OKLAHOMA
State Department
of Health

Delivery via email to: Ctalduncan@gmail.com

May 6, 2024

License Number: AL6903

Mr. Dustin Cox, Administrator
Chisholm Trail Assisted Living
2145 Chisholm Trail Parkway
Duncan, OK 73533

RE: Survey Event ID: V3HK11

Dear Mr. Cox:

On **April 18, 2024**, 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 **April 18, 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: IDRCoordinator@health.ok.gov

Or **mail** 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6903	A. BUILDING: _____ B. WING _____	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHISHOLM TRAIL ASSISTED LIVING	2145 CHISHOLM TRAIL PARKWAY DUNCAN, OK 73533

(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 on 04/16/24 and 04/18/24. Facility census: 63	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 observation and interview, the facility failed to ensure food was stored in accordance with Chapter 257. The DON identified 61 residents resided in the home. Findings: An initial kitchen tour was conducted on 04/16/24 at 9:48 a.m. The following was observed during the tour: a. in the two door Hoshizaki refrigerator were two unopened half-gallon containers of buttermilk in the refrigerator with expiration date 04/09/24, b. in the three door Manitowac refrigerator were three trays of large bacon stacked on each other with parchment paper protecting the meat without date or label, three serving trays full of individually portioned cups of pudding without date or label, one serving bottle of salad dressing without date or label, and on the bottom shelf was a large serving tray with four bags of frozen raw chicken	C 391		

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C 391	Continued From page 1 and 5 bags of frozen raw shrimp. c. in the dry storage area for dessert mixes an 11 pound container of butter-cream icing was observed opened with a date label of 02/20/24 on the lid. The instructions on the side of the container stated the icing could be kept at room temperature for one week but then must be placed in the refrigerator for storage. On 04/16/24 at 10:16 a.m., Cook #1 stated the correct way to thaw meat was not to mix types of meat and not to mix raw with cooked. They were shown the raw chicken and shrimp and stated they should not have been on the same tray to thaw. They stated regarding the desserts that they were portioned this morning and should have been wrapped and dated prior to being placed in the fridge. The cook stated the refrigerators should be checked for expired food daily. They stated the icing should have been thrown out.	C 391		
C 701 SS=E	Hot Water - Bathing - Appendix A GENERAL REQUIREMENTS (d) Each assisted living center shall comply with the hot water standards set forth in Appendix A. Hot Water available for resident use shall not exceed 115 degrees Fahrenheit (46 degrees C.) This Rule is not met as evidenced by:	C 701		

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C 701	Continued From page 2 Based on observation and interview, the facility failed to ensure hot water temperatures were within safe limits. The DON identified 61 residents resided in the facility. Findings: On 04/16/24 at 10:30 a.m., the hot water temperature of the kitchenette sink in room 14 was 131.1 Fahrenheit. On 04/16/24 at 10:32 a.m., the hot water temperature of the bathroom sink in room 14 was 131.5 Fahrenheit. On 04/16/24 at 10:38 a.m., the hot water temperature of the bathroom sink in the public bathroom by the dining room was 144.4 Fahrenheit. On 04/16/24 at 10:40 a.m., the hot water temperature of the public kitchenette sink was 153.6 Fahrenheit. On 04/16/24 at 10:42 a.m., Cook #2 was stated the residents had access to and used the kitchenette sink and public bathroom near the dining room. On 04/16/24 at 11:02 a.m., Res #1 stated they had concerns regarding the water temperature and had notified the facility in the past. The hot water temperature in their shower was 132.9 Fahrenheit and the hot water temperature in their bathroom sink was 146.2 Fahrenheit. On 04/16/24 at 11:17 a.m., Res #2 stated the water in the faucets was very hot but they had	C 701		

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C 701	Continued From page 3 figured out where to put it to keep from burning themselves. The hot water temperature in their kitchenette sink was 134.4 Fahrenheit. On 04/16/24 at 1:33 p.m., Maintenance staff #1 stated they checked the temperature of the water monthly. They stated they did not record the temperature checks anywhere. They stated they were unaware the temperatures were so high.	C 701		
C1911 SS=D	310:663-19-1(a) INCIDENT REPORT TIMELINES (a) All reports to the Department shall be made via facsimile or by telephone within one (1) Department business day of the reportable incident's discovery. A follow-up report of the incident shall be submitted via facsimile or mail to the Department within five (5) Department business days after the incident. The final report shall be filed with the Department when the full investigation is complete, not to exceed ten (10) Department business days after the incident. Notifications to the Nurse Aide Registry using the ODH Form 718 must be made within one (1) Department business day of the reportable incident's discovery.	C1911		

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C1911	Continued From page 4	C1911		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure incident reports were submitted to the department within one business day for one (#4) of 10 sampled residents whose chart was reviewed.

The DON identified 61 residents resided in the facility.

Findings:

An undated facility incident reporting policy documented in part "...The initial report will be called or faxed in within 24 hours..."

Res #4 had diagnoses which included Parkinson's disease, rheumatoid arthritis, and osteoarthritis.

A facility incident report, dated 01/23/24 at 8:20 p.m., documented Res #4 had reported a fall and had hit their head and was sent to the hospital.

A hospital record dated 01/23/24 at 9:07 p.m., documented Res #4 had a right posterior scalp hematoma.

A fax transmittal report, dated 01/19/24, documented an incident report was sent to OSDH at 10:27 a.m. The report was documented as a combined initial and final report.

On 04/18/24 at 12:41 p.m., the DON stated they typically submitted an initial and final together. They stated they were unaware of the

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C1911	Continued From page 5 requirement that incident reports be submitted within one business day.	C1911		

OKLAHOMA
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Delivery via email to: Ctalduncan@gmail.com

June 7, 2024

License Number: AL6903

Mr. Dustin Cox, Administrator
Chisholm Trail Assisted Living
2145 Chisholm Trail Parkway
Duncan, OK 73533

RE: Survey Event V3HK11

Dear Mr. Cox:

On **April 18, 2024**, 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 have been corrected and you were in substantial compliance by **May 15, 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

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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 observation and interview, the facility failed to ensure food was stored in accordance with Chapter 257. The DON identified 61 residents resided in the home. Findings: An initial kitchen tour was conducted on 04/16/24 at 9:48 a.m. The following was observed during the tour: a. in the two door Hoshizaki refrigerator were two unopened half-gallon containers of buttermilk in the refrigerator with expiration date 04/09/24, b. in the three door Manitowac refrigerator were three trays of large bacon stacked on each other with parchment paper protecting the meat without date or label, three serving trays full of individually portioned cups of pudding without date or label, one serving bottle of salad dressing without date or label, and on	C 391	C391: New Policy was implemented on 5/1/24. This policy will require documentation of weekly checks for expired foods in the refrigerator and pantry sections of the kitchen. 1. There will be two separate areas a) refrigerator items b) shelf stable foods/goods. 2. These checks will be completed and logged by the kitchen staff, and followed up completion by the kitchen manager. The log will contain the employee initials along with the date once weekly checks are done. Any expired items will be discarded at this time. An In-Service will be held on 5/15/24 with the entire kitchen staff to review all kitchen policies and procedures as well as food safety; rules and regulations. Quarterly In-Services will be held with the kitchen staff to reiterate correct guidelines on food safety and storage, and any continuing education that kitchen staff may need at those times. Facility Dietitian is scheduled for the quarterly review in June 2024 and these guidelines and regulations will be reviewed. The anticipated date of completion will be done on 5/15/2024 and then in June 2024 once Dietitian is present in the facility for the quarterly review.	

Christina Cox 5/9/24

	the bottom shelf was a large serving tray with four bags of frozen raw chicken			

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Alanta Cox 5-9-24

C 391	Continued From page 1 and 5 bags of frozen raw shrimp. c. in the dry storage area for dessert mixes an 11 pound container of butter-cream icing was observed opened with a date label of 02/20/24 on the lid. The instructions on the side of the container stated the icing could be kept at room temperature for one week but then must be placed in the refrigerator for storage. On 04/16/24 at 10:16 a.m., Cook #1 stated the correct way to thaw meat was not to mix types of meat and not to mix raw with cooked. They were shown the raw chicken and shrimp and stated they should not have been on the same tray to thaw. They stated regarding the desserts that they were portioned this morning and should have been wrapped and dated prior to being placed in the fridge. The cook stated the refrigerators should be checked for expired food daily. They stated the icing should have been thrown out.	C 391		
C 701 SS=E	Hot Water - Bathing - Appendix A GENERAL REQUIREMENTS (d) Each assisted living center shall comply with the hot water standards set forth in Appendix A. Hot Water available for resident use shall not exceed 115 degrees Fahrenheit (46 degrees C.) This Rule is not met as evidenced by:	C 701	C701: New Policy was implemented on 4/17/2024 that weekly water temperature checks will be obtained throughout the facility. 1. The areas that will be checked are a) kitchen galley/coffee bar area b) all public restrooms-north and south locations c) one resident apartment on cart 1 d) one resident apartment on cart 2 e) one room on cart 3 2. These temperatures will be logged and kept in the maintenance book that is located at the nurse's station. 3. This job duty will be completed by the maintenance supervisor and if he is not available this will be completed by the D.O.N. 4. The Administrator will be notified of any temperature readings that are above 115 degrees Fahrenheit. Then that area will be addressed and corrected to be within the regulations. The anticipated date of completion was 4/22/2024.	

PRINTED: 05/06/2024
FORM APPROVED

Oklahoma State Department of Health

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Whitten - Corp 5-9-24

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Heather Cox 5-5-24

PRINTED: 05/06/2024
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Oklahoma State Department of Health

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5-9-24

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Victoria Cox 5-5-24

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHISHOLM TRAIL ASSISTED LIVING	**2145 CHISHOLM TRAIL PARKWAY DUNCAN, OK 73533**

(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
C1911	Continued From page 5 requirement that incident reports be submitted within one business day.	C1911		

5-9-24