Oklahoma State Department of Health
Creating a State of Health

October 14, 2019

License Number: AL7229

Mr. Zachary Henson, Administrator
Sand Plum Assisted Living Community
9999 East 121st Street South
Bixby, OK 74008-2551

Survey Event ID: EPT911

Dear Mr. Henson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 12, 2019**. 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) 271-6868.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Sand Plum Assisted Living**
Address: **9999 East 121st Street South**
City, State, Zip: **Bixby, OK, 74008**
Provider #: **AL7229**
Complaint #: **OK53629**
Investigation Date(s): **07/12/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide a pest free environment.	US

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Friday, July 12, 2019 at 10:00 a.m.
A sample of 6 residents including any identified resident 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.
An investigation was conducted specific to pest free environment. Upon entry of the center a tour was conducted of rooms, hallways, common areas as well as the dining room and laundry areas. No bed bug was observed in any area. Resident #4's room was toured and no pest was found in her room.

Resident #4 was asked about bed bugs/pests in her room. She said the center provided both spray and heat treatment to her room. The center moved resident #4 to another room while her room was treated. She said the center sprays for pests monthly and continue to monitor rooms. Bed bugs were not observed though out this investigation. Staff said as soon as the center was made aware of bed bugs a pest control company came and sprayed and then heat treated the room affected. The center had documented receipts from the pest control

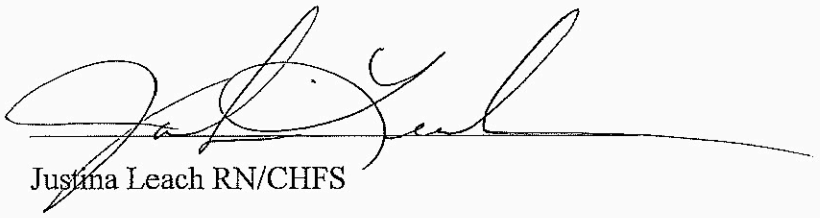
company. Staff said the center had no other bed bug issues after treatment was completed and issues were only in the one room. No bed bugs were found in any other rooms.
All residents interviewed denied bed bug/pest control issues and said the center sprays routinely for pests.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation 1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.



Justina Leach RN/CHFS

Date report completed: 07/16/2019

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
	AL7229	A. BUILDING: _____ B. WING _____	07/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAND PLUM ASSISTED LIVING COMMUNITY	9999 EAST 121ST STREET SOUTH BIXBY, OK 74008

(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 On 07/12/19 an abbreviated survey was conducted to investigate complaint #OK53629. The census was 53. No deficient practice was cited.	C 000		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7229	SAND PLUM ASSISTED LIVING COMMUNITY

Type of Survey (select all that apply)

[3] [ ] [ ] [ ] [ ]

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

[A] [ ] [ ] [ ] [ ]

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 32388	07/12/2019	07/12/2019	0.50	0.00	3.00	0.00	2.50	3.00
2. 18073	07/12/2019	07/12/2019	0.50	0.00	3.00	0.00	2.00	0.50
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

OCT 15 2019