OKLAHOMA
State Department
of Health

Delivery via email to: alex.baggs@milestoneretirement.com

March 18, 2024

License Number: AL5591

Mr. Alex Baggs, Administrator
The Mansion At Waterford
6110 North Penn Avenue
Oklahoma City, OK 73112

Survey Event ID: LOXR11

Dear Mr. Baggs:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 12, 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:	**The Mansion at Waterford**
Address:	**6110 North Penn Avenue**
City, State, Zip:	**Oklahoma City, OK. 73112**
Provider #:	**AL5591**
Complaint #:	**OK00063202**
Investigation Date:	**03/13/2024**

ALLEGATION(S)

1.The facility failed to protect residents from abuse.

An unannounced on-site investigation was initiated 03/11/2024 at 10:25 a.m.

A sample of four resident, 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 Centers for Medicare and Medicaid Services (CMS) 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, at other various times throughout the survey, and across multiple shifts. Observations were made of staff interacting with residents during activities, mealtimes, and resident apartments.

Residents were interviewed regarding staff being mean or abusive towards them or any other resident, assistance with personal care, and if staff answered call button promptly. Resident's family also called and interviewed on above questions.

Resident records were reviewed including assessments, physician orders, service plans, progress notes.

Staff members were interviewed regarding the facility policy on abuse, who do they report suspected alleged abuse to, and any training the staff has had on abuse.

The attached CMS 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: 03/13/2024

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
	AL5591	A. BUILDING: _____ B. WING _____	C 03/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MANSION AT WATERFORD	6110 NORTH PENN AVENUE OKLAHOMA CITY, OK 73112

(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 (#OK00063202) was conducted from 03/11/24 through 03/12/34. No deficiencies were cited. Facility Census: 93	C 000		

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