OKLAHOMA
State Department
of Health

Delivery via email to: ALE@touchmark.com

February 14, 2022

License Number: AL5532

Ms. Angelie Estuche-Sales, Administrator
Touchmark At Coffee Creek
2801 Shortgrass Road
Edmond, OK 73003

Survey Event ID: 7YVO11

Dear Ms. Estuche-Sales:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 28, 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,

Katie Stagner
Digitally signed by Katie Stagner
Date: 2022.02.14 14:02:51 -06'00'

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Touchmark at Coffee Creek**
Address: **2801 Shortgrass Rd**
City, State, Zip: **Edmond, OK 73003**
Provider #: **AL5532**
Complaint #: **OK00058252**
Investigation Date(s): **01/19/2022 through 01/21/22 and 01/24/22, 01/25/22, and 01/28/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide adequate supervision to prevent injuries.	**US**

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

An unannounced on-site investigation was initiated on 01/19/2022 at 11:35 a.m.

A sample of 3 residents including any identified resident(s), 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 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 incident reports and staffing was conducted.

The resident's observed were clean and well groomed. Housekeeping was observed cleaning high touched areas throughout the center.

Clinical records were reviewed which included assessments, care plans, physician orders, physician progress notes, and nurse progress notes.

Residents or family members of residents who had recent falls were interviewed and no one complained the falls could be prevented.

Employees interviewed explained how the center was staffed throughout the day.

At the time of the investigation, there was no deficient practice in relation to adequate supervision to prevent injuries.

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.

Melissa Swaim RN

Date report completed: 01/31/2022

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
	AL5532	A. BUILDING: _____ B. WING _____	01/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCHMARK AT COFFEE CREEK	2801 SHORTGRASS ROAD EDMOND, OK 73003

(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 A complaint investigation (#OK00058252) was conducted 01/19/22 through 01/21/22 and 01/24/22, 01/25/22, and 01/28/22. No deficiencies were cited.	C 000		

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