OKLAHOMA
State Department
of Health

Delivery via email to: dwoodland@sandplumok.com

October 14, 2024

License Number: AL5102

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

Survey Event ID: 3ZJ211

Dear Ms. Woodland:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 9, 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: 3230 East Shawnee Avenue
Provider #: Muskogee, OK 74403, Muskogee
Complaint #: OK00065563
Investigation Date(s): 10/07/24 – 10/09/24

ALLEGATION(S)

The facility failed to have and/or implement effective pharmacy procedures to ensure medications were ordered and available to administer to the physician's orders

An unannounced on-site investigation was initiated on 10/07/24 at 9:45 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 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 Summary of Complaint Investigation:

Upon entrance and throughout the investigation, medication aides were observed passing medications to residents.

Residents and staff members were interviewed.

Resident records were reviewed including, but not limited to, demographics, diagnoses, physician's orders, medication administration records, progress notes, care plans, and assessments.

Facility records were reviewed including, but not limited to, policy and procedures, resident council meeting minutes, nursing schedule, contracts, and incident reports.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/10/2024

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 #: OK00068336
Investigation Date(s): 10/07/24, 10/08/24, and 10/09/24

ALLEGATION(S)
The facility failed to ensure residents were free from sexual abuse.

An unannounced on-site investigation was initiated 10/07/2024 at 9:45 a.m.

A sample of four 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: Upon entrance and throughout the survey resident and staff interaction was observed. Residents and staff were interviewed regarding allegations of abuse and abuse. Policy and procedures, resident contracts, resident assessments, care plans, physician orders, incident reports and investigations, and progress notes were reviewed. Grievances and resident council minutes were also 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: 10/10/2024

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 10/09/2024

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 (#OK00065563 and #OK00068336) were conducted on 10/07/24 through 10/09/24. No deficiencies were cited. Facility Census: 65	C 000		

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