedures were reviewed. Grievance records were reviewed.

Residents were interviewed related to their care and if they had experienced abuse. They were asked if they received their care in a timely manner.

Staff members were interviewed regarding the facility policy on abuse. They were asked about their ability to provide the appropriate care in a timely manner.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/07/2024

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CC1902AL	A. BUILDING: ______ B. WING ______	C 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT LIVING AT INVERNESS	3800 WEST 71ST STREET SOUTH TULSA, OK 74132

(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
C 000	INITIAL COMMENTS A complaint investigation (OK#00067319) was conducted on 09/24/24 and 09/25/24. Facility Census: 42 The following abbreviations will be used in this document. CMA - certified medication aide CNA - certified nurses aide APS - Adult Protective Services	C 000		
C1512 SS=D	310:663-15-1 & 63 OS 1-1918(B)(12) RESIDENT RIGHTS - Abuse/Neglect Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(12) (12) Every resident shall be free from mental and physical abuse and neglect, as such terms are defined in Section 10-103 of Title 43A of the Oklahoma Statues, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms, except those restraints authorized in writing by a physician for a specified period of time or as are necessitated by an emergency where the restraint may only be applied by a physician, qualified licensed nurse or other personnel under the supervision of the physician who shall set forth in writing the circumstances requiring the use of restraint. Use of a chemical or physical restraint shall require the consultation of a physician within twenty-four (24) hours of such	C1512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CC1902AL	A. BUILDING: ______ B. WING ______	C 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT LIVING AT INVERNESS	**3800 WEST 71ST STREET SOUTH TULSA, OK 74132**

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C1512	Continued From page 1	C1512		

emergency;

Title 43A O.S. 10-103. Definitions
8. "Abuse" means causing or permitting:
a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, or mental anguish, or
b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult;

10. "Neglect" means:
a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest,
b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or
c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services;

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the center failed to ensure residents were free from abuse for two (#1 and #2) of three sampled residents reviewed for abuse.

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT LIVING AT INVERNESS	3800 WEST 71ST STREET SOUTH TULSA, OK 74132

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C1512	Continued From page 2 The assisted living director identifed 42 residents resided in the center. Findings: An undated document titled "Resident Rights" read in part, "...Every resident shall be free from mental and physical abuse..." Resident #1 had diagnoses which included Alzheimer's disease. Resident #2 had diagnoses which included dementia, anxiety, and depression. An "Oklahoma State Department of Health Incident Report Form", dated 09/11/24, documented an allegation of abuse. It documented on 09/10/24 Resident #1 kept touching CNA #1, who then slapped them four times on the hand and stated, "[He/She] knows better and knows what happens if [he/she] does it." It documented CNA #1 then laughed. It documented Resident #2 repeatedly approached CNA #1. It documented CNA #1 grabbed the resident's left forearm causing them to yell "Ouch." It documented CNA #1 then turned the resident around and told them to go back to their room and stated, "Now [he shall/she shall] think about it before coming back." On 09/24/24 at 11:52 a.m., CMA #2 stated they had worked at the center for one year. They stated they had not witnessed any incidents of abuse. They stated they had inservices regarding abuse and named physical, mental, verbal and misappropriation as types of abuse. They stated if they witnessed abuse they would report the abuse to the nurse or administrator immediately.	C1512		

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	CC1902AL	A. BUILDING: ______ B. WING ______	C 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C1512	Continued From page 3 On 09/24/24 at 12:02 p.m., CNA #3 stated they had worked at the center for two years. They stated they received regular inservices regarding abuse and named verbal, mental, physical, and sexual as types of abuse. The CNA stated they had not witnessed any incident of abuse, but would report it immediately to the administrator. On 09/25/24 at 10:40 a.m., the assisted living director stated on 09/11/24 a newly hired CNA reported to them they had witnessed CNA #1 slap Resident #1 on the hand four times for touching them. They stated they then witnessed CNA #1 grab Resident #2 on the left forearm, turning them around telling them to go to their room. The assisted living director stated an investigation was launched, including notifying the local police department and APS. They stated CNA #1 was suspended immediately and then terminated on 09/13/24.	C1512		

OKLAHOMA
State Department
of Health

Delivery via email to: jwill@covliving.org

October 28, 2024

License Number: CC1902AL

Mr. Jacob Will, Administrator
Covenant Living At Inverness
3800 West 71st Street South
Tulsa, OK 74132

Survey Event ID: 1H0G11

Dear Mr. Will:

On **September 25, 2024,** a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. **Our acceptance does not absolve the facility's responsibility for compliance** should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **October 16, 2024**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE**
	Current Date: 10/16/2013
	Facility Name: Covenant Living at Inverness
	License Number: CC 1902
	Survey Event ID: IH0G11
	Date Survey Completed: 9/25/2024

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1512	Based on: Based on record review and interview, the center failed to ensure residetns were free from abuse for two (#1 and #2) of three sampled residents reviewed for abuse. The assisted living director identified 42 residents resided in the center.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Covenant Living at Inverness respectfully submits this plan of correction as its allegation of compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies or violations and is submitted at the request of the Oklahoma State Department of Health. Preparation and execution of this response and plan of correction does 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.

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?	Resident #1 and #2 were assessed immediately and no signs or symptoms of abuse were noted. Resident #1 and #2 that were able to state, voiced they felt safe.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Interviews were conducted with Memory Care Assisted Living residents. No concerns were voiced and no signs of abuse noted.
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?	Assisted Living employees are given education on abuse upon hire and annually with continued educational training on dementia. Assisted living employees were provided education on the prevention and reporting of abuse. This education was completed on 9/24/24.
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.	Assisted living employees were provided education on the prevention and reporting of abuse. This education was completed on 9/24/24. An audit was created for Memory Care Assisted Living residents to ask for concerns related to abuse. 6 residents will be interviewed each week for 12 weeks. An audit was created to randomly interview assisted living staff members. The interview questions confirm their understanding of the policies for prevention and reporting of abuse. The audits will be completed every other week for 12 weeks. Audit findings will be taken to the quarterly QAPI meetings.

	Audits will be kept with the QAPI minutes.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	10/16/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature : OAC 310:663-25-4(F)	**Date 10/16/2024**

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**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ 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.

Delivery via email to: jwill@covliving.org

October 31, 2024

License Number: CC1902AL

Mr. Jacob Will, Administrator
Covenant Living At Inverness
3800 West 71st Street South
Tulsa, OK 74132

RE: Survey Event 1H0G12

Dear Mr. Will:

On **October 31, 2024,** an off-site paper revisit was conducted for your facility by this agency. The findings of that paper revisit indicate that the deficiencies cited during your survey on **September 25, 2024,** have now been corrected effective **October 15, 2024.**

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

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

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	CC1902AL	A. BUILDING: ______ B. WING ______	R-C 10/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT LIVING AT INVERNESS	**3800 WEST 71ST STREET SOUTH** **TULSA, OK 74132**

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 10/31/24. The facility was in substantial compliance.	{C 000}		

Oklahoma State Department of Health

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