Oklahoma State Department of Health
Creating a State of Health

January 6, 2020

License Number: AL5548

Ms. Kourtney Hamilton, Administrator
Stonecreek Assisted Living And Memory Care
17701 North Western Avenue
Edmond, OK 73012

RE: Survey Event ID: EUES11

Dear Ms. Hamilton:

On **December 18, 2019**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on December 18, 2019.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;

(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 271-6868 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
1000 N.E. 10th
Oklahoma City, OK 73117-1299

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Sincerely,

Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

Enclosure

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
	AL5548	A. BUILDING: _____ B. WING _____	12/18/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONECREEK ASSISTED LIVING AND MEMOF	17701 NORTH WESTERN AVENUE EDMOND, OK 73012

(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 re-licensure survey was conducted on 12/16/19 through 12/18/19. Current census was 84. The following deficiencies were cited.	C 000		
C1330 SS=F	310:663-13-2(10) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (10) a provision in the event that a resident's condition merits transfer, the transfer shall be initiated within five (5) working days and progress on the transfers shall be noted in the resident's record. This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure 10 (#1 through #10) of 10 sampled residents' service contracts contained a provision that a transfer shall be initiated within five (5) working days, with progress on the transfers noted in the resident's record, if a resident's condition merits transfer. This failed practice resulted in the widespread potential for more than minimal harm. Findings: On 12/18/19 at 3:49 p.m., the residents' service contracts were reviewed and did not contain a provision for the event that a resident's condition merits transfer, the transfer shall be initiated within five (5) working days and progress on the transfers shall be noted in the resident's record. The residents' service contracts documented they were signed on the following dates: Resident #1's on 07/03/18 by his legal representative; Resident #2's on 06/24/19 by her legal	C1330		

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C1330	Continued From page 1 representative; Resident #3 on 12/19/17 by himself; Resident #4's on 6/20/19 by her legal representative; Resident #5's on 06/12/18 by her legal representative; Resident #6's on 02/26/18 by her legal representative; Resident #7's on 09/05/19 by his legal representative; Resident #8's on 01/09/18 by his legal representative; Resident #9's on 08/22/17 by her representative; and Resident #10's on 08/02/19 by her legal representative. At 4:35 p.m., the contracts were reviewed with the administrator, who stated the body of the contract did not contain the five (5) day transfer provision.	C1330		
C1505 SS=E	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of	C1505		

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C1505	Continued From page 2 proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure medication was administered according to physicians' orders for 2 (#8 and #12) of 10 sampled residents who received employee administered medications. This failed practice had the potential for more than minimal harm at a pattern. Findings: RESIDENT #8 Resident #8 had diagnoses that included hypertension, coronary artery disease, and congestive heart failure. A physician's order, dated 04/24/19, documented to hold the Coreg (used to treat hypertension) for systolic blood pressure less than 110 or/and pulse less than 60. An electronic medication administration record (eMAR), dated 11/2019, documented Coreg 6.25 mg (milligrams) was to be administered twice a day with meals, and was to be held for systolic blood pressure less than 110 or/and pulse less than 60. The eMAR documented the resident's 8:00 a.m. dose of Coreg was administered on 11/08/19, when the resident's pulse was 53, on	C1505		

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C1505	Continued From page 3 11/11/19 when the resident's pulse was 55, and on 11/16/19 when the resident's pulse was 56. The resident was administered Coreg at 5:00 p.m. on 11/16/19, when his pulse was 59. Resident #8 was administered his Coreg 4 times in November 2019 when his pulse was less than 60. An eMAR for resident #8, dated 12/2019, documented Coreg was administered on 12/12/19 at 8:00 a.m., when the resident's pulse was 58. On 12/18/19 at 2:04 p.m., certified medication aide (CMA)/employee #1 stated she had initialed that she had given the Coreg on 11/08/19. She stated she did not remember if she had administered the Coreg on 11/11/19. At 2:19 p.m., licensed practical nurse (LPN) #1 accessed the eMAR from his computer and reviewed resident #8's Coreg administration record. He stated the eMAR documented the Coreg was administered on 11/08/19 and 11/11/19 at 8:00 a.m., and on 11/16/19 at 8:00 a.m. and 5:00 p.m. He stated the Coreg was administered on 12/12/19 at 8:00 a.m. LPN #1 stated the Coreg should not have been administered according to the physician ordered parameters to hold the Coreg when the resident's pulse was less than 60. RESIDENT #12 Resident #12 had diagnosis that included hypertension. Admission physician's order for resident #112, dated 10/05/19, documented Norvasc 2.5 mg was to be administered daily for hypertension,	C1505		

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C1505	Continued From page 4 and was to be held if the systolic blood pressure was less than 110, or the diastolic blood pressure was less than 60, or if the pulse was less than 50. The current physician's orders documented the same parameters for the administration of Norvasc. The eMAR, dated 12/2019, documented Norvasc 2.5 mg was to be administered daily upon rising for hypertension and was to be held if the systolic blood pressure was less than 110, if the diastolic blood pressure was less than 60 and/or if the pulse was less than 50. The eMAR documented the blood pressure and the initials of the employee who administered the medication but did not document the resident's pulse. There was no documentation provided that the resident's pulse was obtained or within the parameters for administration of the Norvasc. On 12/18/19 at 3:53 p.m., LPN #1 stated the last time the resident's pulse was recorded on the eMAR was 10/31/19. He stated the pharmacy did not provide an area on the eMAR for documentation of the resident's pulse when the eMAR was updated.	C1505		

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL5548	STONECREEK ASSISTED LIVING AND MEMORY CARE

Type of Survey (select all that apply)

2				

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A				

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 36191	12/16/2019	12/18/2019	0.00	0.00	20.25	0.00	6.00	4.00
2. 35195	12/16/2019	12/18/2019	1.00	0.00	23.25	0.00	7.00	1.75
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

JAN 07 2020

Oklahoma State Department of Health
Creating a State of Health

January 22, 2020

License Number: AL5548

Ms. Kourtney Hamilton, Administrator
Stonecreek Assisted Living And Memory Care
17701 North Western Avenue
Edmond, OK 73012

RE: Survey Event EUES11

Dear Ms. Hamilton:

On December 18, 2019, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **February 10, 2020**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 271-6868.

Sincerely,

Katie Stagner

for Sue Davis
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

SD/jt

Oklahoma State Department of Health

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C 000	INITIAL COMMENTS A re-licensure survey was conducted on 12/16/19 through 12/18/19. Current census was 84. The following deficiencies were cited.	C 000	Refer to POC Template. Survey Event ID EUES11 ID Prefix Tag C1303	
C1330 SS=F	310:663-13-2(10) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (10) a provision in the event that a resident's condition merits transfer, the transfer shall be initiated within five (5) working days and progress on the transfers shall be noted in the resident's record. This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure 10 (#1 through #10) of 10 sampled residents' service contracts contained a provision that a transfer shall be initiated within five (5) working days, with progress on the transfers noted in the resident's record, if a resident's condition merits transfer. This failed practice resulted in the widespread potential for more than minimal harm. Findings: On 12/18/19 at 3:49 p.m., the residents' service contracts were reviewed and did not contain a provision for the event that a resident's condition merits transfer, the transfer shall be initiated within five (5) working days and progress on the transfers shall be noted in the resident's record. The residents' service contracts documented they were signed on the following dates: Resident #1's on 07/03/18 by his legal representative; Resident #2's on 06/24/19 by her legal	C1330	Refer to POC Template. Survey Event ID EUES11 ID Prefix Tag C1505	

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C1606 SS=E	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of	C1606		

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C1505	Continued From page 4 and was to be held if the systolic blood pressure was less than 110, or the diastolic blood pressure was less than 60, or if the pulse was less than 50. The current physician's orders documented the same parameters for the administration of Norvasc. The eMAR, dated 12/2019, documented Norvasc 2.5 mg was to be administered daily upon rising for hypertension and was to be held if the systolic blood pressure was less than 110, if the diastolic blood pressure was less than 60 and/or if the pulse was less than 50. The eMAR documented the blood pressure and the initials of the employee who administered the medication but did not document the resident's pulse. There was no documentation provided that the resident's pulse was obtained or within the parameters for administration of the Norvasc. On 12/18/19 at 3:53 p.m., LPN #1 stated the last time the resident's pulse was recorded on the eMAR was 10/31/19. He stated the pharmacy did not provide an area on the eMAR for documentation of the resident's pulse when the eMAR was updated.	C1505		

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 1/10/2020** **Facility Name:** Stone Creek Assisted Living and Memory Care **License Number:** AL5548 **Survey Event ID:** EUES11 **Date Survey Completed: 12/18/2019**
SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1330	**Based on:** Based on interview and record review, it was determined the center failed to ensure 10 (#1through #10) of 10 sampled residents' servicecontracts contained a provision that a transfershall be initiated within five (5) working days, withprogress on the transfers noted in the resident'srecord, if a resident's condition merits transfer.
ASSISTED LIVING CENTER'S PLAN OF CORRECTION	
Assisted Living Center's Comments:	

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	All residents and their legal representatives found to be affected by this deficient practice will be provided with an addendum to become a part of their contract stating "a provision in the event that a resident's condition merits transfer, the transfer shall be initiated within five (5) working days and progress on the transfers shall be noted in the resident's record." This addendum will be signed by the center's administrator and provided via US Postal Service for all for all current residents and/or their legal representative to sign. The center will contact each resident and/or their legal representative to schedule the return of the signed addendum by February 10, 2020.
OSDH Response: Element accepted: Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The center reviewed all current contracts and noted all current residents were affected by the deficient practice.
OSDH Response: Element accepted: Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	The center's contract will be updated to include the wording "a provision in the event that a resident's condition merits transfer, the transfer shall be initiated within five (5) working days and progress on the transfers shall be noted in the resident's record." It will then be submitted to the Oklahoma Department of Health for approval. Until the updated contract is approved by the department, all new residents will be provided an addendum signed by the center's administrator stating "a provision in the event that a resident's condition merits transfer, the transfer shall be initiated within five (5)

	working days and progress on the transfers shall be noted in the resident's record"
OSDH Response - Element accepted: Yes ☑ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Effective immediately the center's administrator will conduct audits on all newly signed contracts to ensure signed contract or addendum stating "a provision in the event that a resident's condition merits transfer, the transfer shall be initiated within five (5) working days and progress on the transfers shall be noted in the resident's record." is present. Audits will be done weekly x 2 months to establish compliance. Once compliance is achieved the center's administrator will conduct monthly audits through 2 QA meetings to ensure continued compliance. The QA committee will monitor the effectiveness of the plan weekly until compliance is achieved and continue to monitor for two quarters after compliance. Records of the center's monitoring will be kept in the center's QA meeting binder. Contracts will be kept in resident's file.
OSDH Response - Element accepted: Yes ☑ No ☐	
5. On what date will corrective action be completed?	2/10/2020
OSDH Response - Element accepted: Yes ☑ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required. [signature]
Date Enter a date of signature.	1/16/20

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE**
	Current Date: 1/10/2020
	Facility Name: Stone Creek Assisted Living and Memory Care
	License Number: AL5548
	Survey Event ID: EUES11
	Date Survey Completed: 12/18/2019

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1505	Based on: Based on interview and record review, it wasdetermined the center failed to ensure medication was administered according to physicians' ordersfor 2 (#8 and #12) of 10 sampled residents whoreceived employee administered medications.This failed practice had the potential for morethan minimal harm at a pattern.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	The center will ensure medication is administered according to physicians' orders. All staff who are responsible for administering medications received in-service by RN. Pharmacist consulted to do additional in-service and education for staff regarding medication administration. MAR will be reviewed by RN and/or LPN daily to ensure residents with physician ordered parameters for medications are receiving medications per physician's orders, and that medications are held when vital signs are noted to be outside of parameters. Audits will continue daily x2 weeks until compliance is established. The center will monitor/audit all new orders to check for physician ordered hold parameters for any medications.
OSDH Response: Element accepted: Yes / No	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The center reviewed all current residents' physician orders and noted 10 residents to have physician ordered hold parameters for medications.
OSDH Response: Element accepted: Yes / No	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Effective immediately MAR will be reviewed by RN and/or LPN daily to ensure residents with physician ordered parameters for medications are receiving medications per physician's orders, and that medications are held when vital signs are noted to be outside of parameters. Audits will continue daily x2 weeks until compliance is established. Then audits will continue weekly x2 months to maintain compliance.

	Once compliance is achieved the RN and/or LPN will conduct random audits monthly through 2 QA meetings to ensure continued compliance.
OSDH Response: Element accepted: Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Effective immediately MAR will be reviewed by RN and/or LPN daily to ensure residents with physician ordered parameters for medications are receiving medications per physician orders, and that medications are held when vital signs are noted to be outside of parameters Audits will be done daily x2 weeks to establish compliance. Then audots will be done weekly x 2 months to maintain compliance. Once compliance is achieved the center's administrator will conduct monthly audits through 2 QA meetings to ensure continued compliance. The QA committee will monitor the effectiveness of the plan weekly until compliance is achieved and continue to monitor for two quarters after compliance is acheived. Records of the center's monitoring will be kept in the center's QA meeting binder. Contracts will be kept in resident's file.
OSDH Response: Element accepted: Yes ☐ No ☐	
5. On what date will corrective action be completed?	1/31/2020
OSDH Response: Element accepted: Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required.	**Date** Enter a date of signature.	1/16/20

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are for OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility In Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

Delivery via email to: ed@stonecreek-al.com

November 13, 2020

License Number: AL5548

Ms. Kourtney Hamilton, Administrator
Stonecreek Assisted Living And Memory Care
17701 North Western Avenue
Edmond, OK 73012

RE: Survey Event EUES12

Dear Ms. Hamilton:

On **November 10, 2020,** an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **December 18, 2019,** have now been corrected effective **February 10, 2020.**

If you have any questions concerning the information in this letter, please contact us at (405) 271-6868.

Sincerely,

Users, Lisa D Calvin

Digitally signed by Users, Lisa D Calvin
Date: 2020.11.13 09:41:58 -06'00'

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

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
	AL5548	A. BUILDING: _____ B. WING _____	R 11/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONECREEK ASSISTED LIVING AND MEMORY CAR	17701 NORTH WESTERN AVENUE EDMOND, OK 73012

(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 An Offsite/Paper Revisit was completed on 11/10/20. Credible evidence of correction was submitted for all deficiencies.	{C 000}		

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