OKLAHOMA
State Department
of Health

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

March 12, 2024

License Number: AL5548

Ms. Kimberly Saggese, Administrator
Stonecreek Assisted Living and Memory Care
17701 North Western Avenue
Edmond, OK 73012

Survey Event ID: NK7Q11

Dear Ms. Saggese:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 11, 2024**. 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Stonecreek Assisted Living and Memory Care**
Address: **17701 North Western Avenue**
City, State, Zip: **Edmond, OK, 73012**
Provider #: **AL5548**
Complaint #: **OK00063203**
Investigation Date(s): **03/08/24 and 03/11/24**

ALLEGATION(S)

The center failed to provide care and treatment in a timely manner for a resident with a head injury.

An unannounced on-site investigation was initiated 03/08/2024 at 9:41 a.m.

A sample of 5 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for fall interventions. Staff were observed assisting residents with their needs.

Resident records were reviewed including assessments, plan of care, service contracts, physician orders, progress notes, home health notes, incident reports, and hospital records. State reportable incidents were reviewed. Policy and procedures were reviewed. Grievances were reviewed.

Residents were interviewed regarding the provision of care for falls. They were asked who the facility contacted when they experienced a change in condition.

Staff members were interviewed regarding the policy on falls and notifying resident/representatives with a change in condition.

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: 03/11/2024

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 _____	C 03/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STONECREEK ASSISTED LIVING AND MEMOR	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 complaint investigation (#OK00063203) was conducted from 03/08/24 and 03/11/24. No deficiencies were cited. Facility Census: 87	C 000		

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