OKLAHOMA
State Department
of Health

Delivery via email to: codye@wslm.biz; baleigh@wslm.biz

April 18, 2024

License Number: AL6010

Mr. Cody Erikson, Executive Director/Administrator
Legacy Village Of Stillwater
5601 N Washington St
Stillwater, OK 74075

RE: Survey Event ID: JOZ411

Dear Mr. Erikson:

On **March 21, 2024**, agents from our office concluded a State Licensure survey along with complaint investigations 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 **March 21, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written 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 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 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) 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 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,

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: **Legacy Village of Stillwater**
Address: **5601 N Washington**
City, State, Zip: **Stillwater, OK, 74075, Payne**
Provider #:
Complaint #: **OK00061789**
Investigation Date(s): **03/14/24 and 03/18/24 to 03/21/24**

ALLEGATION(S)

1. The facility failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 03/14/2024 at 11:00 a.m.

A sample of 10 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 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 and at other various times throughout the survey. The facility was observed to be clean and orderly. Residents' rooms were observed to be orderly and odor free. Resident rooms were observed to be free of pests. Residents were observed to be resting in their apartments, conversing in the dining room, and the common areas.

Records of pest control invoices were reviewed related to pests in the facility.

An interview was conducted with the administration, housekeeping, and direct care staff related to pests in resident rooms, common areas, laundry area, and dining areas in the facility.

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: 03/25/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Legacy Village of Stillwater**
Address: **5601 N Washington**
City, State, Zip: **Stillwater, OK, 74075, Payne**
Provider #:
Complaint #: **OK00061706**
Investigation Date(s): **03/14/24 and 03/18/24 to 03/21/24**

ALLEGATION(S)

The center failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 03/14/2024 at 11:00 a.m.

A sample of 10 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 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 and at other various times throughout the survey. The facility was observed to be clean and orderly. Residents' rooms were observed to be orderly and odor free. Resident rooms were observed to be free of pests. Residents were observed to be resting in their apartments, conversing in the dining room, and the common areas.

Records of pest control invoices were reviewed related to pests in the facility.

An interview was conducted with the administration, housekeeping, and direct care staff related to pests in resident rooms, common areas, laundry area, and dining areas in the facility.

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: 03/25/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Legacy Village of Stillwater**
Address: **5601 N Washington**
City, State, Zip: **Stillwater, OK, 74075, Payne**
Provider #:
Complaint #: **OK00062744**
Investigation Date(s): **03/14/24 and 03/18/24 to 03/21/24**

ALLEGATION(S)

The center failed to ensure they did not accept residents above the level of care and failed to ensure the safety of other residents and staff.
The center failed to ensure adequate staff to provide care for dependent residents.

An unannounced on-site investigation was initiated 03/14/2024 at 11:00 a.m.

A sample of 10 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 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 and at other various times throughout the survey. The facility was observed to be clean and orderly. Residents' rooms were observed to be orderly and odor free. Resident rooms were observed to be free of pests. Residents were observed to be resting in their apartments, conversing in the dining room, and the common areas. Staff were observed to be assisting residents with their needs.

Records of staffing for the past three months were examined.

An interview was conducted with the administration, housekeeping, and direct care staffing related to the residents' needs.

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: 03/25/2024

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
	AL6010	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY VILLAGE OF STILLWATER	5601 N WASHINGTON ST STILLWATER, OK 74075

(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 03/14/24 and 03/18/24 and 03/21/24. Complaint investigations (#OK00061706, Ok00061789, and #OK00062744) were conducted in conjunction with the survey. Facility Census: 89	C 000		
C 391 SS=D	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 observation and interview, the facility failed to ensure food was stored, prepared, and served in a sanitary manner. The director of nursing identified 89 residents resided in the facility. Findings: On 03/14/24 at 11:22 a.m., an initial tour was made of the kitchen, three staff members were observed without hair-nets on. On 03/19/24 at 8:25 a.m., another tour was made of the kitchen and an observation was made of 2 CNAs with no hair-net on placing plates onto a cart to take to the residents in the dining area. There was also an observation of a kitchen staff in the kitchen without an hair-net on. On 03/19/24 at 8:30 a.m., cook #1 stated server #1 should have a hair-net on and they would	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6010	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY VILLAGE OF STILLWATER	5601 N WASHINGTON ST STILLWATER, OK 74075

(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 391	Continued From page 1 speak with server #1. They also stated the two CNAs in the kitchen should have been wearing a hair-net also and they would speak with their supervisor about them coming into the kitchen without hair-nets on. On 03/19/24 at 08:38 a.m., CNA #1 stated they did not know they had to wear a hair-net while in the kitchen if they were only in the kitchen to get plates for the residents. CNA #2 stated they thought only those serving food had to wear a hair-net while in the kitchen.	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: codye@wslm.biz; baleighm@wslm.biz

April 26, 2024

License Number: AL6010

Mr. Cody Erikson, Administrator
Legacy Village Of Stillwater
5601 N Washington St
Stillwater, OK 74075

RE: Survey Event JOZ411

Dear Mr. Erikson:

On **March 21, 2024**, a Licensure inspection with complaint investigation 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 **May 31, 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
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
	AL6010	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY VILLAGE OF STILLWATER	5601 N WASHINGTON ST STILLWATER, OK 74075

(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 03/14/24 and 03/18/24 and 03/21/24. Complaint investigations (#OK00061706, Ok00061789, and #OK00062744) were conducted in conjunction with the survey. Facility Census: 89	C 000	**The provider submits the following plan of correction in good faith and to comply with Oklahoma State Law. This plan is not an admission of wrongdoing, nor does it reflect agreement with the facts and conclusion stated in the statement of deficiencies.**	
C 391 SS=D	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 observation and interview, the facility failed to ensure food was stored, prepared, and served in a sanitary manner. The director of nursing identified 89 residents resided in the facility. Findings: On 03/14/24 at 11:22 a.m., an initial tour was made of the kitchen, three staff members were observed without hair-nets on. On 03/19/24 at 8:25 a.m., another tour was made of the kitchen and an observation was made of 2 CNAs with no hair-net on placing plates onto a cart to take to the residents in the dining area. There was also an observation of a kitchen staff in the kitchen without an hair-net on. On 03/19/24 at 8:30 a.m., cook #1 stated server #1 should have a hair-net on and they would	C 391	All residents living in the AL and MC levels of care had the potential to be affected by this practice. No residents were harmed as a result of this practice. --ED conducted training with all staff present upon report of this issue and presented the training documents to the surveyor prior to exit. --Hair-nets are provided and stocked at each entrance to the kitchen. --Food safety training with a specific focus on hair-net use will be conducted at All-Staff Inservice scheduled for April 25, 2024 --ED or designee will randomly audit for compliance in wearing hair-nets as well as availability of hair-nets at each kitchen entrance. --Findings of the random audits will be reported to the QA committee.	05/31/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6010	A. BUILDING: _____ B. WING _____	C 03/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY VILLAGE OF STILLWATER	5601 N WASHINGTON ST STILLWATER, OK 74075

(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 391	Continued From page 1 speak with server #1. They also stated the two CNAs in the kitchen should have been wearing a hair-net also and they would speak with their supervisor about them coming into the kitchen without hair-nets on. On 03/19/24 at 08:38 a.m., CNA #1 stated they did not know they had to wear a hair-net while in the kitchen if they were only in the kitchen to get plates for the residents. CNA #2 stated they thought only those serving food had to wear a hair-net while in the kitchen.	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: codye@wslm.biz

June 14, 2024

License Number: AL6010

Mr. Cody Erikson, Administrator
Legacy Village Of Stillwater
5601 N Washington St
Stillwater, OK 74075

RE: Survey Event JOZ412

Dear Mr. Erikson:

On **June 13, 2024,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey with complaint investigations on **March 21, 2024,** have now been corrected effective **May 31, 2024.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6010	A. BUILDING: _____ B. WING _____	R-C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY VILLAGE OF STILLWATER	5601 N WASHINGTON ST STILLWATER, OK 74075

(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 conducted on 06/13/24. The facility was in substantial compliance.	{C 000}		

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