OKLAHOMA
State Department
of Health

Delivery via email to: dwoodland@sandplumok.com

January 18, 2024

License Number: AL5102

Ms. Dani Woodland, Administrator
Dogwood Creek Retirement Center
3230 East Shawnee Avenue
Muskogee, OK 74403

Survey Event ID: B83M11

Dear Ms. Woodland:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 11, 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,

Clorissa Nubine

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Dogwood Creek Retirement Center**
Address: **3230 East Shawnee Avenue**
City, State, Zip: **Muskogee, OK 74403**
Provider #: **AL5102**
Complaint #: **OK00061389**
Investigation Date(s): **01/10/24 and 01/11/24**

ALLEGATION(S)

The center failed to provide two hour checks for dependent residents, failed to provide timely incontinent care and failed to provide ADL assistance for dependent residents.
The center failed to ensure meals were prepared at preferred temperatures.
The center failed to provide housekeeping services.

An unannounced on-site investigation was initiated 01/10/2024 at 11:15 a.m.

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

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 at other various times throughout the survey. The facility was observed to be clean, orderly and without offensive odor. Staff were observed communicating with the residents and assisting residents when needed. The residents were observed in common areas of the facility, in the dining room, and in their apartments. The food was observed, tasted and the temperature was appropriate.

Residents were interviewed about their daily needs being met, the food at the facility, laundry, and housekeeping. Staff members were interviewed regarding meeting the needs of the residents, ADL care, and when laundry and housekeeping schedules.

Records reviewed included care plans, lease agreements, nurse notes, incident reports, policies and procedures, in-services, employee files, resident council minutes, menus, maintenance logs, invoices and staff schedules.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 01/12/2024

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State Department
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INVESTIGATIVE REPORT

Facility: **Dogwood Creek Retirement Center**
Address: **3230 East Shawnee Avenue**
City, State, Zip: **Muskogee, OK 74403**
Provider #: **AL5102**
Complaint #: **OK00061734**
Investigation Date(s): **01/10/24 and 01/11/24**

ALLEGATION(S)

The center failed to ensure residents were not physically, verbally, or psychosocially abused.

An unannounced on-site investigation was initiated 01/10/2024 at 11:15 a.m.

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

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 center was conducted upon entrance and at other various times throughout the survey. Residents were observed in the center's common areas, in activities, and in their apartments. Staff were observed interacting with the residents in a calm polite manner.

Residents were interviewed regarding abuse and bullying by staff members. The residents stated they had not encountered abuse or bullying. Staff members stated they receive in-services on abuse. They had not seen or heard staff yelling at or bullying residents and there had not been any resident report any kind of abuse.

Records reviewed included care plans, lease agreements, nurse notes, incident reports, policies and procedures, in-services, employee files, resident council minutes, menus, maintenance logs, invoices, and staff schedules.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 01/12/2024

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
	AL5102	A. BUILDING: _____ B. WING _____	C 01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOGWOOD CREEK RETIREMENT CENTER	3230 EAST SHAWNEE AVENUE 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 (#OK00061389, OK00061424 and #OK00061734) were conducted on 01/10/24 and 01/11/24. No deficiencies were cited. Facility Census: 57	C 000		

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