OKLAHOMA
State Department
of Health

Delivery via email to: Admin@ashstreetplace.com

May 9, 2022

License Number: AL4201

Mr. Jeffery Chappell, Administrator
Ash Street Place
111 South Ash
Guthrie, OK 73044

Survey Event ID: 9RGI11

Dear Mr. Chappell:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **April 25, 2022**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Reviewer/Analyst
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Ash Street Place**
Address: **111 South Ash**
City, State, Zip: **Guthrie, Okla. 73044**
Provider #: **AL4201**
Complaint #: **OK00057238**
Investigation Date(s): **04/25/2022**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The Center failed to serve food in a safe manner.	**US**
2. The center failed to provide care according to residents' contracts.	**US**

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

An unannounced on-site investigation was initiated 04/25/2022 at 10:55 a.m.

A sample of four 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 Centers for Medicare and Medicaid Services (CMS) 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 dietary services was conducted. Policy and procedure for food storage, preparation and service was reviewed. Dietary procedures were reviewed. Refrigerator and freezer logs were reviewed. Incident reports were reviewed for any report of facility wide food borne illnesses.

Observations were made in the kitchen. All freezers and refrigerators were within regulated temperature range when observed. No broken equipment was observed to be in use at the time of the investigation.

Kitchen staff were interviewed regarding safe and sanitary measure when thawing food. Kitchen staff were able to voice the proper method to thaw food. Kitchen staff did not voice any concerns on observing methods used for thawing food. Residents were interviewed regarding food quality. No concerns were voiced.

An investigation specific to dietary services was conducted, no deficient practice was cited at the time of the investigation.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to patient care was conducted.

Assessments and care plans were reviewed for assistance and level of care needed by sampled residents.

Residents observed were clean and well groomed. Staff were observed interacting with residents.

Residents were interviewed regarding care provided by staff. Residents reported staff responded to requests for assistance when needed. Residents voiced no concerns with care provided by staff. Staff were interviewed regarding sufficient staff to provide care for residents and observations between staff and residents.

An investigation specific for resident care services provided by staff was conducted, no deficient practice was cited at the time of the investigation.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1 and #2. 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 federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

_____

Mary Cooper RN/CHFS

Date report completed: ~~04/26/2022~~

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
	AL4201	A. BUILDING: _____ B. WING _____	04/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASH STREET PLACE	111 SOUTH ASH GUTHRIE, OK 73044

(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
D 000	INITIAL COMMENTS A complaint investigation (#OK00057238) was conducted on 04/25/22. No deficiencies were cited.	D 000		

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