OKLAHOMA
State Department
of Health

Delivery via email to: arvella.mccollom@legendseniorliving.com

October 25, 2023

License Number: AL7228

Ms. Arvella McCollom, Administrator
Green Tree At Sand Springs
4402 South 129th West Avenue
Sand Springs, OK 74063

Survey Event ID: 0JE411

Dear Ms. McCollom:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 20, 2023**. 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: Green Tree Sand Springs
Address: 4402 S. 129th West Ave.
City, State, Zip: Sand Springs, OK 74063
Provider #: AL7228
Complaint #: OK00058678
Investigation Date: 10/20/23

ALLEGATION

The facility failed to follow rules in chapter 257 food code as required by regulation

An unannounced on-site investigation was initiated 10/20/2023 at 8:00a.m.

A sample of five 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 dining room was observed for service, appetizing and palatable food. Residents were observed eating and visiting. Staff were observed for interaction with the residents and meal service.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past facility staffing schedules were reviewed for staffing patterns and compared to the State mandated staffing requirements. Grievance reports were reviewed. Staff training records related to staffing were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records and Activities of Daily Living (ADL) sheets were reviewed.

Five residents were interviewed regarding if they felt the food was palatable and hot. Three staff members were interviewed regarding the quality of the food.

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: Click to Enter a Date

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
	AL7228	A. BUILDING: _____ B. WING _____	C 10/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN TREE AT SAND SPRINGS	4402 SOUTH 129TH WEST AVENUE SAND SPRINGS, OK 74063

(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 (OK00058678) was conducted on 10/20/23. No deficiencies were cited.	C 000		

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