OKLAHOMA
State Department
of Health

Delivery via email to: cwilliamson@oxfordseniorliving.com

May 9, 2024

License Number: AL0701

Ms. Crystal Williamson, Administrator
Oxford Springs Durant Llc
1500 North 19th Street
Durant, OK 74701

RE: Survey Event ID: J98P11

Dear Ms. Williamson:

On **May 1, 2024**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **May 1, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written 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 (attached). 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 and monitoring will be completed for each violation;
(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 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0701	A. BUILDING: _____ B. WING _____	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OXFORD SPRINGS DURANT LLC	1500 NORTH 19TH STREET DURANT, OK 74701

(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 relicensure survey was conducted from 04/25/24 through 04/29/24. Facility Census: 19 The following abbreviations are used throughout the document: DON - director of nurses EHR - electronic health record Res - resident	C 000		
C 522 SS=D	310:663-5-2(b) ASSESSMENT TIMEFRAMES (b) The assisted living center shall complete the comprehensive assessment in accordance with the following: (1) within fourteen (14) days after admission of the resident; (2) once every twelve (12) months thereafter; and (3) promptly after a significant change in the resident's condition. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to ensure comprehensive assessments were completed every 12 months for three (#1, 4, and #5) of five sampled residents reviewed for assessments. The Executive Director identified a census of 19. Findings: 1. Res #1 was admitted to the facility on 05/14/21	C 522		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0701	A. BUILDING: _____ B. WING _____	05/01/2024

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C 522	Continued From page 1 An admission assessment was completed on 05/14/21. There was no comprehensive assessment completed for 2022, 2023, or 2024. 2. Res #4 was admitted to the facility on 03/23/22. An admission assessment was completed on 03/23/22 There was no comprehensive assessment completed for 2023 or 2024. 3. Res #5 was admitted to the facility on 04/20/23. An admission assessment was completed on 05/01/23. There was no comprehensive assessment completed for 2024. On 04/29/24 at 1:43 p.m., the DON stated Oxford Springs just bought Brookdale in November of 2023. They search all of the hard charts and scanned everything into the EHR. If the assessments are not in the EHR then we do not have them. The DON stated they made a schedule to update all the assessments that have not been updated and they would get started on those assessments. On 04/29/24 at 1:45 p.m., the DON stated she is very new to the Assisted Living and she is still learning all of the regulations. She also states that she has made a schedule of all the residents so that she can update their assessment in the EHR.	C 522		

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	AL0701	A. BUILDING: _____ B. WING _____	05/01/2024

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C1326	Continued From page 2	C1326		
C1326 SS=D	310:663-13-2(6) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (6) charges for services; This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure resident contracts contained documentation of the charges for services for two (#1, 2, 4, and #5) of five sampled residents. The Executive Director identified a census of 19. Findings: 1. Res #1's service agreement contract with Oxford Springs, signed on 12/08/23, did not document the charges for services resident would pay to reside at the facility. Res #1 was admitted to the facility on 05/14/21. 2. Res #2's service agreement contract with Oxford Springs, signed on 11/24/23, did not document the charges for services resident would pay to reside at the facility. Res #2 was admitted to the facility on 11/07/23. 3. Res #4's service agreement contract with Oxford Springs, signed on 12/08/23, did not document the charges for services resident would	C1326		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0701	A. BUILDING: _____ B. WING _____	05/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OXFORD SPRINGS DURANT LLC	1500 NORTH 19TH STREET DURANT, OK 74701

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C1326	Continued From page 3 pay to reside at the facility. Res #4 was admitted to the facility on 03/23/22. 4. Res #5's service agreement contract with Oxford Springs, signed on 11/21/23, did not document the charges for services resident would pay to reside at the facility. Res #5 was admitted to the facility on 04/20/23. On 04/29/24 at 1:55 p.m., the Executive Director stated Oxford Springs bought Brookdale back in 11/23 and we have been working very had to bring everything up state regulations. We will get the fee for service added to these residents and do a contract with every admission from now on.	C1326		

OKLAHOMA
State Department of Health

June 11, 2024

License Number: AL0701

Ms. Crystal Williamson, Administrator
Oxford Springs Durant Llc
1500 North 19th Street
Durant, OK 74701

RE: Survey Event J98P11

Dear Ms. Williamson:

On **May 1, 2024**, a Licensure inspection was conducted at your Assisted Living Center facility. 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 will be corrected and you will be in substantial compliance by **May 17, 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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: 5/20/2024** **Facility Name:** Oxford Springs Durant LLC **License Number:** AL0701 **Survey Event ID:** J98P11 **Date Survey Completed: 5/1/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 522	Based on: Record review, the center failed to ensure comprehensive assessments were completed every 12 months for the three (#1, 4 and #5) of sample residents

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Oxford Springs Durant, LLC recently purchased Brookdale Durant in November 2023, all charts and paper work were scanned into EMR.

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, 4 and 5 assessments were completed prior to exit interview. Chart audit on remaining residents began immediately, schedule was made for all future assessments
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents in the community have the potential to be affected
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?	ED will in-service DON on state regulations regarding assessments and the importance of timelyness and accuracy.
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.	DON/ED will discuss all upcoming assessments that are due daily during stand up and monthly during our managers meeting. DON/ED will perform quarterly chart audits to verify accuracy and timing of assessments. DON will do bi-weekly review of any changes in condition and review for accuracy. DON/ED will review compliance monthly.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/17/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date 5/20/2024**

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.

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 5/20/2024** **Facility Name:** Oxford Springs Durant LLC **License Number:** AL0701 **Survey Event ID:** J98P11 **Date Survey Completed: 5/1/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 1326	Based on: Record review, the center failed to ensure resident contracts contained documentation of the charges for services for two (#1, 2, 4, 5) of five sampled residents.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Oxford Springs Durant, LLC recently purchased Brookdale Durant in November 2023, all charts and paper work were scanned into EMR.

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, 2, 4 and 5 services charges were printed and added to the contract agreement as the last page.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents in the community have the potential to be affected
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?	ED/DON will make sure that at the time of signature for contract signing that all financial responsibilits of the resident are clearly stated and attached to contract agreement at signing.
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.	Upon signing of the contract for admission, all financial responsibility statements will be included in the agreement. ED wil perform monthly audits of residential agreements to ensure compliance of residential financial statement DON will notify ED of any changes in pricing and level of care change in a timely manner, and new pricing will be discussed with responsible party and resident, will attach new payment agreement to contract as indicated. Bi-weekly audits will be performed to make sure all residnets have proper payment statements in the agreement prior to signature and that new pay statements will be attached to agreement in a timely manner as indicated.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/17/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date 5/20/2024**

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.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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OXFORD SPRINGS DURANT LLC	1500 NORTH 19TH STREET DURANT, OK 74701

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C 000	INITIAL COMMENTS A relicensure survey was conducted from 04/25/24 through 04/29/24. Facility Census: 19 The following abbreviations are used throughout the document: DON - director of nurses EHR - electronic health record Res - resident	C 000	Refer to POC Template Survey Event ID# J98P11 ID Prefix Tag: C 522 Refer to POC Template Survey Event ID# J98P11 ID Prefix Tag: C 1326	
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Oklahoma State Department of Health

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C 522	Continued From page 1 An admission assessment was completed on 05/14/21. There was no comprehensive assessment completed for 2022, 2023, or 2024. 2. Res #4 was admitted to the facility on 03/23/22. An admission assessment was completed on 03/23/22 There was no comprehensive assessment completed for 2023 or 2024. 3. Res #5 was admitted to the facility on 04/20/23. An admission assessment was completed on 05/01/23. There was no comprehensive assessment completed for 2024. On 04/29/24 at 1:43 p.m., the DON stated Oxford Springs just bought Brookdale in November of 2023. They search all of the hard charts and scanned everything into the EHR. If the assessments are not in the EHR then we do not have them. The DON stated they made a schedule to update all the assessments that have not been updated and they would get started on those assessments. On 04/29/24 at 1:45 p.m., the DON stated she is very new to the Assisted Living and she is still learning all of the regulations. She also states that she has made a schedule of all the residents so that she can update their assessment in the EHR.	C 522		

Oklahoma State Department of Health

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C1326 SS=D	310:663-13-2(6) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (6) charges for services; This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure resident contracts contained documentation of the charges for services for two (#1, 2, 4, and #5) of five sampled residents. The Executive Director identified a census of 19. Findings: 1. Res #1's service agreement contract with Oxford Springs, signed on 12/08/23, did not document the charges for services resident would pay to reside at the facility. Res #1 was admitted to the facility on 05/14/21. 2. Res #2's service agreement contract with Oxford Springs, signed on 11/24/23, did not document the charges for services resident would pay to reside at the facility. Res #2 was admitted to the facility on 11/07/23. 3. Res #4's service agreement contract with Oxford Springs, signed on 12/08/23, did not document the charges for services resident would	C1326		

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C1326	Continued From page 3 pay to reside at the facility. Res #4 was admitted to the facility on 03/23/22. 4. Res #5's service agreement contract with Oxford Springs, signed on 11/21/23, did not document the charges for services resident would pay to reside at the facility. Res #5 was admitted to the facility on 04/20/23. On 04/29/24 at 1:55 p.m., the Executive Director stated Oxford Springs bought Brookdale back in 11/23 and we have been working very had to bring everything up state regulations. We will get the fee for service added to these residents and do a contract with every admission from now on.	C1326		

OKLAHOMA
State Department
of Health

Delivery via email to: cwilliamson@oxfordseniorliving.com

July 10, 2024

License Number: AL0701

Ms. Crystal Williamson, Administrator
Oxford Springs Durant Llc
1500 North 19th Street
Durant, OK 74701

RE: Survey Event J98P12

Dear Ms. Williamson:

On **July 9, 2024,** an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **May 1, 2024,** have now been corrected effective **May 17, 2024.**

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

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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
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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 07/09/24. 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