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

November 26, 2024

License Number: AL5101

Ms. Juile Dyson, Administrator
Azalea Gardens Memory Care
3211 Chandler Road
Muskogee, OK 74403

Survey Event ID: 05MI11

Dear Ms. Dyson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **November 20, 2024**. 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.

Respectfully,

Tempal Killman

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

Enclosure

INVESTIGATIVE REPORT

Facility: Azalea Gardens Memory Care
Address: 3211 Chandler Road
City, State, Zip: Muskogee, OK, 74403
Provider #: AL5101
Complaint #: OK00067533
Investigation Date(s): 11/15/24, 11/19/24, and 11/20/24

ALLEGATION(S)
The facility failed to ensure residents were free from physical, verbal, or psychosocial abuse.
The facility failed to ensure chemicals were secured to prevent accidents.
The facility failed to ensure staff were certified or licensed to provide care and services according to the physician order and plan of care.

An unannounced on-site investigation was initiated 11/15/2024 at 11:00 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 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 and throughout the survey staff were observed assisting residents with activities of daily living and providing resident care. An environmental tour was completed. Resident and staff interaction was observed. Residents were interviewed regarding abuse. Staff were interviewed regarding the facility abuse policy and if abuse had ever occurred. Policies and procedures, resident assessments, physician orders, care plans, incident reports, nurse notes, staff schedules, and maintenance logs were reviewed.

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: 11/22/2024

INVESTIGATIVE REPORT

Facility: Azalea Gardens Memory Care
Address: 3211 Chandler Road
City, State, Zip: Muskogee, OK, 74403
Provider #: AL5101
Complaint #: OK00073587
Investigation Date(s): 11/15/24, 11/19/24, and 11/20/24

ALLEGATION(S)
The facility failed to provide adequate supervision to prevent an elopement.

An unannounced on-site investigation was initiated 11/15/2024 at 11:00 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 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 and throughout the survey staff were observed assisting residents with activities of daily living and providing resident care. An environmental tour was completed. Resident and staff interaction was observed. Residents were interviewed regarding abuse. Staff were interviewed regarding the facility abuse policy and if abuse had ever occurred. Policies and procedures, resident assessments, physician orders, care plans, incident reports, nurse notes, staff schedules, and maintenance logs were reviewed.

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Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 11/22/2024

INVESTIGATIVE REPORT

Facility: Azalea Gardens Memory Care
Address: 3211 Chandler Road
City, State, Zip: Muskogee, OK, 74403
Provider #: AL5101
Complaint #: OK00073908
Investigation Date(s): 11/15/24, 11/19/24, and 11/20/24

ALLEGATION(S)
The facility failed to ensure adequate supervision to prevent an elopement.

An unannounced on-site investigation was initiated 11/15/2024 at 11:00 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 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 and throughout the survey staff were observed assisting residents with activities of daily living and providing resident care. An environmental tour was completed. Resident and staff interaction was observed. Residents were interviewed regarding abuse. Staff were interviewed regarding the facility abuse policy and if abuse had ever occurred. Policies and procedures, resident assessments, physician orders, care plans, incident reports, nurse notes, staff schedules, and maintenance logs were reviewed.

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: 11/22/2024

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/20/2024
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE MEMORY CARE OF MUSKOGEE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 investigations (#OK00067533, OK00073587, and #OK00073908) were conducted on 11/15/24, 11/19/24, and 11/20/24. No deficiencies were cited. Facility Census: 27	C 000		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE