OKLAHOMA
State Department
of Health

Delivery via email to: admin@goldenoaks.net

February 13, 2024

License Number: AL6003

Ms. Toni Wolfe, Administrator
Golden Oaks Assisted Living
5505 West 19th Street
Stillwater, OK 74074

Survey Event ID: TI3L11

Dear Ms. Wolfe:

On **February 8, 2024,** representatives from the Oklahoma State Department of Health (OSDH) concluded a Relicensure survey with a complaint investigation at your assisted living center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for no more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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 Services**, then **click on Long Term Care**. 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 will be completed for each violation; and
(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) 426-8200 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 calendar days from receipt of the State Form deficiency statement. 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, conducted in a face to face, or a virtual 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
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

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) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. 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.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Golden Oaks Assisted Living**
Address: **5505 West 19th Street**
City, State, Zip: **Stillwater, OK, 74074**
Provider #: **AL 6003**
Complaint #: **OK00061860**
Investigation Date(s): **02/06/24 through 02/08/24**

ALLEGATION(S)

The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 02/06/2024 at 12:15 p.m.

A sample of seven 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 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: Upon entrance and throughout the survey staff were observed assisting residents with activities of daily living. The residents stated the staff were pleasant and attended to their needs. The residents stated there were enough staff to assist them during the day or night. The staffing schedule, resident contacts, grievances, resident council minutes, and incident reports were reviewed.

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: 02/09/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6003	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN OAKS ASSISTED LIVING	5505 WEST 19TH STREET STILLWATER, OK 74074

(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 02/06/24 through 02/08/24. A complaint investigation (#OK00061860) was conducted in conjunction with the survey. Facility Census: 64	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure pasteurized eggs were used for foods not thoroughly cooked for the residents. The director of nurses identified 64 residents who received meals prepared by the kitchen. Findings: A form titled "Food Storage, Preparation and Service" documented "...Eggs will be thoroughly cooked to an internal temperature of 160 F (71 C) except pasteurized egg products or pasteurized in-shell eggs may be used in place of pooled eggs or raw or undercooked eggs...Pasteurized eggs will be used when cooking to order in response to resident request of soft-cooked, or over-easy..." On 02/07/24 at 10:30 a.m., a kitchen observation was conducted. There were no pasteurized eggs noted in the refrigerator.	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6003	A. BUILDING: _____ B. WING _____	C 02/08/2024

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C 391	Continued From page 1 On 02/07/24 at 10:32 a.m., the dietary manager stated the food supply company had substituted unpasteurized eggs for pasteurized eggs on the last delivery. The dietary manager stated they had not had pasteurized eggs the last five days. The dietary manager stated menu options were french toast and over easy eggs. The dietary manager stated they should not have allowed the food company to substitute the eggs or should have purchased pasteurized eggs from another food source.	C 391		
C 397 SS=E	310:663-3-8(d)(4) FOOD STORAGE, PREPARATION AND SERVICE (4) Only clean, whole eggs with shell intact, pasteurized liquid, frozen, dry eggs, egg products and commercially prepared and packaged hard boiled eggs may be used. All eggs shall be thoroughly cooked except pasteurized egg products or pasteurized in-shell eggs may be used in place of pooled eggs or raw or undercooked eggs. This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to prepare and serve meals under sanitary conditions for the residents. The director of nurses identified 64 residents who ate meals prepared by the kitchen. Findings:	C 397		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 397	Continued From page 2 A form titled "Food Storage, Preparation and Service" documented "...Food preparation equipment, dishes and utensils will be sanitized to destroy potential food borne illness..." On 02/07/24 at 10:45 a.m., a kitchen observation was conducted. The floors had dirt and food debris against the wall and corners around the oven. The oven walls and doors had a large amount of a brown and black substance on them. The floor of the oven had layers of a black substance. On 02/07/24 at 10:47 a.m., the dietary cook #1 stated the oven was cleaned weekly. The cook stated there was no documented cleaning schedule, the dietary manager would just ask someone to clean the oven. On 02/07/24 at 10:50 a.m., the dietary manager observed the oven and stated the black substance was were food had over flowed pans during baking. The dietary manager stated it had been about a month since the oven had been cleaned. The dietary manager stated was working on a cleaning schedule.	C 397		

OKLAHOMA
State Department
of Health

Delivery via email to: admin@goldenoaks.net; snewhart@companionhealth.net

February 23, 2024

License Number: AL6003

Ms. Toni Wolfe, Administrator
Golden Oaks Assisted Living
5505 West 19th Street
Stillwater, OK 74074

Survey Event ID: TI3L11

Dear Ms. Wolfe:

On **February 8, 2024,** a complaint investigation was conducted at your Assisted Living Center. 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 have been corrected and you were in substantial compliance by **February 16, 2024**.

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) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

GOLDEN OAKS VILLAGE OF STILLWATER, LLC

February 15, 2024

Oklahoma State Health Department
Protective Health Services
123 Robert S. Kerr Avenue
Oklahoma City, Oklahoma 73102-6406

To Whom it May Concern:

RE: SURVEY EVENT ID: TI3L11 LICENSE # AL6003

Please accept the attached Plan of Correction for Golden Oaks Village of Stillwater, LLC regarding the Re-licensure Survey conducted on February 8, 2024. Please accept this plan of correction as our allegation of compliance.

If you have any questions regarding the corrective action please feel free to call me at (405) 377-1114.

Sincerely,

Toni Wolfe
Administrator

5505 W. 19TH STREET • STILLWATER, OK • 74074
PHONE: 405-377-1114 • FAX: 405-377-9214

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
	AL6003	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN OAKS ASSISTED LIVING	5505 WEST 19TH STREET STILLWATER, OK 74074

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C 000	INITIAL COMMENTS A relicensure survey was conducted from 02/06/24 through 02/08/24. A complaint investigation (#OK00061860) was conducted in conjunction with the survey. Facility Census: 64	C 000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law and does not waive any appeal or other rights.	
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the facility failed to ensure pasteurized eggs were used for foods not thoroughly cooked for the residents. The director of nurses identified 64 residents who received meals prepared by the kitchen. Findings: A form titled "Food Storage, Preparation and Service" documented "...Eggs will be thoroughly cooked to an internal temperature of 160 F (71 C) except pasteurized egg products or pasteurized in-shell eggs may be used in place of pooled eggs or raw or undercooked eggs...Pasteurized eggs will be used when cooking to order in response to resident request of soft-cooked, or over-easy..." On 02/07/24 at 10:30 a.m., a kitchen observation was conducted. There were no pasteurized eggs noted in the refrigerator.	C 391	C391 FOOD STORAGE, PREPARATION AND SERVICE All unpasteurized eggs were moved from dietary department immediately. Dietary Manager re-educated on food safety requirements to include the importance of only pasteurized eggs allowed in food service. All residents have the potential to be affected by this practice. Dietary Manager and dietary staff re-educated on food safety requirements which included the importance of purchasing only pasteurized eggs for food service. Process for ordering reviewed with	

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C 391	Continued From page 1 On 02/07/24 at 10:32 a.m., the dietary manager stated the food supply company had substituted unpasteurized eggs for pasteurized eggs on the last delivery. The dietary manager stated they had not had pasteurized eggs the last five days. The dietary manager stated menu options were french toast and over easy eggs. The dietary manager stated they should not have allowed the food company to substitute the eggs or should have purchased pasteurized eggs from another food source.	C 391	Dietary Manager. Dietary Manager/Designee will monitor the refrigerator for pasteurized eggs only on a daily basis. Dietary Manager or Designee will audit the refrigerator daily for compliance. Administrator/Designee will monitor audits weekly for compliance. Results of this monitoring will be reviewed during the QA quarterly meeting. Completion Date: February 13, 2024 C397 FOOD STORAGE, PREPRATION AND SERVICE The dietary department was cleaned thoroughly to sanitary condition including the walls and corners around the oven, the oven walls and doors and floor. Dietary Manager re-educated on preparing, distributing and serving food in accordance with professional standard for food service safety to include a clean and sanitized dietary department.	
C 397 SS=E	310:663-3-8(d)(4) FOOD STORAGE, PREPARATION AND SERVICE (4) Only clean, whole eggs with shell intact, pasteurized liquid, frozen, dry eggs, egg products and commercially prepared and packaged hard boiled eggs may be used. All eggs shall be thoroughly cooked except pasteurized egg products or pasteurized in-shell eggs may be used in place of pooled eggs or raw or undercooked eggs. This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to prepare and serve meals under sanitary conditions for the residents. The director of nurses identified 64 residents who ate meals prepared by the kitchen. Findings:	C 397		

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OKLAHOMA
State Department
of Health

Delivery via email to: admin@goldenoaks.net

April 24, 2024

License Number: AL6003

Ms. Toni Wolfe, Administrator
Golden Oaks Assisted Living
5505 West 19th Street
Stillwater, OK 74074

Survey Event ID: TI3L12

Dear Ms. Wolfe:

On **April 22, 2024,** a Relicensure with a complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 8, 2024,** have now been corrected effective **February 27, 2024.**

If you have any questions concerning the information in this letter, please contact me at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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
	AL6003	A. BUILDING: _____ B. WING _____	R-C 04/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN OAKS ASSISTED LIVING	5505 WEST 19TH STREET STILLWATER, OK 74074

(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 revisit was conducted on 04/22/24. All deficiencies from the 02/08/24 survey were cleared.	{C 000}		

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