OKLAHOMA
State Department
of Health

Delivery via email to: ed@azaleagardensmc.com;

March 1, 2022

License Number: AL5101

Mr. Peter Blanchard, Administrator
Azalea Gardens Memory Care
3211 Chandler Road
Muskogee, OK 74403

Survey Event ID: 7ZIR11

Dear Mr. Blanchard:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 14, 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
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Azalea Gardens Memory Care**
Address: **3211 Chandler Road**
City, State, Zip: **Muskogee, OK, 74403**
Provider #: **AL5101**
Complaint #: **OK00058345**
Investigation Date(s): **02/14/2022**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure staff followed proper infection control procedures to prevent the spread of COVID.	**US**

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

An unannounced on-site investigation was initiated on 02/14/2022 at 10:00 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 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 infection control for COVID-19 was conducted.

On entry to the facility a COVID-19 screening station including temperature log and questionnaire with screening questions was observed. The screening station table had alcohol based hand sanitizer and a box of surgical masks available. The staff members were observed to not open the inner door until the screening process and masking had been completed. All staff members were observed to wear surgical masks or KN95 masks while in the facility. The kitchen staff were observed to wear a hair net and KN95 mask. The

housekeeping staff was observed to clean the facility utilizing disinfectants identified on the N-List as effective against COVID-19. The facility supply of BinaxNow rapid COVID-19 antigen tests were observed to be present in the building and in adequate supply. Staff members were observed assisting residents in activities of daily living and were observed to sanitize their hands as appropriate. Residents were observed in their rooms, the dining area, and ambulating in the hallways. The staff members were observed to encourage socially distancing and hand hygiene. Several rooms were residents had in isolation has small plastic cabinets outside of the rooms which contained PPE. These rooms had signage on the doors indicating what type of isolations was in place.

On entry, the director reported no staff or residents were currently positive for COVID-19 and no residents were currently on quarantine or isolation. The director reported the rooms with isolation cabinets outside of the doors were rooms where residents had recently come off isolation. Residents were interviewed and reported they were satisfied with care they received from the facility. Visitors/family members were interviewed and reported the facility educated them on proper use of PPE and COVID-19 infection control practices. The visitors/family members reported they were satisfied with the care their loved ones received from the facility. The corporate director reported if a staff member tested positive for COVID-19 they were to immediately leave the building and isolate at home and would be paid for their time on isolation. Staff members were interviewed and reported if a resident was positive for COVID-19 they would be asked to stay in their apartments. The staff members reported if a resident left their apartment while on isolation they would re-direct the resident to return to their apartment and provide them with additional in room activities.

Resident records were reviewed. The facility line list and testing logs were reviewed. The infection control and COVID-19 policy and procedure were reviewed. State reportable incidents were reviewed. Staff time sheets were reviewed and compared with dates of positive COVID-19 tests. The time sheets verified the staff had not been in the building during their isolation period.

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.

G Rose Dosch RN

G. Rose Dosch RN

Date report completed: 02/16/2022

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Azalea Gardens Memory Care**
Address: **3211 Chandler Road**
City, State, Zip: **Muskogee, OK, 74403**
Provider #: **AL5101**
Complaint #: **OK00058346**
Investigation Date(s): **02/14/2022**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to follow proper infection control procedures to prevent the spread of COVID	**US**

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

An unannounced on-site investigation was initiated on 02/14/2022 at 10:00 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 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 infection control for COVID-19 was conducted.

On entry to the facility a COVID-19 screening station including temperature log and questionnaire with screening questions was observed. The screening station table had alcohol based hand sanitizer and a box of surgical masks available. The staff members were observed to not open the inner door until the screening process and masking had been completed. All staff members were observed to wear surgical masks or KN95

masks while in the facility. The kitchen staff were observed throughout the survey to wear a hair net and KN95 mask.

On entry, the director reported no staff or residents were currently positive for COVID-19 and no residents were currently on quarantine or isolation. The director reported the rooms with isolation cabinets outside of the doors were rooms where residents had recently come off isolation. Residents were interviewed and reported they were satisfied with care they received from the facility. Visitors/family members were interviewed and reported the facility educated them on proper use of PPE and COVID-19 infection control practices. The visitors/family members reported they were satisfied with the care their loved ones received from the facility. The corporate director reported if a staff member tested positive for COVID-19 they were to immediately leave the building and isolate at home and would be paid for their time on isolation. Staff members were interviewed and reported if a resident was positive for COVID-19 they would be asked to stay in their apartments. The staff members reported if a resident left their apartment while on isolation they would re-direct the resident to return to their apartment and provide them with additional in room activities.

Resident records were reviewed. The facility line list and testing logs were reviewed. The infection control and COVID-19 policy and procedure were reviewed. State reportable incidents were reviewed. Staff time sheets were reviewed and compared with dates of positive COVID-19 tests. The time sheets verified the staff had not been in the building during their isolation period.

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.

G Rose Dosch

G. Rose Dosch, RN

Date report completed: 02/17/2022

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
	AL5101	A. BUILDING: _____ B. WING _____	C 02/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS MEMORY CARE	3211 CHANDLER ROAD MUSKOGEE, OK 74403

(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 investigation (#OK00058345 and #OK00058346) was conducted on 02/14/22. No deficiencies were cited.	C 000		

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