OKLAHOMA
State Department of Health

Delivery via email to: highlandsed@islllc.com

June 17, 2025

License Number: AL090201

Mr. Douglas Hanigar, Administrator
Sand Sage Of The Highlands
1017 West Highway 152
Mustang, OK 73064

Survey Event ID: UZ5411

Dear Mr. Hanigar:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **June 12, 2025**. 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) 426-8200.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Sand Sage of Highlands**
Address: **1017 West Highway 152**
City, State, Zip: **Mustang, OK 73064**
Provider #: **AL090201**
Complaint #: **OK00075577**
Investigation Date(s): **06-11-2025 through 06-12-2025**

ALLEGATION(S)
Allegations: Pharmaceutical Services
The center failed to ensure medications were administered as ordered by the physician.
Allegations: Nursing Services
1. The center failed to ensure adequate staff to meet the needs of the residents.
2. The center failed to ensure call lights were answered in a timely manner.
Allegations: Quality of Life
The center failed to provide ADL assistance for the residents.

An unannounced on-site investigation was initiated 06/11/2025 at 9:15 a.m. through 06/12/2025.

A sample of six residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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:
An anonymous complaint with numerous allegations was received by the Oklahoma Department of Health on 01/14/2025. All of the reported allegations were investigated with an onsite investigation from 06/11/2025 at 9:15 a.m. through 06/12/2025. The resident, her son and five staff members were interviewed regarding the allegations. Observation, record review and interview did not identify deficiencies in the care areas identified in the anonymous complaint.

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: 06/13/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Sand Sage of Highlands**
Address: **1017 West Highway 152**
City, State, Zip: **Mustang, OK 73064**
Provider #: **AL090201**
Complaint #: **OK00080178**
Investigation Date(s): **06-11-2025 through 06-12-2025**

ALLEGATION(S)
Allegations: Resident /Patient/Client Abuse
1. The center failed to ensure residents were free from Abuse.

An unannounced on-site investigation was initiated 06/11/2025 at 9:15 a.m. through 06/12/2025

A sample of six residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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: The final self-reported incident regarding the resident and the perpetrator was received by the Oklahoma State Department of Health regarding an abuse allegation that occurred on 03/20/2025. An onsite investigation by the Department of Health was initiated on 06/11/2025 at 9:15 a.m. The resident was interviewed, he stated he did not recall the event. Six residents were asked if they had ever been abused or witnessed any form of abuse while living at the facility. All six residents denied every witnessing or experiencing abuse or neglect. Five memory care staff were interviewed regarding abuse training and reporting. Each staff member stated they learned about abuse and neglect during new employee orientation and yearly thereafter. During the interview each staff member described the abuse policy and the reporting requirements.

The staff member who witnessed the incident reported the incident to the appropriate administrative staff immediately. The resident was examined by the hospice staff who were called in. The resident was assigned a one-on-one staff member for the evening, and the family, physician and police were notified. The alleged perpetrator was suspended immediately and terminated after the administrators completed their investigation. Appropriate licensure bodies were notified. The memory care staff attended a special abuse training in-service the next day, 3/21/2025. The in-service signature sheet demonstrated that all of the Memory Care staff attended the meeting. The residents Service Plan, most recent assessment, Abuse and Neglect Policy, Inservice training sign in sheet, and the perpetrators termination record are attached to the end of this report.

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State Department
of Health

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Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 06/13/2025

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: **Sand Sage of Highlands**
Address: **1017 West Highway 152**
City, State, Zip: **Mustang, OK 73064**
Provider #: **AL090201**
Complaint #: **OK00083349**
Investigation Date(s): **06-11-2025 and 6-12-2025**

ALLEGATION(S)
Allegations: Resident /Patient/Client Neglect
1. The center failed to provide necessary supervision to prevent resident elopements.

An unannounced on-site investigation was initiated 06/11/2025 at 9:15 a.m.

A sample of six residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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:

Record Review: Reviewed electronic record and paper record. Resident was admitted on 10/01/2024 along with her husband from an independent home in the community. According to the record, the resident has diagnoses listed as dementia, hypertension and insomnia. The resident ambulated independently with the assistance of a four-wheel walker. A self-reported incident to the Oklahoma State Department of Health, by the facility on 6/1/2025, reported that the resident and her husband left the facility on 06/01/2025 at 8:30pm.The resident was found sitting on the ground by a passing Good Samaritan. The resident and her husband were escorted back to the facility by staff. Prior to the incident the resident never attempted to leave the facility unaccompanied by a family member. The family voiced no concerns regarding the facility, or the care provided to the resident. No exit seeking behavior was observed by the family or staff prior to the elopement. The resident had been discharged to a higher level of care prior to the investigation so no interview was conducted. Record review and interview with the residents family demonstrated the resident was watched one on one until a safe discharge location was found. No deficient practice was identified through observation, record review and interview of residents, staff and the administration at Sand Sage of the Highlands.

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: 06/13/2025

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 _____	C 06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAND SAGE OF THE HIGHLANDS	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 A complaint survey (#OK00075577, OK00080178, and #OK00083349) was conducted on 06/11/25 through 06/12/25. No deficiencies were cited. Facility Census: 58	C 000		

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