OKLAHOMA
State Department
of Health

Delivery via email to: highlandsed@islllc.com

December 2, 2025

License Number: AL090201

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

RE: Survey Event ID: OQST11

Dear Mr. Hanigar:

On **November 20, 2025**, 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 **November 20, 2025**.

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
IDRCoordinator@health.ok.gov
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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
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
	AL090201	A. BUILDING: _____ B. WING _____	11/20/2025

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 relicensure survey was conducted on 11/14/25 and 11/19/25 through 11/20/25. Deficiencies were cited as a result of the survey. Facility Census:44 Listed below are abbreviations that will be used throughout this document. DM-dietary manager ppm-parts per million	C 000		
C 391 SS=D	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the center failed to: a. ensure the sanitizer solution in the dishwasher was maintained according to recommended ppm levels for the sanitization of dishware; and b. record dish machine sanitizer ppm levels three times a day. The RN identified 44 residents received nutrition from the kitchen. Findings:	C 391		

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C 391	Continued From page 1 On 11/14/25 at 12:42 p.m., kitchen staff #1 was observed testing the sanitizer in the dishwasher during the rinse cycle. The test strip had a reading below 50 ppm. On 11/14/25 at 12:53 p.m., the DM was observed testing the sanitizer in the dishwasher during the rinse cycle. The test had a reading of 10 ppm. A undated policy titled "Dishmachine Temperature Monitoring," read in part, "Sanitizer Guidelines for Low Temperature Machines Chlorine sanitizer concentration must be between 50 and 100 parts per million."..."Use litmus paper to confirm sanitizer concentration during rinse cycle." A undated policy titled "Dishmachine Temperature Monitoring," read in part,"Record sanitizer levels three times a day." On 11/14/25 at 12:54 p.m., the DM stated the ppm was supposed be at 50 ppm. On 11/14/25 at 1:06 p.m., the DM stated they did not have sanitizer levels recorded for the month of November 2025.	C 391		

OKLAHOMA
State Department of Health

Delivery via email to: ana.lopez@highlandsmustang.com

December 16, 2025

License Number: AL090201

Ms. Ana Lopez, Administrator
Sand Sage Of The Highlands
1017 West Highway 152
Mustang, OK 73064

RE: Survey Event OQST11

Dear Ms. Lopez:

On **November 20, 2025**, 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 **January 1, 2026**.

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,

Clorissa Nubine

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

Enclosure

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 12/2/2025** **Facility Name:** Sand Sage of the Highlands **License Number:** AL090201 **Survey Event ID:** OQST11 **Date Survey Completed: 11/20/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391	Based on: Based on observation, record review, and interview, the center failed to: a. ensure the sanitizer solution in the dishwasher was maintained according to recommended ppm levels for the sanitization of dishware; and b. record dish machine sanitizer ppm levels three times a day. The RN identified 44 residents received nutrition from the kitchen.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

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?	Upon identification of the low sanitizer readings, the Dining Manager immediately removed the dishmachine from service and implemented manual wash, rinse, and sanitization procedures to ensure all dishes, utensils, and food-contact items were fully sanitized according to policy. All items processed during the affected time frame were manually rewashed and verified for compliance before being returned to use. The Dining Manager also inserviced all culinary staff on proper sanitizer testing procedures, manual sanitation requirements, and steps to take when ppm readings fall below acceptable levels. Ecolab was contacted to service the machine and ensure the sanitizer system was functioning properly and consistently reaching the required ppm range. No residents experienced adverse outcomes; however, these corrective actions ensured that all potentially affected items were rendered safe to use for all 44 resisdents that were identified.
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 who receive meals prepared by the dietary department have the potential to be affected, as sanitized dishware and utensils are used community-wide. Upon identification of the deficient practice, the dishmachine was immediately removed from service to prevent any further potential exposure. To ensure identification of any future occurrences of the deficient practice, culinary staff were reeducated on 11/14/2025 regarding required sanitizer ppm levels, proper use of test strips, required documentation 3x daily, and immediate corrective actions when sanitizer readings fall below acceptable standards. Ongoing monitoring of sanitizer readings and documentation will allow the community to promptly identify any deviations and take corrective action to protect all residents utilizing dining services.

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?	The "Dishmachine Temperature Monitoring" policy has been updated and reissued with current dates to ensure clarity on required procedures. All culinary staff received re-education on chlorine sanitizer ranges (50–100 ppm), proper testing technique, and mandatory documentation three times daily. A laminated quick-reference guide was placed above the dishmachine outlining acceptable ppm ranges and immediate actions required if readings fall below 50 ppm. A dedicated sanitation log was created to ensure proper logging and daily review. The Dining Manager will provide ongoing training during monthly culinary inservices and reinforce expectations.
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.	The Community will monitor sanitizer levels three times daily and have the AED, ED, DM or Designee review the logs daily for 30 days to ensure ongoing compliance. Any issues will be corrected immediately, and results will be reviewed in weekly leadership meetings. Effectiveness will be shown by 30 days of complete, accurate logs with sanitizer readings consistently within 50–100 ppm. Results will be reviewed in weekly leadership/QA meetings and tracked as part of the ongoing quality assurance program. All sanitizer logs and daily reviews will be kept in the Sanitation Log Binder in the AED or ED office for verification.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	1/1/2026
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature OAC 310:663-25-4(F)	**Date 12/15/2025**

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.

MILESTONE RETIREMENT

POLICY AREA	Culinary
TITLE OF POLICY	Dish Machine Records P & P
REGULATORY REFERENCE	Various
EFFECTIVE/REVISED DATE	Eff. 05/05/24 / Rev. 12/12/25

POLICY OVERVIEW: This Policy outlines the required standards for monitoring, documenting, and verifying dish machine temperatures to ensure effective sanitization and compliance with state food safety regulations. This Policy applies to all dish rooms, culinary staff, Directors of Culinary, and any Person-In-Charge (PIC) responsible for sanitation within Milestone communities.

Proper dishwashing is essential to prevent foodborne illness, maintain a safe dining environment for residents, and comply with FDA Food Code-based state regulations governing hot water sanitization and chemical sanitization.

SCOPE: This is where the scope of the policy is indicated

POLICY:

All dish machines must operate at temperatures required by the machine type and applicable state regulations.

- **Temperatures and sanitizer concentrations must be recorded during every meal service three times daily.**
- **If temperatures or sanitizer concentrations fall outside required ranges, dish machine use must stop immediately**, and corrective action must be taken–including use of the approved three-compartment sink method.
- **Culinary leadership must verify the accuracy of dish machine gauges periodically.**

  - **If dish machine and backup sink sanitation cannot be verified, disposable dining products must be used until compliance is restored.**
  - All practices must align with state food safety rules based on the FDA Food Code (2022), including:

- **CA:** CalCode (Title 22 & Title 17; AB 251 reinforced sanitation documentation).
- **OR:** OAR 333-150 (Oregon Food Sanitation Rules).
- **WA:** WAC 246-215.
- **NV:** Nevada Administrative Code (NAC 446).
- **CO:** Colorado Retail Food Establishment Rules.
- **OK:** Oklahoma State Department of Health Food Service Establishment Regulations.
- **AZ:** Arizona Food Code (based on FDA Food Code).

PROCEDURE:

1. Before Using the Dish machine

- Set up the dish machine according to the manufacturer's instructions.
- Run empty racks to bring water to proper operating temperatures.
- Monitor wash, rinse, and final sanitizing temperatures as the machine warms up.
- Ensure temperature gauges and chemical supply systems are functioning.

2. Daily Temperature Monitoring (Three Times Daily)

- Record **wash** and **rinse** temperatures **at every meal service** (breakfast, lunch, dinner).
- Post the temperature log near the dish machine.
- If temperatures fall below required thresholds, **stop use immediately** and notify the Director of Culinary or PIC.
- Begin backup sanitizing procedures if required.

3. Temperature Requirements

Low-Temperature Dish machines

- **Wash:** 120°F or higher
- **Sanitizer:** Chlorine 50–100 ppm (or manufacturer-required concentration)

High-Temperature Dish machines

- **Wash:** 150°F or higher
- **Final Rinse: 180°F or higher** (or as required by local/state regulation)
- Surface utensil temperature must reach **160°F** (FDA Food Code requirement).

State-Specific Notes

- **CA, OR, WA, NV, CO, OK, AZ** all follow FDA Food Code (or state version) requiring:
  - Hot water sanitizing final rinse: **180°F** at the manifold.
  - Low-temp chlorine sanitization: **50–100 ppm**.
- **California AB 251** requires enhanced sanitation documentation and retention.

4. Verifying Temperature Accuracy

- Director of Culinary/PIC must periodically verify gauge accuracy using:
  - A calibrated thermometer, **or**
  - Thermal test strips.
- High-temp machines must demonstrate that internal temperatures reach **160–165°F** on test materials (accounting for a 15°F drop from the 180°F rinse).

5. Sanitizer Requirements (Low-Temp Machines)

- Maintain chlorine sanitizer at **50–100 ppm**, unless manufacturer instructions require otherwise.
- Use test strips with a valid use-by date.
- If the dispenser fails, add sanitizer manually **only according to product label**.
- Record sanitizer concentration **three times per day**.

6. Backup Procedure: Three-Compartment Sink

Use this method when:

- Dish machine temperatures are out of range,
- Sanitizer concentration cannot be maintained, or
- Mechanical failure occurs.

7. If Dish Machine and Sinks Are Unavailable

- Use disposable plates, cups, and utensils until proper dishwashing can be restored.
- Notify the Director of Culinary and community leadership.

8. Reporting Requirements

- **Immediately report** any of the following:
  - Temperatures not meeting regulatory standards,
  - Sanitizer levels out of range,
  - Equipment malfunction,
  - Missing or inconsistent temperature logs.
- Director of Culinary must escalate concerns to community leadership if not resolved promptly.

Steps:

1. Clean and sanitize all sink compartments before use.
2. Fill compartments two-thirds full as follows:
   a. **Compartment 1:** Hot water + detergent
   b. **Compartment 2:** Clean rinse water
   c. **Compartment 3:** Tepid water + 50–100 ppm sanitizer
3. Scrape food waste into garbage.
4. Wash → Rinse → Sanitize.
5. Keep items submerged in sanitizer for **a minimum of two minutes**.
6. Air-dry all items—**never towel dry.**

7. Record sanitizer concentration and water temperatures on the log.
8. Store dishes in appropriate locations once dry.

Reminders

- Logs must be completed **in real time**, not at end of shift.
- Never operate a Dish Machine that cannot maintain required temperatures.
- Chemical test strips must be replaced before expiration.
- All readings must reflect **actual observed temperatures**, not estimates.
- Maintain records according to state documentation requirements:
  - **California AB 251** requires enhanced retention; keep records for a minimum of **3 years**.
  - Other states: keep logs for at least **1 year**, or longer if required by internal policy.
- Only trained staff may operate or document Dish Machine readings.

Regulatory References

- **California:** CalCode, AB 251 (2024) – Retail Food Safety Requirements
- **Oregon:** OAR 333-150 – Oregon Food Sanitation Rules
- **Washington:** WAC 246-215 – Food Safety
- **Nevada:** NAC 446 – Food Establishments
- **Colorado:** Retail Food Establishment Rules & Regulations
- **Oklahoma:** Food Service Establishment Regulations (OSDH)
- **Arizona:** Arizona Food Code (FDA Food Code-based)

SOP Author:

Chris Baker | Director- Risk Management
Email: chris.baker@milestoneretirement.com
Office: (737) 600-2735 | Cell: (512) 988-3667
West Coast Office: 12500 SE 2nd Circle, Suite 205, Vancouver, WA 98684
Midwest Office: 102 S Broadway, Suite 200, Edmond, OK 73034

SAND SAGE
of The Highlands
SENIOR LIVING

NOV. 14. 2025

Topic: Sanitation log for dish room and red buckets is done every day. All temp logs are done daily.

Name	Signature
Tylin Wright	
Sarah Langeneckert	
Shannon Cain	
Andrea Ramirez	
Shenelda Dejesus	

MILESTONE RETIREMENT

Dishmachine Temperature Monitoring

Before Using the Dishmachine
Set up the dish machine according to manufacturer instructions.
Run empty racks to bring water to proper temperature.
Monitor the temperature gauges while the racks are running.

Daily Temperature Checks
Record wash and rinse temperatures during every meal service.
Post the temperature log near the dish machine.
Dishwasher must record actual temperatures three times daily.
If temperatures are out of range, notify the Director of Culinary or designated supervisor.

Temperatures requirements
Low Temp machine Wash 120 or higher
High Temp machine Wash 150 or higher Rinse: 185 or higher
All low temp machines will use approved chemical sanitizer at 50-100 ppm or as specified by the manufacturer.

Verifying Temperature Accuracy
The Director of Culinary or PIC should periodically check the temperature gauges using a thermometer or thermal strip.

In high temperature machines, the internal thermometer should read between 160 and 165°F, allowing for a 15°F drop.

Sanitizer Guidelines for Low Temperature Machines
Chlorine sanitizer concentration must be between 50 and 100 parts per million.
Use test strips that are within their use-by date.
If the chemical dispenser is not working, sanitizer may be added manually according to the product label.
Use litmus paper to confirm sanitizer concentration during rinse cycle.

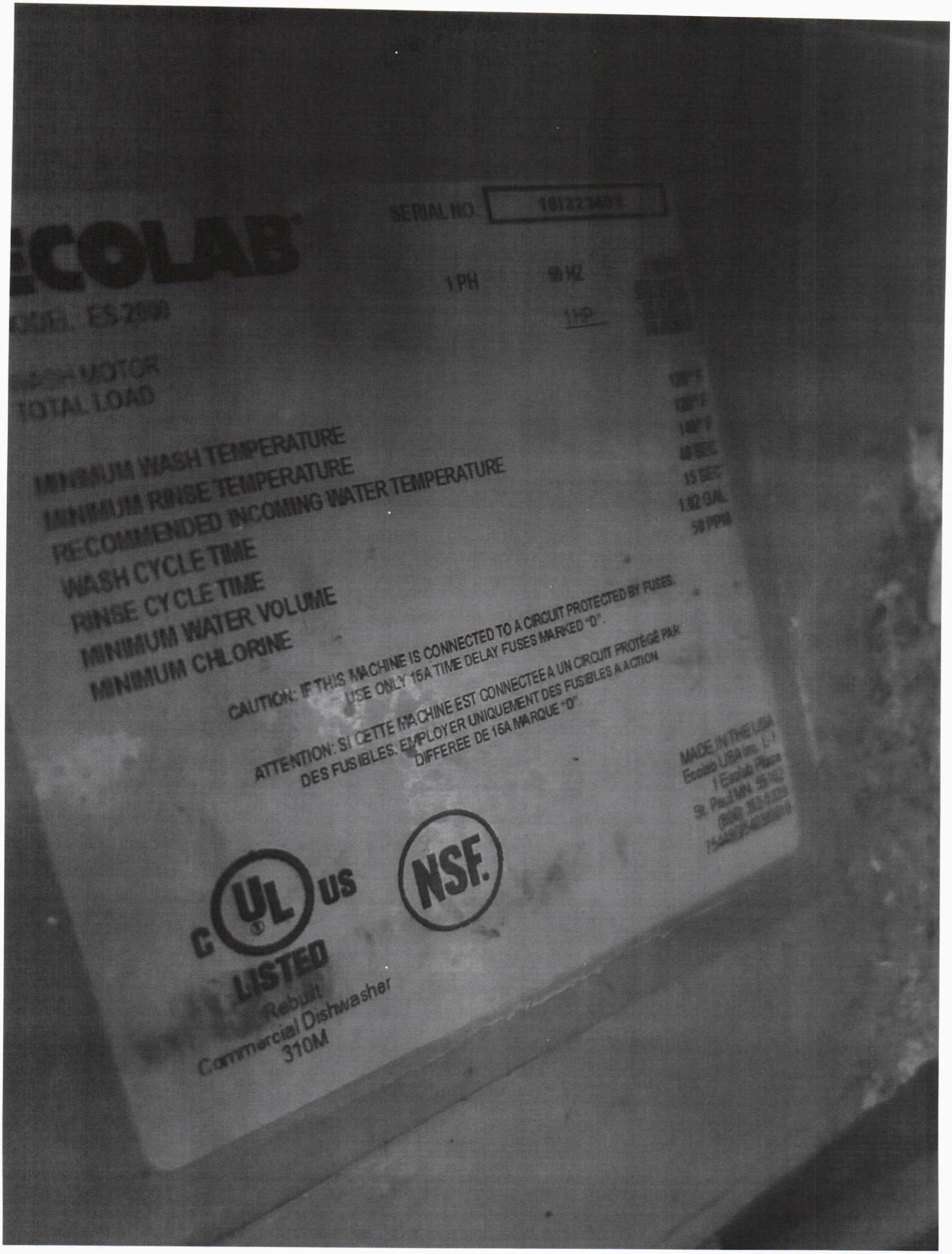
Record sanitizer levels three times per day.

Backup Dishwashing Procedure Using Three-Compartment Sink
Use this method if the dish machine is not working or temperatures are not within range.
Clean all sink compartments before use.
Fill compartments two-thirds full:
First compartment: Water and detergent
Second compartment: Clean rinse water
Third compartment: Tepid water and sanitizer (50 to 100 ppm)
Scrape all food into garbage before washing.
Wash, rinse, and sanitize dishes.
Items must soak in sanitizer for at least two minutes.
Record temperatures and sanitizer levels.
Let dishes air dry. Do not towel dry.

Store dishes in their proper locations once dry.

If the Dishmachine and Sink Are Unavailable
Use disposable products for food service until proper dishwashing procedures can be restored.

Reporting
Immediately report any temperature or sanitation issues to the Dining Services Director.


ECOLAB
SERIAL NO
1 PH
60 HZ
1 HP
MINIMUM WASH TEMPERATURE
MINIMUM RINSE TEMPERATURE
RECOMMENDED INCOMING WATER TEMPERATURE
WASH CYCLE TIME
RINSE CYCLE TIME
MINIMUM WATER VOLUME
MINIMUM CHLORINE
CAUTION: IF THIS MACHINE IS CONNECTED TO A CIRCUIT PROTECTED BY FUSES,
USE ONLY 15A TIME DELAY FUSES MARKED "D".
ATTENTION: SI CETTE MACHINE EST CONNECTEE A UN CIRCUIT PROTÉGÉ PAR
DES FUSIBLES, EMPLOYER UNIQUEMENT DES FUSIBLES A ACTION
DIFFEREE DE 15A MARQUE "D".
MADE IN THE USA
Ecolab USA Inc.
1 Ecolab Place
St. Paul MN
c UL us
LISTED
Rebuilt
Commercial Dishwasher
310M
NSF.

REQUIRED SANITIZER RANGE (LOW TEMP MACHINE)

- **Chlorine sanitizer must measure 50–100 ppm**
- Use **litmus/test strips** to confirm sanitizer concentration during the **rinse cycle**
- Record sanitizer levels **three times per day**

DAILY DISHMACHINE EXPECTATIONS

- Record wash & rinse temperatures during every meal service
- Post temperature log near dish machine
- **Record sanitizer levels three times daily** (Breakfast / Lunch / Dinner)
- DM or designated supervisor oversees compliance

IF SANITIZER IS BELOW 50 PPM — ACT IMMEDIATELY

1. **STOP using the dish machine immediately**
2. **Prime sanitizer system** or replace chemical container
3. **Re-test** until ppm reaches **50–100 ppm**
4. **Manually wash, rinse, sanitize, and air-dry** dishes using the 3-compartment sink per Milestone backup procedure:
    - Wash (hot water + detergent)
    - Rinse (clean water)
    - Sanitize (water + chlorine 50–100 ppm) for **at least 2 minutes**
    - Let sanitized items air dry (no towel drying)
5. **Rewash all dishes** processed during low-ppm cycles
6. **Notify Dining Manager immediately**
7. **Document corrective action** in the Dish machine Corrective Action Form
8. **Contact ECOLAB** if ppm cannot be restored **1-800-352-5326**

Month/Year: ____________

Dishmachine Sanitizer Log: Required: 50–100 ppm during rinse cycle | Record 3 times daily

Date	Breakfast Check (ppm)	Initials	Lunch Check (ppm)	Initials	Dinner Check (ppm)	Initials	Corrective Action Taken (<50 ppm) (Fill out Corrective Action Form)

Dish Machine Sanitizer Log - Corrective Action Form – Culinary Services

Date of Incident: _____ Time of Incident: _____

Staff Completing Form: _____

Sections 1 and 2 must be completed by the staff member who identifies the issue.

1. Issue Identified

☐ Sanitizer ppm below required 50–100 ppm

☐ Dish machine malfunction (describe below)

☐ Missing or incomplete sanitizer log

☐ Improper testing technique

☐ Temperature violation

☐ Other sanitation concern: _____

**Describe what occurred:

_____

_____

2. Immediate Corrective Action Taken

☐ Stopped using dish machine

☐ Replaced sanitizer solution

☐ Re-tested sanitizer until ppm reached 50–100 ppm

☐ Rewashed dishes that may not have been properly sanitized

☐ Notified (circle all that apply: DM/ED/AED/MD/Other: _____)

☐ Removed equipment from service

☐ Other: _____

Describe corrective action taken:

_____

_____

Sections 3 and 4 are to be completed by Management only.

3. Follow-Up Required

☐ Staff re-education completed

☐ Work order submitted to maintenance

☐ Additional monitoring required

☐ Policy reviewed with staff

☐ Equipment repair needed

☐ No further action needed

Details:

_____

_____

4. Manager Review

Reviewed By: _____ Date: _____

Position: ☐ DM ☐ AED ☐ ED ☐ Other: _____

Manager Comments:

_____

_____

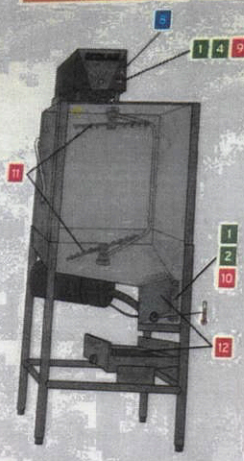
Signature: _____

WAREWASHING PROCEDURES – ES-2000/4000

PROCEDIMIENTOS PARA EL LAVADO DE VAJILLA - ES-2000/4000

DELIME / DESCALCIFICACIÓN

Ask your Ecolab rep how to properly delime your machine.
Consulte con su representante de Ecolab sobre cómo eliminar el sarro de su máquina correctamente.



SET-UP / PREPARACIÓN

1 Check that machine is powered off and drained.
Verifique que la máquina esté apagada y drenada.

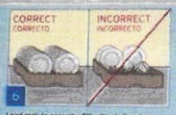
2 Check machine is clean and nothing is in the drain opening. Check drain stopper and screens are in place. Ensure wash and rinse arms spin freely.
Compruebe que la máquina esté limpia y que nada obstruya la abertura de desagüe. Verifique que el tapón y los filtros estén en su lugar. Asegure que los brazos de lavado y enjuague giren libremente.

3 Replace any empty detergent, rinse additive and sanitizer containers. Use proper personal protective equipment.
Reponga el detergente, aditivo para enjuague y desinfectante en todos los recipientes que estén vacíos. Utilice el equipo de protección personal adecuado.

4 Fill the dishmachine with hot water.
Cargue la máquina con agua caliente.

WASHING / LAVADO

5 Hand scrape dishes.
Raspe la vajilla a mano.



6 Load rack to capacity. Fill with similar dishes and glasses.
Coloque la vajilla en la cesta hasta colmar su capacidad. Agrupe los platos y vasos similares.

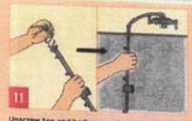
7 Pre-rinse dishes to make sure dishes and glasses are as clean as possible before putting into machine.
Enjuague la vajilla para asegurar que tanto los platos como los vasos estén tan limpios como sea posible antes de colocarlos en la máquina.

8 Load rack into machine and shut door. Do not open door until red "Cycle" light has turned off.
Cargue la cesta en la máquina y cierre la puerta. No abra la puerta hasta que se apague la luz roja ("Cycle").

CLEAN-UP / LIMPIEZA

9 Turn machine off.
Apague la máquina.

10 After machine stops running, check the machine is drained.
Una vez que la máquina se haya detenido, verifique que haya drenado.



11 Unscrew top and bottom wash arms. Remove end caps, then flush with water. Clean nozzles with toothpick and reassemble. Reinstall wash arms in machine and ensure they spin freely.
Desatornille el brazo de lavado inferior y el superior. Quite los tapones del extremo y enjuague con agua. Limpie las boquillas con un palillo y vuelva a armar. Reinstale los brazos en la máquina y asegure que giren libremente.

12 Remove and clean screens. Put back in machine.
Quite los filtros, límpielos y vuelva a colocarlos en la máquina.

ECOLAB 1.800.35.CLEAN

OKLAHOMA
State Department of Health

Delivery via email to: ana.lopez@highlandsmustang.com

January 9, 2026

License Number: AL090201
Survey Event ID: OQST12

Ms. Ana Lopez, Administrator
Sand Sage Of The Highlands
1017 West Highway 152
Mustang, OK 73064

Dear Ms. Lopez:

On **January 9, 2026**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **November 20, 2025,** have now been corrected and your facility is in compliance with licensure standards effective **January 1, 2026**.

If you have any questions concerning the information in this letter, please contact this office 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

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 _____	R 01/09/2026

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 An offsite/paper revisit was conducted on 01/09/26. 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