OKLAHOMA
State Department
of Health

**Delivery via email to:** countrygardens@tutera.com

May 5, 2023

License Number: AL5103

Ms. Stephanie Kusler, Administrator
Country Gardens Assisted Living Community
611 South Country Club Road
Muskogee, OK 74403

**RE: Survey Event ID: G20911**

Dear Ms. Kusler:

Enclosed is a report of the inspection and complaint investigation conducted at your Assisted Living Center on **April 26, 2023.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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 Analyst
Oklahoma State Department of Health

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# INVESTIGATIVE REPORT

**Facility:** **Country Gardens Assisted Living Community**
**Address:** **611 South Country Club Road**
**City, State, Zip:** **Muskogee, OK 74403, Muskogee**
**Provider #:** **AL5103**
**Complaint #:** **OK00059742**
**Investigation Date(s):** **04/25/23 – 04/26/23**

## ALLEGATION(S)

1. The center failed to serve fresh food prepared in a sanitary environment.

An unannounced on-site investigation was initiated on 04/25/2023 at 9:15 a.m.

A sample of three 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:**

An investigation was conducted specific to kitchen sanitation and food storage and handling.

Upon entrance and throughout the investigation the kitchen was observed to be clean and sanitary. Dietary staff were observed to be wearing hair nets and gloves when appropriate. Dietary staff were observed to be practicing hand hygiene when appropriate. Food was observed to be stored and labeled appropriately. No expired food was observed in the storage areas.

Residents were interviewed and reported no complaints regarding the food or kitchen. Family members were interviewed and reported no complaints with the food or kitchen. Staff members were interviewed and reported proper knowledge of food storage, when food/leftovers expire and kitchen sanitation.

Deficient practice was not cited. See the Statement of Deficiencies, Form 2567, for details.

Thank you for bringing your concerns to our attention.

Audra Smith Digitally signed by Audra Smith
Date: 2023.05.05 11:15:35 -05'00'

Audra Smith, LPN

Date report completed: 04/29/2023

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 |
|---|---|---|---|
| | AL5103 | A. BUILDING: _____ B. WING _____ | C 04/26/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COUNTRY GARDENS ASSISTED LIVING COMMUNITY | 611 SOUTH COUNTRY CLUB 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<br><br>A relicensure survey was conducted from 04/25/23 through 04/26/23. A complaint investigation (#OK00059742) was conducted in conjunction with the survey. No deficiencies were cited. | C 000 | | |

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