Oklahoma State Department of Health
Creating a State of Health

December 12, 2019

License Number: AL090201

Ms. Pollyette Milligan, Administrator
Willowood At Mustang Assisted Living And Memory Ca
1017 West Highway 152
Mustang, OK 73064

Survey Event ID: 931911

Dear Ms. Milligan:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 10, 2019**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 271-6868.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

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INVESTIGATIVE REPORT
LICENSURE

Facility: **Willowood Assisted Living and Memory Care**
Address: **1017 West Highway 152**
City, State, Zip: **Mustang, OK, 73064**
Provider #: **Al0902**
Complaint #: **OK00054227**
Investigation Date(s): **10/10/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure resident rights to visitors of choice were not violated.	US
2. The center failed to provide care according to the resident's contract.	US

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 10/10/2019 at 12:45 p.m.

A sample of three residents including any identified resident 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to residents' allowed visitors of their choice was conducted.

Observations were made of a resident's wife as she exited the memory care and another resident's husband as he sat with her in her room. Some resident sat at a table in the common television area, ambulated in the hallway, or slept in their rooms.

The female visitor stated she and her daughters were in the memory care every day for lunch and dinner, and had never been denied visitation with their family member. The male visitor stated he visited the memory care

at least two or three times a week, and he or the resident's daughter had never been denied visitation with the resident. Another female resident stated she had a visitor and was happy when she came to visit her. An employee stated he had not known of anytime a visitor had been refused visitation with any resident.

A sign-in log for visitors was located at the reception desk in the main entrance of the assisted living. Each resident's contract contained a 'Visitor Policy' which stated visitors were required to follow all community policies, agree to follow the terms of the conduct agreement, and were required to sign in and out upon entrance and exit of the community.

At the time of the investigation, there was no deficient practice related to violation of residents' allowed visitors of their choice.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to a resident's incontinence care, administration of oxygen, oxygen cylinder maintenance, and fall prevention was conducted.

Observations made throughout the survey revealed residents clean and well groomed. No resident was found to have an odor of incontinence of urine or bowel. A resident in a wheelchair was taken to his room by two employees who changed his brief, provided incontinence care, and left him in his bed to take a nap. Two residents slept in their rooms with oxygen administration per concentrators. One portable oxygen cylinder was observed on a wheelchair with the gauge at approximately 70% and a full secured cylinder nearby.

Two different visitors stated their family members were incontinent of bowel, their family members had not taken their briefs off, nor had they ever discovered them covered in feces. An employee stated he had not known of any occurrences related to briefs being removed and the resident covered in feces. The employee stated one time a resident's portable oxygen cylinder had been discovered to be empty, but the resident was in bed at the time, and the oxygen was being administered by a concentrator. The administrator stated after one of the residents had moved into the memory care she had fallen a couple of times because she had forgotten she required assistance to the bathroom. They implemented several fall interventions and the resident had not fallen since.

One of the resident's 14 day comprehensive assessment documented she required one person assistance to transfer and toilet, she was incontinent of bladder and bowel, and had worn briefs. The resident's service plan documented she rarely had fallen, and needed transfer assistance of one person.

At the time of the investigation, there was no deficient practice related to any of the residents' removing their incontinent briefs and being covered in feces, empty oxygen cylinders in use, or no implementation of fall prevention measures.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegations #1 and #2. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Denise Owen, RN

Denise Owen, RN

Date report completed: 10/14/2019

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
	AL090201	A. BUILDING _____ B. WING _____	10/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOWOOD AT MUSTANG ASSISTED LIVING	1017 WEST HIGHWAY 152 MUSTANG, OK 73064

(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 An abbreviated survey was conducted on 10/10/19 to investigate complaint #OK00054227. Current census was 41. No deficient practice was cited.	C 000		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL090201	WILLOWOOD AT MUSTANG ASSISTED LIVING AND MEMORY CA

Type of Survey (select all that apply)

3				

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

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)
1. 35195	10/10/2019	10/10/2019	0.75	0.00	3.75	0.00	2.50	4.75
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3.								
4.								
5.								
6.								
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9.								
10.								
11.								
12.								
13.								
14.								

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**

DEC 13 2019