OKLAHOMA
State Department of Health

Delivery via email to: angelie.estuche-sales.touchmark.com; ALE@touchmark.com

July 17, 2023

License Number: AL5532

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

RE: Survey Event ID: GLDD11

Dear Ms. Estuche-Sales:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **July 6, 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

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Touchmark at Coffee Creek
Address: 2801 Shortgrass Road
City, State, Zip: Edmond, OK 73003
Provider #: AL5532
Complaint #: OK00060896
Investigation Date(s): 07/05/23 through 07/06/23

ALLEGATION(S)

The facility failed to ensure residents were not physically, sexually or psychosocially abused.
The facility failed to report an allegation of sexual abuse to the Oklahoma State Department of Health and failed to notify local law enforcement of a crime.

An unannounced on-site investigation was initiated 07/06/2023 at 8:15 a.m.

A sample of 12 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:

Observations were made throughout the survey of residents and staff. No observations were observed with resident to resident abuse and/or staff mistreating the residents.

Resident interviews were conducted regarding abuse. Residents reported no complaints of mistreatment from staff and/or other residents. Residents stated they would report to the administrator any thing they did not feel was right and the issue would be taken care of.

Staff were interviewed regarding their knowledge of the facility abuse protocol to include investigation and reporting. All staff were knowledgeable of the abuse procedure for investigation and reporting allegations of abuse to include the Oklahoma State Department of Health and even law enforcement. Staff were asked to identify different types of abuse. All staff were able to identify all types of abuse to include sexual, physical and psychosocial.

Facility records were reviewed to include abuse policies, incident reports and reports to the Oklahoma State Department of Health.

Resident records were reviewed to include progress notes, physician's orders, service plans, behavior notes and contracts.

The attached Statement of Deficiencies, Form 2567 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: 07/07/2023

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
	AL5532	A. BUILDING: _____ B. WING _____	C 07/06/2023

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 relicensure survey was conducted from 07/05/23 through 07/06/23. A complaint investigation (#OK00060896) was conducted in conjunction with the survey. No deficiencies were cited in conjunction with this survey.	C 000		

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