OKLAHOMA
State Department
of Health

Delivery via email to: coneill@spanishcove.com

April 5, 2023

License Number: AL0906

Ms. Cheryl O'Neill, Administrator
Spanish Cove Housing Authority
11 Palm Avenue
Yukon, OK 73099

RE: Survey Event ID: 0DPT11

Dear Ms. O'Neill:

On **April 3, 2023**, agents from our office concluded a State Licensure survey in conjunction with a complaint investigation 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 April 3, 2023.

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 (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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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.

Sincerely,

Katie Stagner

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Spanish Cove Housing Authority**
Address: **11 Palm Avenue**
City, State, Zip: **Yukon, OK 73099**
Provider #: **AL0906**
Complaint #: **OK00060327**
Investigation Date(s): **03/29/23-03/31/23 and 04/01/23**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center neglected to provide adequate supervision to prevent injuries and death.	**US**

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

An unannounced on-site investigation was initiated on 03/29/2023 at 2:30 p.m.

A sample of three residents including any identified resident(s), 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 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 incident reports, resident records, physician progress notes, nurses notes, and physician orders was conducted.

Resident records were reviewed.

Documentation was provided and reviewed.

No resident had any complaints about the staff during the survey.

Staff stated residents were checked atleast every two hours, if not more frequently.

At the time of the survey, there was no deficient practice related to adequate supervision to prevent injuries and death.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.

Melissa Swaim RN

Melissa Swaim RN

Date report completed: 04/03/2023

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
	AL0906	A. BUILDING: _____ B. WING _____	04/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPANISH COVE HOUSING AUTHORITY	11 PALM AVENUE YUKON, OK 73099

(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 03/29/23 through 03/31/23 and 04/01/23. A complaint investigation (#OK00060327) was conducted in conjunction with the survey. Listed below are abbreviations used throughout the document. CDM-certified dietary manager DON-director of nursing	C 000		
C 391 SS=F	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 and interview, the facility failed to properly label, date and store food according to Chapter 257 Food Service Establishment Regulations and the center's policy. The DON reported 50 residents resided in the center. Findings: A policy titled, "Cold Storage," undated, read in part, "...items stored in the refrigerator and freezer must be covered, labeled, and dated...No food should be stored on the floor..." On 3/29/23 at 2:54 p.m., it was observed that multiple trays of uncovered meat was stored on rolling shelves, in the walk-in refrigerator. It was	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0906	A. BUILDING: _____ B. WING _____	04/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPANISH COVE HOUSING AUTHORITY	11 PALM AVENUE YUKON, OK 73099

(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 391	Continued From page 1 also observed that multiple bins of uncovered food was being stored on the floor. On 03/29/23 at 2:55 p.m., the Chef the stated, "All food should be covered and dated and not stored on the floor." On 03/29/23 at 3:54 p.m., the CDM stated, "That's chicken, turkey legs, salmon, pork ribs, breaded chicken and grape tomatoes. The food that is stored on the floor is chicken and porkchops. Staff are to report to myself about any safety concerns. Food should properly be covered, labeled, dated and stored according to policy."	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: coneill@spanishcove.com

April 18, 2023

License Number: AL0906

Ms. Cheryl O'Neill, Administrator
Spanish Cove Housing Authority
11 Palm Avenue
Yukon, OK 73099

Survey Event ID: 0DPT11

Dear Ms. O'Neill:

On **April 3, 2023,** a Relicensure survey and a complaint investigation were 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 **April 10, 2023**.

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

Digitally signed by Tempal Killman
Date: 2023.04.18 13:29:42 -05'00'

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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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: 4/12/2023** **Facility Name:** Spanish Cove Housing Authority **License Number:** **Survey Event ID:** ODPT11 **Date Survey Completed: 4/3/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C391	Based on: observation and interview, the facility failed to properly label, date and store food according to Tag C391 Food Storage, Peparation, and Service and the center's policy.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

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?	Inservice training on 4/5/23 to all dietary staff to train and review the deficient practice related to food storage, preparation,and service.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Walk-in refrigerator serves as a central cold storage for all cold foods served to residents.
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?	A daily beginning and ending shift check list of the walk-in cold storage was created and assigned to AM Chef/ Cook and PM Chef/Cook. Supervisor will sign off daily.
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.	Daily Check List by Shifts Supervisor checks daily Walk-in is included in the overall department policies and procedures. A policy was updated that included more specific storage regulations. Check lists will be filed bi weekly.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/10/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Cheryl O'Neill RN/NHA** Cheryl O'Neill RN **Date 4/13/2023**
OAC 310:663-25-4(F)

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.

INSERVICE

DATE OF INSERVICE 4/5/23
START TIME 9:00am } meeting individually throughout day
END TIME 4:00pm }
TOPIC Label + Date Foods
SUMMARY OF TOPIC will be giving each employee a copy of our cold storage policy and reviewing it with them

ATTENDANCE RECORD

1. [illegible]
2. [illegible]
3. [illegible]
4. [illegible]
5. [illegible]
6. Alexis Boyd
7. Patricia White
8. Kunjammma Raju
9. Ivy Williams
10. [illegible]
11. Cassie Harris
12. [illegible]
13. Dakota Moore
14. [illegible]
15. [illegible]
16. [illegible]
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Cold Storage of Food

It is the policy of Spanish Cove dietary department that the following measure are required in the food service operation. Food-safety regulations require the following procedures to be followed in order to safely store food in the walk-in refrigerator.

- Foods need to be cooled to 41◆F or below within six hours after cooking/heating.
- Properly cool food that is hot before refrigerating. Food that is too hot when placed in the refrigerator can elevate the temperature of surrounding items. Use small shallow containers, ice baths, quick chill, stirring liquid food, etc.
- Store raw foods on lowest shelves. Proper storage prevents cross contamination. Store ready-to-serve foods in separate units above the raw foods.
- Carefully wrap all food in moisture-proof materials or in approved storage containers. Covering minimizes cross contamination, odor absorption, flavor loss, discoloration, and dehydration.
- Do not store food on the floor of the walk-in refrigerator. Store all food at least six inches above the floor on a rack or shelf.
- All products must identified by labelling.
- All products require a receiving date and an open date once used.

Updated April 5, 2023

PM COOK - DAILY CLEANING CHECK LIST

EQUIPMENT OR AREA	S	M	T	W	T	F	S	S	M	T	W	T	F	S
RECORD REFRIGERATOR & FREEZER TEMPERATURES (DAILY)														
SWEEP & MOP WORK AREA														
MICROWAVE														
COUNTER TOPS (ABOVE & BELOW WORK AREAS														
HOT FOOD HOLDING CABINET (DAILY)														
STEAM TABLE & AREA														
RANGE TOP (AFTER USE)														
UTILITY CARTS (AFTER USE)														
EMPTY TRASH AS NEEDED														
CHECK WALK-IN (DAILY) FOR PROPER LABELING, DATING, AND STORAGE OF FOOD ITEMS														
BISTRO WALLS (SATURDAY)														
MIXER (AFTER USE)														
PREP SINK (DAILY)														
DELIME STEAMTABLE (TUESDAY)														
DELIME SOUP POT (TUESDAY)														
TOASTER														
STEAMER														
PROOFER														
FILTERS & OUTSIDE OF HOOD VENTS (EVERY SUNDAY)(REPLACE VENTS PROPERLY SO NO GAPS ARE VISIBLE)														
DRAINS (SATURDAY)														
UNDERNEATH BISTRO EQUIPMENT (2^{ND} AND 4^{TH} SUNDAYS)														
KNIFE HOLDER (DAILY)														
HAIR RESTRAINT AND BEARD GUARD														
SUPERVISOR ON DUTY INSPECTION:														

AM COOK - DAILY CLEANING CHECK LIST

EQUIPMENT OR AREA	S	M	T	W	T	F	S	S	M	T	W	T	F	S
RECORD REFRIGERATOR & FREEZER TEMPERATURES (DAILY)														
SWEEP & MOP WORK AREA														
HAND SINK (TUES & THURS)														
COUNTER TOPS (ABOVE & BELOW WORK AREA)														
RANGE OVEN & BURNERS (SATURDAYS)														
STEAMER (DAILY)														
RANGE TOP (AFTER USE)														
UTILITY CARTS (DAILY)														
FRYERS (WEEKLY)														
FLAME GRILL (WEEKLY)														
WALL NEXT TO WORK AREA (WEDNESDAY)														
PREP SINK (DAILY)														
MIXER (AFTER USE)														
CHECK WALK-IN (DAILY) FOR PROPER LABELING, DATING, AND STORAGE OF FOOD ITEMS														
STEAM KETTLE (AFTER USE)														
SWEEP & ORGANIZE FREEZER (MONDAY & THURSDAY)														
POT RACK (TUESDAY)														
PLATE WARMER (DAILY)														
KNIFE HOLDER (DAILY)														
EMPTY TRASH AS NEEDED														
HAIR RESTRAINT AND BEARD GUARD														
SUPERVISOR ON DUTY INSPECTION:														

OKLAHOMA
State Department
of Health

Delivery via email to: coneill@spanishcove.com

July 26, 2023

License Number: AL0906

Ms. Cheryl O'Neill, Administrator
Spanish Cove Housing Authority
11 Palm Avenue
Yukon, OK 73099

RE: Survey Event 0DPT12

Dear Ms. O'Neill:

On **July 24, 2023,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **April 3, 2023,** have now been corrected effective **April 10, 2023.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

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
	AL0906	A. BUILDING: _____ B. WING _____	R-C 07/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPANISH COVE HOUSING AUTHORITY	11 PALM AVENUE YUKON, OK 73099

(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 re-visit was conducted on 07/24/23. All deficiencies from the 04/03/23 survey were cleared.	{C 000}		

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