OKLAHOMA
State Department
of Health

Delivery via email to: savanah.patt@jasmineestatesedmond.com

December 27, 2023

License Number: AL5543

Ms. Savanah Patt, Administrator
Jasmine Estates Of Oklahoma City
2232 Southwest 104th Street
Oklahoma City, OK 73159

Survey Event ID: ZS5911

Dear Ms. Patt:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 20, 2023**. 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Jasmine Estates of OKC**
Address: **2232 SW 104th St**
City, State, Zip: **OKC, OK 73159**
Provider #: **AL5543**
Complaint #: **OK00061104**
Investigation Date(s):12/19/23 and 12/20/23

ALLEGATION(S)

The center failed to ensure residents were not physically, verbally, or psychosocially abused and were provided a safe, homelike environment.

An unannounced on-site investigation was initiated 12/19/2023 at 6:00 a.m.

A sample of 3 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:

At the time of the survey, staff were observed interacting with residents throughout the day in a kind manner.

At the time of the survey, no resident complained about staff yelling or cussing.

At the time of the survey, no family member complained about staff yelling or cussing.

At the time of the survey, there was no deficient practice cited for abuse.

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: 12/20/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Jasmine Estates of OKC
Address: 2232 SW 104th St
City, State, Zip: OKC, OK 73159
Provider #: AL5543
Complaint #: OK00062005
Investigation Date(s): 12/19/23 and 12/20/23

ALLEGATION(S)

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

An unannounced on-site investigation was initiated 12/19/2023 at 6:00 a.m.

A sample of 3 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:

At the time of the survey, staff were observed providing care, checking on residents at least every two hours, assisting residents to the dining room for meals, cueing and feeding residents with their meals.

At the time of the survey, resident rooms were observed to be clean with no foul odors.

At the time of the survey, no resident complained about their room being locked from the outside. Residents stated they thought it was a good idea because people wander around. They thought of it as a safety lock.

At the time of the survey, no family member complained about abuse or involuntary seclusion.

At the time of the survey, staff stated doors were locked from the outside due to the facility being memory care, wandering residents, residents with behaviors, and safety.

At the time of the survey, administration provided documentation families were aware of the resident's rooms, the way the apartment doors were secured, and any modifications the families wanted made prior to the resident's admission.

At the time of the survey, no deficient practice was cited related to abuse or involuntary isolation.

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: 12/20/2023

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
	AL5543	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF OKLAHOMA CITY	2232 SOUTHWEST 104TH STREET OKLAHOMA CITY, OK 73159

(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 (#OK00061104 and #OK00062005) were conducted 12/19/23 and 12/20/23. No deficient practice was cited. Resident census was 36.	C 000		

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