OKLAHOMA
State Department
of Health

Delivery via email to: lpn_583@yahoo.com

July 1, 2025

License Number: AL2502

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

Survey Event ID: KUCQ11

Dear Ms. Vandever:

On **June 11, 2025,** representatives from the Oklahoma State Department of Health (OSDH) concluded a Relicensure survey with complaint investigations at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing 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 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

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Willows**
Address: **301 Melville Drive**
City, State, Zip: **Pauls Valley, OK 73075**
Provider #: **AL2502**
Complaint #: **OK00065573**
Investigation Date(s): **06/10/25 and 06/11/25**

ALLEGATION(S)
The center failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 06/10/2025 at 1:15 p.m.

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

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 throughout the investigation. Residents were observed during meals, while receiving medications, while participating in activities, and while receiving care. Residents were observed in the dining room, in their private apartments, and in common areas. Staff members were observed when providing care and transporting laundry. Housekeeping staff was observed cleaning in resident apartments and common areas.

Clinical records were reviewed for physician orders, care plans, and assessments. Incident reports were reviewed. Facility pest control policies and procedures were reviewed. Monthly pest control invoices were reviewed.

Several residents, including sampled residents, were interviewed regarding a clean and homelike environment. Residents were interviewed regarding any issues with pests and specifically related to bed bugs. Staff members were interviewed regarding policies and procedures related to pest control and prevention. Administrative staff were interviewed regarding ongoing measures for pest control.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 06/12/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Willows**
Address: **301 Melville Drive**
City, State, Zip: **Pauls Valley, OK 73075**
Provider #: **AL2502**
Complaint #: **OK00073606**
Investigation Date(s): **06/10/25 and 06/11/25**

ALLEGATION(S)
The center failed to provide a clean environment free of insects and pests.

An unannounced on-site investigation was initiated 06/10/2025 at 1:15 p.m.

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

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 throughout the investigation. Residents were observed during meals, while receiving medications, while participating in activities, and while receiving care. Residents were observed in the dining room, in their private apartments, and in common areas. Staff members were observed when providing care and transporting laundry. Housekeeping staff was observed cleaning in resident apartments and common areas.

Clinical records were reviewed for physician orders, care plans, and assessments. Incident reports were reviewed. Facility pest control policies and procedures were reviewed. Monthly pest control invoices were reviewed.

Several residents, including sampled residents, were interviewed regarding a clean and homelike environment. Family members were interviewed regarding facility maintenance, housekeeping, and pest control measures. Residents were interviewed regarding any issues with pests and specifically related to bed bugs. Staff members were interviewed regarding policies and procedures related to pest control and prevention. Housekeeping staff were interviewed related to cleaning schedules. Administrative staff were interviewed regarding ongoing measures for pest control and housekeeping.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 06/12/2025

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **The Willows**
Address: **301 Melville Drive**
City, State, Zip: **Pauls Valley, OK 73075**
Provider #: **AL2502**
Complaint #: **OK00074169**
Investigation Date(s): **06/10/25 and 06/11/25**

ALLEGATION(S)
The center failed to ensure medications were administered according to the physicians' orders.
The center failed to ensure therapeutic diets were provided according to the physicians' orders and/or the residents' preference.
The center failed to ensure physician services were provided according to the Standard of Care.

An unannounced on-site investigation was initiated 06/10/2025 at 1:15 p.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 throughout the investigation. Residents were observed during meals, while receiving medications, while participating in activities, and while receiving care. Residents were observed in the dining room, in their private apartments, and in common areas. Staff members were observed when providing care and during meal service.

Clinical records were reviewed for physician orders, diet orders, weights, care plans, and assessments. Medication administration records were reviewed for appropriate medication administration per the physician order. Resident contracts were reviewed. Facility policies and procedures were reviewed.

Several residents, including sampled residents, were interviewed regarding receiving their medications per physician orders. Residents were interviewed regarding receiving the diet of their preference or as ordered by their physician. Residents were interviewed regarding physician services. Staff members were interviewed regarding administering medications per physician orders. Staff were interviewed regarding therapeutic diets and physician services.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 06/12/2025

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: **The Willows**
Address: **301 Melville Drive**
City, State, Zip: **Pauls Valley, OK 73075**
Provider #: **AL2502**
Complaint #: **OK00077584**
Investigation Date(s): **06/10/25 and 06/11/25**

ALLEGATION(S)
The facility failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 06/10/2025 at 1:15 p.m.

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

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 throughout the investigation. Residents were observed during meals, while receiving medications, while participating in activities, and while receiving care. Residents were observed in the dining room, in their private apartments, and in common areas. Staff members were observed when providing care and responding to residents. Staff were observed for proper transport of laundry. Housekeeping staff were observed cleaning private apartments and common areas.

Clinical records were reviewed for physician orders, care plans, and assessments. Incident reports were reviewed. Resident contracts were reviewed. Facility pest control policies and procedures were reviewed. Monthly pest control invoices were reviewed and specifically related to bed bug treatments.

Several residents, including sampled residents, were interviewed regarding a clean and homelike environment free of pests. Residents were interviewed regarding bed bugs and any history of bed bug bites. Staff members were interviewed regarding policies and procedures related to resident skin assessments and monitoring of skin issues. Administrative staff were interviewed regarding ongoing measures for pest control.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 06/12/2025

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: **The Willows**
Address: **301 Melville Drive**
City, State, Zip: **Pauls Valley, OK 73075**
Provider #: **AL2502**
Complaint #: **OK00083272**
Investigation Date(s): **06/10/25 and 06/11/25**

ALLEGATION(S)
The center failed to ensure a safe, comfortable and homelike environment.

An unannounced on-site investigation was initiated 06/10/2025 at 1:15 p.m.

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

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 throughout the investigation. Residents were observed during meals, while receiving medications, while participating in activities, and while receiving care. Residents were observed in the dining room, in their private apartments, and in common areas. Resident apartments which had experienced recent flooding were observed for potential damage and ongoing maintenance. The facility grounds, lawns, and building were observed for maintenance and upkeep.

Clinical records were reviewed for physician orders, care plans, and assessments. Incident reports were reviewed. Resident contracts were reviewed. Facility policies and procedures were reviewed. Professional restoration invoices related to flooding issues were reviewed for rental equipment and fogging with Mildewcide.

Several residents, including sampled residents, were interviewed regarding a clean and homelike environment. Residents who had experienced flooding in their apartments were interviewed regarding measures implemented by the facility. Residents were interviewed regarding the option to move to a different apartment. Staff members were interviewed regarding recent storms, flooding issues, and preventive measures taken. Maintenance and housekeeping staff were interviewed. Administrative staff was interviewed regarding measures taken for necessary restoration and repairs.

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The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 06/12/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Willows**
Address: **301 Melville Drive**
City, State, Zip: **Pauls Valley, OK 73075**
Provider #: **AL2502**
Complaint #: **OK00083299**
Investigation Date(s): **06/10/25 and 06/11/25**

ALLEGATION(S)
The facility failed to maintain a safe, clean homelike environment.
The facility failed to maintain an effective pest control program to prevent bed bugs.
The facility failed to provide activities.

An unannounced on-site investigation was initiated 06/10/2025 at 1:15 p.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 throughout the investigation. Residents were observed during meals, while receiving medications, while participating in activities, and while receiving care. Residents were observed in the dining room, in their private apartments, and in common areas. Resident apartments which had experienced recent flooding were observed for potential damage and ongoing maintenance. The facility grounds, lawns, and building were observed for maintenance and upkeep. Maintenance and housekeeping staff were observed during the investigation.

Clinical records were reviewed for physician orders, care plans, and assessments. Incident reports were reviewed. Resident contracts were reviewed. Facility policies and procedures were reviewed. Professional restoration invoices related to flooding issues were reviewed for rental equipment and fogging with Mildewcide. Monthly pest control invoices were reviewed for bed bug treatments. Monthly activities calendars were reviewed.

Several residents, including sampled residents, were interviewed regarding a clean and homelike environment. Residents who had experienced flooding in their apartments were interviewed regarding measures implemented by the facility and the option to move to a different apartment. Residents were interviewed regarding activities provided. Staff members were interviewed regarding recent storms, flooding issues, and preventive measures taken. Maintenance and housekeeping staff were interviewed. Administrative staff was interviewed regarding

measures taken for necessary restoration and repairs related to flooding. Administrative staff was interviewed regarding ongoing pest control and prevention of bed bugs.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 06/12/2025

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 06/11/2025

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 (#OK00065573, OK00073606, OK00074169, OK00077584, OK00083272, and #OK00083299) were conducted on 06/10/25 through 06/11/25. Deficiencies were cited as a result of the survey. Facility Census: 34 Listed below are abbreviations that will be used throughout this document. CNA - certified nurse aide	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;	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 06/11/2025

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 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the center failed to provide an effective pest control program to prevent bed bugs for 2 (#3 and #7) of 3 sampled residents reviewed for pests in their apartments. The administrator reported 34 residents resided in the center. Findings: 1. On 06/10/25 at 1:30 p.m., during an initial tour of the facility, Resident #3 was observed to be out of their apartment. The resident's apartment was observed to be neat and clean without clutter. The resident's bed was observed to be made. No evidence of bed bugs or any other pests were observed. On 06/11/25 at 11:00 a.m., Resident #3 was observed sitting on their bed in their room. The resident denied any issues with bed bugs and no bites were observed on their face, neck, or hands. A "Bed Bug Management" policy, dated 03/13/24, read in part, "Standard precautions apply to all patients including those known or suspected of having bed bugs."..."The administrator must be notified immediately."..."The director of facility or facility administrator will contact the appropriate pest control company as soon as possible to arrange treatment of the affected areas."	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 06/11/2025

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 2 An Oklahoma State Department of Health "Complaint/Incident Investigation Report", dated 02/13/25, showed an Adult Protective Services referral related to Resident #3 having bed bug bites. An annual "Resident Assessment Form," dated 05/01/25, showed Resident #3 was alert, but confused and forgetful at times, with a score of 04 on the mental status assessment which indicated severely impaired cognition. The assessment showed the resident received hospice services twice a week and used a wheelchair for ambulatory assistance. The assessment showed the resident had no skin issues. Monthly pest control invoices were reviewed for October 2024 through May 2025. The invoices showed monthly bed bug treatments, but did not specify which areas or apartments were treated. On 06/11/25 at 10:50 a.m., CNA #1 reported they had not seen any bed bugs in Resident #3's room, but heard the resident had previously had bed bugs in their chair. CNA #1 reported they were not aware of the resident having any bites. CNA #1 reported they had changed Resident #3's linens the previous week and did not see any evidence of bed bugs. CNA #1 reported that was something they routinely checked for when changing beds or picking up laundry, and reported the pest control company came monthly for routine treatments and to treat any specific areas where bugs have been observed. CNA #1 reported about a month ago, pest control services treated the couch and chair in the lobby. CNA #1 was asked if bugs had been identified in that area. CNA #1 stated, "Yes, that's why I don't sit	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 06/11/2025

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 3 over there." On 06/11/25 at 11:35 a.m., the administrator reported they were aware bed bugs had been seen on Resident #3's cushion, but they were not aware of the resident having any bites. The administrator reported as a licensed practical nurse, the aides would report any skin issues either to them or the consulting registered nurse. The administrator reported skin assessments were not performed on a routine basis but the resident would be checked by a licensed nurse if any skin issues were reported. 2. An annual "Resident Assessment Form," dated 05/06/25, showed Resident #7 was alert and oriented, but forgetful at times. The assessment showed the resident was independent with activities of daily living. On 06/11/25 at 1:20 p.m., Resident #7 reported they had never seen bed bugs, did not experience any bites, but staff had found bed bugs in their room recently when changing linens. The resident reported this happened about two months ago, their room was treated, and they were not aware of any issues since then. On 06/11/25 at 3:15 p.m., the administrator reported they have a pest control company come out monthly to check and treat the facility for any reported pests. The administrator reported the company did routine checks and treatments, in addition to treating specifically for bed bugs if issues were reported. The administrator reported if the company treated an area where bed bugs had been seen, they repeated the treatment in 10 days. The administrator reported the treatment to the couch and chair in the lobby area recently was a preventive measure, but bed bugs had not	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 06/11/2025

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 4 been seen on the furniture.	C1507		

OKLAHOMA
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Oklahoma State Department of Health
Long Term Care
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73012-6406
p. (405) 426-8200
f. (405) 900-7594

Assisted Living Informal Dispute Resolution Request Form

In Accordance with the Continuum of Care and Assisted Living Act

Assisted Living Centers must complete this form to dispute cited deficiencies. If you have any questions, contact the IDR Coordinator by telephone at (405) 426-8200 or via e-mail at IDRCoordinator@health.ok.gov.

Submission

Complete this form, attach all documentary evidence relevant to each disputed deficiency and submit within **ten (10) calendar days** of receiving the official Statement of Deficiencies. Submit this form to Oklahoma State Department of Health, Long Term Care, Attention: IDR Coordinator, 123 Robert S Kerr Ave, Suite 1702, Oklahoma City, OK 73102-6406. **An IDR will not be granted when a request form is incomplete or inaccurate. Documentary evidence submitted past the required timeframe will not be considered.**

IDR Type: (Check One) Face-to-Face Meeting ☐ Record Review ☑ Telephone/Virtual Conference ☐

Facility Name: The Willows Assisted Living Facility ID: AL2502

Facility Administrator: Dana Vandever E-mail: lpn_583@yahoo.com

Mailing Address: 301 Melville Drive Telephone Number: ( ) 405 238-4414

City: Pauls Valley Zip Code: 73075 Facsimile Number: ( ) 405 207-9975

Date Statement of Deficiencies Received: 07 /03 /2025 Survey Exit Date: 06 /11 /2025

Dispute Description

Tag Number **Explanation of Dispute** (Why is facility disputing the deficiency? List reason for each.)

A separate sheet may be attached, but must clearly identify the following: facility name, ID, survey exit date, tag number, and the explanation of the dispute. All documentary evidence submitted must also identify these items.

1. C1570 Survey Event ID: KUCQ11

I am submitting this IDR based on the surveyor's own summary as described on pages 2-5 of the OSDH

2. Cont. C1570 Statement of Deficencies and Plan of Correction form dated 06/11/2025.

Additional information and supporting documentation is attached for your review.

3.

4.

Submitted by: Dana Vandever, Administrator Date: 07 /10 /2025

OKLAHOMA
State Department of Health

August 8, 2025

VIA EMAIL

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

Subject: Informal Dispute Resolution (IDR) Withdrawal
License Number: AL2502

Dear Ms. Vandever:

The Department has conducted an administrative review regarding the June 11, 2025 complaint investigation conducted at your facility. The review resulted in the removal of the disputed tag. As a result, your request for an Informal Dispute Resolution (IDR) has been withdrawn due to no deficiencies being present in relation to the aforementioned survey.

Sincerely,

Clorissa Nubine

Clorissa Nubine
IDR Coordinator
Long Term Care
Protective Health Services

c: William Whited, Ombudsman
Lindsey Jeffries, Nurse Aide Registry
IDR Decision Maker
Philip Miller
LeKenya Antwine
Edward Roth
Survey Team
Facility File