OKLAHOMA
State Department
of Health

Delivery via email to: hgt-ed@12oaks.net

May 15, 2023

License Number: AL1101

Ms. Carla Gray, Administrator
Heritage Grove At Tahlquah Assisted Living
1380 N Heritage Lane
Tahlequah, OK 74464

RE: Survey Event ID: Q2EJ11

Dear Ms. Gray:

On **May 12, 2023**, agents from our office concluded a State Licensure survey 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 May 12, 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Heritage Grove at Tahlequah Assisted Living**
Address: **1380 N Heritage Lane**
City, State, Zip: **Tahlequah, OK, 74464**
Provider #: **AL1101**
Complaint #: **OK00060581**
Investigation Date(s): **05/10/23, 05/11/23, and 05/12/23**

ALLEGATION(S)

1. The facility failed to ensure dependent residents received assistance with activities of daily living in a timely manner.
2. The facility failed to ensure adequate staff to meet the needs of the residents.
3. The facility failed to ensure residents' property was not misappropriated.
4. The facility failed to provide a clean, comfortable, and homelike environment.

An unannounced on-site investigation was initiated 05/10/2023 at 9:50 a.m.

A sample of eight residents, including any identified residents, 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for odors and potential urine saturation of residents. Staff were observed for assisting residents with toileting needs, including providing incontinent care and assistance with bathing. The facility environment in the common areas were observed.

Resident records were reviewed including assessments, care plans, physician orders, and resident contracts were reviewed. A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past facility staffing schedules were reviewed for staffing patterns and compared to the State mandated staffing requirements were reviewed.

Residents were interviewed related to the provision incontinent care, bathing, and clean and comfortable environment. They were asked if they received their cares in a timely manner. Staff members were interviewed

regarding the provision of bathing and incontinent care. They were asked about their ability to provide the appropriate care in a timely manner. The staff were asked about residents' belongings when they moved out.

Deficient practice was cited. See the Statement of Deficiencies, Form 2567, for details.

Thank you for bringing your concerns to our attention.

Gladys Rosann Dosch Digitally signed by Gladys Rosann Dosch Date: 2023.05.15 12:01:44 -05'00'

G. Rose Dosch RN

Date report completed: 05/15/2023

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
	AL1101	A. BUILDING: _____ B. WING _____	C 05/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE GROVE AT TAHLQUAH ASSISTED LIVING	1380 N HERITAGE LANE TAHLEQUAH, OK 74464

(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 05/10/23 through 05/12/23. A complaint investigation (#OK00060581) was conducted with this survey.	C 000		
C 391 SS=E	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 store, prepare, and serve food in accordance with Chapter 257 by ensuring the kitchen staff wore hair restraints and beard coverings while working to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens, and unwrapped single-service and single use articles. The "Resident Care and Information" form identified 25 residents received their meals from the kitchen. Findings: On 05/10/23 at 10:04 a.m., the DM was in the kitchen and was cleaning the surfaces of the refrigerators. He was wearing a ball cap and had short hair observed extending below the bottom of the cap, and had short facial hair. He was not observed to wear a hair net or beard net. On 05/10/23 at 10:19 a.m., Cook #1 entered the kitchen area and was observed to wash his hands, he then preceded to the steam table to	C 391		

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C 391	Continued From page 1 start tasks. He had very short hair and was not observed to place on a hair net or hat. On 05/10/23 at 12:15 p.m., the noon meal service was observed. Cook #1 was observed to not have a hair net on. On 05.10.23 at 12:17 p.m., asked the DM about the lack of the hair net and he stated he did not have to wear one because his hair was short. On 05/10/23 at 12:57 p.m., the DM came and stated he looked it up and the kitchen staff do have to wear hair coverings. He stated he was not aware as he had always worked in a private members' clubs where it was not required.	C 391		
C 392 SS=E	310:663-3-8(b) FOOD STORAGE, PREPARTION AND SERVICE (b) Ice machines available to the residents, or the public, shall be dispenser type, or have a locking enclosure. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the ice machine, located in an area available to the residents, was locked when not attended by staff. The "Resident Care and Information" form identified 25 residents received their meals from the kitchen. Findings:	C 392		

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OKLAHOMA
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Delivery via email to: hgt-ed@12oaks.net

June 8, 2023

License Number: AL1101

Ms. Carla Gay, Administrator
Heritage Grove At Tahlequah Assisted Living
1380 N Heritage Lane
Tahlequah, OK 74464

Survey Event ID: Q2EJ11

Dear Ms. Gay:

On **May 12, 2023,** a licensure 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 will be corrected and you will be in substantial compliance by **July 12, 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

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

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Oklahoma State Department of Health

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C 392 SS=E	310:663-3-8(b) FOOD STORAGE, PREPARTION AND SERVICE (b) Ice machines available to the residents, or the public, shall be dispenser type, or have a locking enclosure. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the ice machine, located in an area available to the residents, was locked when not attended by staff. The "Resident Care and Information" form identified 25 residents received their meals from the kitchen. Findings:	C 392	The Executive Director in serviced all staff prior to the surveyor exiting. The Executive Director printed the regulations and the Food Service Director will keep and comply.	5/12 2023

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OKLAHOMA
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Delivery via email to: hgt-ed@12oaks.net

July 26, 2023

License Number: AL1101

Ms. Carla Gay, Administrator
Heritage Grove At Tahlequah Assisted Living
1380 N Heritage Lane
Tahlequah, OK 74464

RE: Survey Event Q2EJ12

Dear Ms. Gay:

On **July 21, 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 **May 12, 2023,** have now been corrected effective **July 12, 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

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 07/21/23. 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