OKLAHOMA
State Department
of Health

Delivery via email to: lpn_583@yahoo.com

March 21, 2024

License Number: AL2502

Ms. Dana Vandever, Administrator
The Willows
301 Melville Drive
Pauls Valley, OK 73075

Survey Event ID: GE6Y11

Dear Ms. Vandever:

On **March 13, 2024,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited represent the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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 will be completed for each violation; and
(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 a 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: IDRCoordinator@health.ok.gov

Or by mail 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.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: **The Willows**
Address: **301 Melville Drive**
City, State, Zip: **Pauls Valley, OK, 73075**
Provider #: **AL2502**
Complaint #: **OK00060695**
Investigation Date(s): **03/11/24 and 03/13/24**

ALLEGATION(S)
The facility failed to have and/or implement an effective pest control program and failed to maintain a safe, sanitary, and homelike environment.
The facility failed to ensure medications were administered according to the standard of care.

An unannounced on-site investigation was initiated 03/11/2024 at 10:10 A.M.

A sample of three 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:

Upon entrance of the center, a tour was conducted. The center was clean and free of odors. Residents were observed to be dressed and well groomed. Residents were observed in common areas, dining room, outside patio, and in their apartments. Dietary staff was observed to provide meals in a clean and sanitary manner. The kitchen was observed to be clean and no evidence of pest was observed. Staff were observed to assist residents with activities of daily living.

Resident records, including sampled residents, were reviewed for assessments, care plans, and the plan of care. Physician orders and medication administration records were reviewed. Pest control services and treatment records were reviewed. A fire marshal inspection report was reviewed.

Residents were interviewed related to a clean and homelike environment. Residents were interviewed related to medication administration and staff assistance as needed. Staff were interviewed related to medication administration and process for reporting and process of the pest control policy.

The attached Statement of Deficiencies, Form 2567 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: 03/14/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility:	**The Willows**
Address:	**301 Melville Drive**
City, State, Zip:	**Pauls Valley, OK, 73075**
Provider #:	**AL2502**
Complaint #:	**OK00061464**
Investigation Date(s):	**03/11/24 and 03/13/24**

ALLEGATION(S)

The center failed to have adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 03/11/2024 at 10:10 A.M.

A sample of three 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:

Upon entrance of the center, a tour was conducted. The center was clean and free of odors. Residents were observed to be dressed and well groomed. Residents were observed in common areas, dining room, outside patio, and in their apartments. Staff were observed to assist residents with activities of daily living. A certified staff member was observed to supervise staff providing care.

Resident records, including sampled residents, were reviewed for assessments, care plans, and the plan of care. A sample of staff certifications and schedules were reviewed.

Residents were interviewed related to care provided timely by staff as needed and the satisfaction of staff available to meet the needs of the residents. Staff were interviewed related to adequate staff to meet the needs of residents and nurse supervision.

The attached Statement of Deficiencies, Form 2567 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: 03/14/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Willows**
Address: **301 Melville Drive**
City, State, Zip: **Pauls Valley, OK, 73075**
Provider #: **AL2502**
Complaint #: **OK00063079**
Investigation Date(s): **03/11/24 and 03/13/24**

ALLEGATION(S)

The facility failed to have and/or implement an effective pest control policy and procedure for bed bugs.

An unannounced on-site investigation was initiated 03/11/2024 at 10:10 A.M.

A sample of three 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:

Upon entrance of the center, a tour was conducted. The center was clean and free of odors. Residents were observed to be dressed and well groomed. Residents were observed in common areas, dining room, outside patio, and in their apartments. The kitchen was observed to be clean and no evidence of pest was observed. Staff was observed to assist residents with activities of daily living.

Resident records, including sampled residents, were reviewed for assessments, care plans, and the plan of care. Physician orders and medication administration records were reviewed. Pest control services and treatment records were reviewed. A fire marshal inspection report was reviewed. Hospital records were reviewed.

Residents were interviewed related to a clean and homelike environment. Residents were interviewed related to pest control and treatments provided for pest. Staff were interviewed related to policy and procedures for reporting and treatments of pest in the facility.

The attached Statement of Deficiencies, Form 2567 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: 03/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL2502	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOWS	301 MELVILLE DRIVE PAULS VALLEY, OK 73075

(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 Complaint investigations (#OK00060695, OK00061464, and #OK00063079) were conducted on 03/11/24 and 03/13/24. Facility census: 37	C 000		
C1507 SS=E	310:663-15-1 & 63 OS 1-1918(B)(7) RESIDENT RIGHTS - Reasonable Accommodation Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(7) (7) Every resident shall have the right to reside and to receive services with reasonable accommodation of individual needs and preferences, except where the health or safety of the individual or other residents would be endangered; This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the center failed to provide an effective	C1507		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL2502	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOWS	301 MELVILLE DRIVE PAULS VALLEY, OK 73075

(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
C1507	Continued From page 1 pest control services to prevent bed bugs for 1 (#1) of 3 sampled residents reviewed for pest in their apartments. Facility census: 37 Findings: A "Bed Bug Management" policy and procdure, read in part..."Administrator and/or Director of Foundation...must be notified immediately...contact the appropriate pest control company..." A pest control inspection service receipt, dated 01/25/24, documented resident #1's room was clear and no bed bugs were found. Two other resident's apartments in the facility were treated for bed bugs on this date. On 03/11/24 at 10:10 A.M. the administrator reported the facility had last been treated for bed bugs in January 2024 and no recent reports from residents or staff of any active pest concerns. On 03/11/24 at 11:45 A.M. resident #1's apartment was observed for bed bugs with CNA #1. When removing pillows from the head of the bed, live bugs were found on the pillow shams. The resident then reported sleeping in the recliner the previous night and had three or four bugs on their neck area in the morning. The CNA removed a towel covering the headrest of the recliner and a live bug was observed. On 03/11/24 at 1:00 P.M. the administrator reported the CNA #1 had reported the issue this morning and contact with the pest control company and the resident's family had been made.	C1507		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL2502	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOWS	301 MELVILLE DRIVE PAULS VALLEY, OK 73075

(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

OKLAHOMA
State Department
of Health

Delivery via email to: lpn_583@yahoo.com

April 11, 2024

License Number: AL2502

Ms. Dana Vandever, Administrator
The Willows
301 Melville Drive
Pauls Valley, OK 73075

Survey Event ID: GE6Y11

Dear Ms. Vandever:

On **March 13, 2024,** a complaint survey was 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 **April 28, 2024**.

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

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/4/2024** **Facility Name:** The Willows Assisted Living Residence **License Number:** AL 2502 **Survey Event ID:** G6Y11 **Date Survey Completed: 3/13/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1507 SS=E	Based on: Based on observation, record review, and interview, the center failed to provide an effective pest control services to prevent bed bugs for 1 (#1) of 3 sampled residents reviewed for pest in their apartments.

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?	We currently are contracted with a reputable nation wide pest control service. We are scheduling appointments with two other highly rated pest control companies to see if the service that we are currently receiving can be improved or better met by another company. In addition to the contracted services that we currently receive from our pest control service, the administrator will personally conduct bi-weekly visual inspections of resident #1's apartment. If bed bug activity is found, the pest control company currently contacted with our facility will be contacted that same day and treatment will be scheduled. All bedding and other effected items will be properly bagged and removed from the area for proper treatment. Resident #1 will be assisted in the decluttering of her apartment for better and more effective extermination treatment.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Bed bugs have the ability to be transferred from one individual to another simply by sitting in a chair or by visiting with someone in their apartment. Therefore, any resident currently living in an assisted living facility where live bed bug activity has been found is considered to be at risk.
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?	Bi-weekly inspections will be conducted by the administrator of any apartment that has been identified to have had live bed bug activity in the last 6 months. All other apartments within our facility will be inspected every 60 days by the administrator and/or the administrative assistant to make sure infestation is not present. This inspection will include pulling back bedding and inspecting mattresses, inspecting the seams of chairs and couches and speaking with residents about potential sightings. By implementing visual inspections, we hope to

	prevent this from recurring. An inservice for all staff will also be conducted to address this issue. This inservice will include what a bed bug looks like, where bed bugs typically hide, and what to do if you find a bed bug in the facility or in a residents apartment.
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.	a) The Willows Assisted Living will monitor its performance by implementing a log book to track room inspections. Each entry will include the apartment number, date of inspection, and findings. If bed bugs are found, the date and time of contact with the pest control company will be documented.b) The material provided to staff members during the scheduled inservice regarding bed bugs, will be presented to the quality assurance committee for review. The method for tracking the room inspections will be discussed and the log book containing the documentation of these inspections will be available for inspection. Bed bug treatment and extermination will be incorporated in each quarterly quality assurance meeting going forward. C) All correspondence between the facility and the pest control company will be kept in a designated folder. This folder will contain all email correspondence, invoicing, etc., that is associated with the treatment of bed bugs. Any apartment that is found to have live bug infestation will be documented in the log book as mentioned above. Any apartment identified to have bed bugs will be continually treated until evidence of bed bug infestation is no longer found. Each treatment date shall be documented in the above mentioned log book as shall the date that an individual apartment is deemed free of any infestation. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/30/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Dana D Vandever OAC 310:663-25-4(F)	**Date 4/4/2024**

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.

OKLAHOMA
State Department
of Health

Delivery via email to: lpn_583@yahoo.com

June 5, 2024

License Number: AL2502

Ms. Dana Vandever, Administrator
The Willows
301 Melville Drive
Pauls Valley, OK 73075

RE: Survey Event GE6Y12

Dear Ms. Vandever:

On **June 4, 2024,** an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **March 13, 2024,** have now been corrected effective **April 28, 2024.**

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

Respectfully,

Tempal Killman

Tempal Killman, 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
	AL2502	A. BUILDING: _____ B. WING _____	R-C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE WILLOWS	301 MELVILLE DRIVE PAULS VALLEY, OK 73075

(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 On 06/04/24, an offsite/revisit was conducted. The deficiencies from 03/13/24 were cleared.	{C 000}		

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