OKLAHOMA
State Department
of Health

**Delivery via email to:** dwoodland@sandplumok.com; kwebb@merrittproperties.net

August 25, 2023

License Number: AL7229

Ms. Dani Woodland, Administrator
Sand Plum Assisted Living Community
9999 East 121st Street South
Bixby, OK 74008-2551

**Survey Event ID: LU4611**

Dear Ms. Woodland:

On **August 8, 2023,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** **Sand Plum Assisted Living Community**
**Address:** **9999 East 121st Street South**
**City, State, Zip:** **Bixby, OK, 74008**
**Provider #:** **AL7229**
**Complaint #:** **OK00058667**
**Investigation Dates:** **07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23**

## ALLEGATIONS

| |
|---|
| The facility failed to ensure resident medications were not stolen. |
| The facility failed to have an adequate system to ensure proper administration of medication |

An unannounced on-site investigation was initiated 07/25/2023 at 2:30 p.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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. Resident hallways were observed for staff assistance with resident care needs, medications, the presence of odors, and call lights.

A medication administration pass was observed.

Grievance reports and Resident Council minutes, incident reports, menus, policies and procedures were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records, and Activities of Daily Living (ADL) sheets 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: 08/15/2023

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** **Sand Plum Assisted Living Community**
**Address:** **9999 East 121st Street South**
**City, State, Zip:** **Bixby, OK, 74008**
**Provider #:** **AL7229**
**Complaint #:** **OK00058834**
**Investigation Dates:** **07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23**

## ALLEGATION

The center failed to provide a sanitary environment free of pests.

An unannounced on-site investigation was initiated 07/25/2023 at 2:30 p.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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. Resident hallways were observed for cleanliness, staff assistance with resident care needs, and the presence of odors, pests, and call lights.

Invoices for pest control were reviewed for continuing pest control.

Grievance reports and Resident Council minutes, incident reports, menus, policies and procedures were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records, and Activities of Daily Living (ADL) sheets 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: 08/15/2023

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** **Sand Plum Assisted Living Community**
**Address:** **9999 East 121st Street South**
**City, State, Zip:** **Bixby, OK, 74008**
**Provider #:** **AL7229**
**Complaint #:** **OK00059765**
**Investigation Dates:** **07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23**

## ALLEGATION(S)

| |
|---|
| The facility failed to ensure new employees met employment qualifications. |
| The facility failed to have adequate staffing to meet residents' needs. |

An unannounced on-site investigation was initiated 07/25/2023 at 2:30 p.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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. Resident hallways were observed for staff assistance with resident care needs and the presence of odors and call lights; staff and resident interactions were observed for tone and verbiage.

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. The food supply was observed for availability to adhere to the planned menus.

Grievance reports and Resident Council minutes, incident reports, menus, policies and procedures were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records, and Activities of Daily Living (ADL) sheets 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: 08/15/2023

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** **Sand Plum Assisted Living Community**
**Address:** **9999 East 121st Street South**
**City, State, Zip:** **Bixby, OK, 74008**
**Provider #:** **AL7229**
**Complaint #:** **OK00060886**
**Investigation Dates:** **07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23**

## ALLEGATION(S)

| |
|---|
| The center failed to ensure basic medical care was provided and supplies were available. |
| The center failed to ensure residents received nutritious, palatable meals, appropriate portion sizes, a meal alternative and meals served at preferred temperatures. |
| The center failed to ensure qualified staff were available to administer medications. |
| The center failed to ensure adequate staff to provide care for dependent residents. |

An unannounced on-site investigation was initiated 07/25/2023 at 2:30 p.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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. Resident hallways were observed for staff assistance with resident care needs and the presence of odors and call lights; staff and resident interactions were observed.

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. The food supply was observed for availability to adhere to the planned menus. Medical supply rooms were observed to ensure medical supplies were available.

Grievance reports and Resident Council minutes, incident reports, menus, policies and procedures were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records, and Activities of Daily Living (ADL) sheets were reviewed.

Residents and staff were interviewed regarding abuse, neglect, care provided by staff, staff treatment, food, and medications. Ten staff members were interviewed regarding abuse and neglect.

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: 08/15/2023

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** **Sand Plum Assisted Living Community**
**Address:** **9999 East 121st Street South**
**City, State, Zip:** **Bixby, OK, 74008**
**Provider #:** **AL7229**
**Complaint #:** **OK00060915**
**Investigation Dates:** **07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23**

## ALLEGATIONS

| |
|---|
| The center failed to ensure clients were not physically, verbally, or psychosocially abused. |
| The facility failed to serve palatable, nutritious meals. |
| The facility failed to ensure residents received medications in timely manner and according to physician's orders. |

An unannounced on-site investigation was initiated 07/25/2023 at 2:30 p.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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. Resident hallways were observed for staff assistance with resident care needs and the presence of odors and call lights; staff and resident interactions were observed for tone and verbiage.

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. Medication pass was observed at various times during the survey. The food supply was observed for availability to adhere to the planned menus. A meal was tested for palatability and temperature.

Grievance reports and Resident Council minutes, incident reports, menus, policies and procedures were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records, and Activities of Daily Living (ADL) sheets were reviewed.

Residents and staff were interviewed regarding abuse, neglect, care provided by staff, staff treatment,

food, and medications. Ten staff members were interviewed regarding abuse and neglect.

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: 08/15/2023

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** **Sand Plum Assisted Living Community**
**Address:** **9999 East 121st Street South**
**City, State, Zip:** **Bixby, OK, 74008**
**Provider #:** **AL7229**
**Complaint #:** **OK00061087**
**Investigation Dates:** **07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23**

## ALLEGATIONS

| |
|---|
| The center failed to ensure residents' air conditioning was maintained in working condition. |
| The center failed to ensure adequate nursing staff to provide care for dependent residents. |

An unannounced on-site investigation was initiated 07/25/2023 at 2:30 p.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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. Resident hallways were observed for staff assistance with resident care needs and the presence of odors and call lights; staff and resident interactions were observed for tone and verbiage.

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. The food supply was observed for availability to adhere to the planned menus.

Grievance reports and Resident Council minutes, incident reports, menus, policies and procedures were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records, and Activities of Daily Living (ADL) sheets were reviewed.

Residents and staff were interviewed regarding abuse, neglect, care provided by staff, staff treatment, food, and medications. Ten staff members were interviewed regarding abuse and neglect.

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: 08/15/2023

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** **Sand Plum Assisted Living Community**
**Address:** **9999 East 121st Street South**
**City, State, Zip:** **Bixby, OK, 74008**
**Provider #:** **AL7229**
**Complaint #:** **OK00061096**
**Investigation Dates:** **07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23**

## ALLEGATIONS

| |
|---|
| The center failed to ensure residents were not physically, verbally or psychosocially abused. |
| The center failed to provide a safe, well maintained, homelike environment. |
| The facility failed to ensure adequate dietary staff and a cook to provide meals for the residents. |

An unannounced on-site investigation was initiated 07/25/2023 at 2:30 p.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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. Resident hallways were observed for staff assistance with resident care needs and the presence of odors and call lights; medication administration pass was observed for accurate administration of medications; kitchen and dining services were observed for adequate and palatable for food.

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. The food supply was observed for availability to adhere to the planned menus.

Grievance reports and Resident Council minutes, incident reports, menus, policies and procedures were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records, and Activities of Daily Living (ADL) sheets were reviewed.

Residents and staff were interviewed regarding abuse, neglect, care provided by staff, staff treatment, food, and medications. Twelve staff members were interviewed regarding staffing, kitchen, dining, food, abuse, and neglect.

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: 08/15/2023

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** **Sand Plum Assisted Living Community**
**Address:** **9999 East 121st Street South**
**City, State, Zip:** **Bixby, OK, 74008**
**Provider #:** **AL7229**
**Complaint #:** **OK00061116**
**Investigation Dates:** **07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23**

## ALLEGATIONS

The center failed to ensure clients were not physically, verbally, or psychosocially abused.

An unannounced on-site investigation was initiated 07/25/2023 at 2:30 p.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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. Resident hallways were observed for staff assistance with resident care needs and the presence of odors and call lights; staff and resident interactions were observed for tone and verbiage.

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. The food supply was observed for availability to adhere to the planned menus.

Grievance reports and Resident Council minutes, incident reports, menus, policies and procedures were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records, and Activities of Daily Living (ADL) sheets were reviewed.

Residents and staff were interviewed regarding abuse, neglect, care provided by staff, staff treatment, food, and medications. Ten staff members were interviewed regarding abuse and neglect.

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: 08/15/2023

| 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 _____ | C 08/08/2023 |

| 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<br><br>Complaint investigations (#OK00058667, OK00058834, OK00059765, OK00060886, OK00060915, OK00061087, OK00061096, and #OK00061116) were conducted on 07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23. | C 000 | | |
| C1304 SS=D | 310:663-13-1(d) RESIDENT SERVICE CONTRACT<br><br>(d) The assisted living center shall provide all services that are specified in the resident's current service contract.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the center failed to ensure all the services specified in the residents' service agreement were provided for one (#4) of four sampled residents whose contracts were reviewed. The facility failed to ensure repairs were made that were deemed necessary for the preservation of the building.<br><br>The "Resident Census" form, dated 07/25/23, documented 62 residents resided in the facility.<br><br>Findings: | C1304 | | |

| 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 _____ | C 08/08/2023 |

| 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 |
|---|---|---|---|---|
| C1304 | Continued From page 1<br><br>1. A document, titled "Sand Plum Assisted Living Community Resident's Lease Agreement," read in part, "...Community or its representative have the right to enter Resident's premises during all reasonable hours to examine or make such repairs, additions, or alterations as may be deemed necessary for the preservation therefore of the building..."<br><br>A facility document, titled "Maintenance Log" documented three repair requests for Resident #4's room:<br>a. On 02/06/23, water was seeping in through patio,<br>b. On 05/13/23, rain was seeping into apartment, and<br>c. On 08/06/23, the roof was leaking down the wall.<br><br>On 08/03/23 at 3:01 p.m., Resident #4 stated their room flooded all the time. They stated rain leaked in through the patio door because the weather stripping was brittle on the bottom of the door. A gap was observed at the top of the outside door.<br><br>On 08/04/23 at 11:40 a.m., the maintenance supervisor stated Resident #4 had reported the flooding in their room. They stated the problem had been reported to corporate and had been informed that the resident had seals that need to be replaced. They stated the repairs were on a list, the courtyards needed irrigation work, and other residents had reported flooding. They stated the delay in repairs was due to getting the parts and having the time to complete the repairs.<br><br>On 08/08/23 at 11:42 a.m., the corporate manager stated the maintenance supervisor was | C1304 | | |

| 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 _____ | C 08/08/2023 |

| 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 |
|---|---|---|---|---|
| C1304 | Continued From page 2<br>responsible to address repairs and the administrator should have followed up on the concerns. The corporate manager stated they were unaware of water seeping into resident apartments and repairs should be made as quickly as possible. | C1304 | | |
| C1912 SS=D | 310:663-19-1(b) INCIDENTS REQUIRING REPORT<br><br>(b) Each continuum of care facility and assisted living center shall prepare a written incident report for the following incidents:<br>(1) allegations and incidents of resident abuse;<br>(2) allegations and incidents of resident neglect;<br>(3) allegations and incidents of misappropriation of resident's property;<br>(4) accidental fires and fires not planned or supervised by facility staff, occurring on the licensed real estate;<br>(5) storm damage resulting in relocation of a resident from a currently assigned room;<br>(6) deaths by unusual occurrence, including accidental deaths or deaths other than by natural causes;<br>(7) residents missing from the assisted living center upon determination by the assisted living center that the resident is missing;<br>(8) utility failure for more than 4 hours;<br>(9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, head injury or require treatment at a hospital;<br>(10) reportable diseases and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting); and,<br>(11) situations arising where a criminal act is | C1912 | | |

| 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 _____ | C 08/08/2023 |

| 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 |
|---|---|---|---|---|
| C1912 | Continued From page 3<br>suspected. Such situations shall also be reported to local law enforcement.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, an anonymous employee of the facility failed to report an allegation of abuse against a staff member during a Resident Council meeting.<br><br>The administrator identified 62 residents who resided in the facility.<br><br>Findings:<br><br>An undated facility policy, titled "Abuse Investigation and Reporting", read in part, "...All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source ("abuse") shall be promptly reported to local, state, and federal agencies 9 as defined by current regulations) and thoroughly investigated by facility management..."<br><br>On 08/04/23 at 2:41 p.m., anonymous staff member #1 stated they had witnessed yelling and screaming by the administrator towards residents during a Resident Council meeting. The staff member also stated they had witnessed | C1912 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SAND PLUM ASSISTED LIVING COMMUNITY | 9999 EAST 121ST STREET SOUTH BIXBY, OK 74008 |

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| C1912 | Continued From page 4<br>intimidation by the administrator towards residents. They stated they had not reported the incidents. They were asked why the incidents had not been reported. The anonymous staff member stated they had prayed about it and had not notified corporate.<br><br>On 08/08/22 at 2:54 p.m., the corporate manager stated that all allegations of abuse should be reported immediately, up the chain of command if necessary. | C1912 | | |

OKLAHOMA
State Department
of Health

**Delivery via email to:** dwoodland@sandplumok.com

September 7, 2023

License Number: AL7229

Ms. Dani Woodland, Administrator
Sand Plum Assisted Living Community
9999 East 121st Street South
Bixby, OK 74008-2551

**Survey Event ID: LU4611**

Dear Ms. Woodland:

On **August 8, 2023**, agents from our office completed a complaint investigation at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **ALL TAGS:** The plan of correction does not define the time span as it relates to PRN. Monitoring is not clearly defined.

Please provide a new plan of correction for these deficiencies and return with amendments as soon as possible.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

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| C 000 | INITIAL COMMENTS<br><br>Complaint investigations (#OK00058667, OK00058834, OK00059765, OK00060886, OK00060915, OK00061087, OK00061096, and #OK00061116) were conducted on 07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23. | C 000 | The response to this 2567 is not an agreement with the state identified deficiencies, just the desire to make improvements and satisfy the states requirements. | 9/8/23 |
| C1304 SS=D | 310:663-13-1(d) RESIDENT SERVICE CONTRACT<br><br>(d) The assisted living center shall provide all services that are specified in the resident's current service contract.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the center failed to ensure all the services specified in the residents' service agreement were provided for one (#4) of four sampled residents whose contracts were reviewed. The facility failed to ensure repairs were made that were deemed necessary for the preservation of the building.<br><br>The "Resident Census" form, dated 07/25/23, documented 62 residents resided in the facility.<br><br>Findings: | C1304 | | |

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| C1304 | Continued From page 1<br><br>1. A document, titled "Sand Plum Assisted Living Community Resident's Lease Agreement," read in part, "...Community or its representative have the right to enter Resident's premises during all reasonable hours to examine or make such repairs, additions, or alterations as may be deemed necessary for the preservation therefore of the building..."<br><br>A facility document, titled "Maintenance Log" documented three repair requests for Resident #4's room:<br>a. On 02/06/23, water was seeping in through patio,<br>b. On 05/13/23, rain was seeping into apartment, and<br>c. On 08/06/23, the roof was leaking down the wall.<br><br>On 08/03/23 at 3:01 p.m., Resident #4 stated their room flooded all the time. They stated rain leaked in through the patio door because the weather stripping was brittle on the bottom of the door. A gap was observed at the top of the outside door.<br><br>On 08/04/23 at 11:40 a.m., the maintenance supervisor stated Resident #4 had reported the flooding in their room. They stated the problem had been reported to corporate and had been informed that the resident had seals that need to be replaced. They stated the repairs were on a list, the courtyards needed irrigation work, and other residents had reported flooding. They stated the delay in repairs was due to getting the parts and having the time to complete the repairs.<br><br>On 08/08/23 at 11:42 a.m., the corporate manager stated the maintenance supervisor was | C1304 | Sand Plum would like to establish that while there is reports of "flooding", no resident room has flooded at any time. Minimal moisture, which we acknowledge is unacceptable, has been recorded and various attempts to make corrective action have been implemented to include weather strip change, threshold support, and even a roof survey by a third party company. As there was no rain or moisture throughout this complaint survey and no other maintenance concerns left "unaddressed" it is the position of this Administrator that this deficiency is unwarranted; however in an attempt to satisfy surveyors and state requirement the following will be instituted.<br><br>1. All residents residing within Sand Plum have t he potential to be affected by the state identified deficient practice; however, all residents were rounded on by the RCC/maintenance/designee between 8/25/23 - 9/2/23 for negative affects related to this state identified deficient practice and none were noted.<br><br>2. Maitenance was inserviced on 8/29/23, by the Executive Director, with regard to the requirement to answer all maintenance work orders and/or escalate these orders to the ED for follow up within 24-72 hours depending on level of severity and identified solutions. This will be kept on file for review.<br><br>3.The listed maintenance was completed on 8/15/23 by a third party organization as scheduled with first availability on 7/26/23. This can be verified by the invoice to be kept on file for review or by visual confirmation.<br><br>4.The Quality Assurance Committee consisting of the Executive Director, Director of Nursing, RCC, Dietary Manager, Maintenance Supervisor, RN, and any other interested partner reviewed and agreed to this Plan of on-going Action on 8/30/23. Abuse reports will be reviewed PRN and quarterly for on-going improvement. | 9/8/23 |

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| C1304 | Continued From page 2<br>responsible to address repairs and the administrator should have followed up on the concerns. The corporate manager stated they were unaware of water seeping into resident apartments and repairs should be made as quickly as possible. | C1304 | The response to this 2567 is not an agreement with the state identified deficiencies, just the desire to make improvements and satisfy the states requirements. | 9/8/23 |
| C1912 SS=D | 310:663-19-1(b) INCIDENTS REQUIRING REPORT<br><br>(b) Each continuum of care facility and assisted living center shall prepare a written incident report for the following incidents:<br>(1) allegations and incidents of resident abuse;<br>(2) allegations and incidents of resident neglect;<br>(3) allegations and incidents of misappropriation of resident's property;<br>(4) accidental fires and fires not planned or supervised by facility staff, occurring on the licensed real estate;<br>(5) storm damage resulting in relocation of a resident from a currently assigned room;<br>(6) deaths by unusual occurrence, including accidental deaths or deaths other than by natural causes;<br>(7) residents missing from the assisted living center upon determination by the assisted living center that the resident is missing;<br>(8) utility failure for more than 4 hours;<br>(9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, head injury or require treatment at a hospital;<br>(10) reportable diseases and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting); and,<br>(11) situations arising where a criminal act is | C1912 | | |

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| C1912 | Continued From page 3<br>suspected. Such situations shall also be reported to local law enforcement.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, an anonymous employee of the facility failed to report an allegation of abuse against a staff member during a Resident Council meeting.<br><br>The administrator identified 62 residents who resided in the facility.<br><br>Findings:<br><br>An undated facility policy, titled "Abuse Investigation and Reporting", read in part, "...All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source ("abuse") shall be promptly reported to local, state, and federal agencies 9 as defined by current regulations) and thoroughly investigated by facility management..."<br><br>On 08/04/23 at 2:41 p.m., anonymous staff member #1 stated they had witnessed yelling and screaming by the administrator towards residents during a Resident Council meeting. The staff member also stated they had witnessed | C1912 | | |

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| C1912 | Continued From page 4<br>intimidation by the administrator towards residents. They stated they had not reported the incidents. They were asked why the incidents had not been reported. The anonymous staff member stated they had prayed about it and had not notified corporate.<br><br>On 08/08/22 at 2:54 p.m., the corporate manager stated that all allegations of abuse should be reported immediately, up the chain of command if necessary. | C1912 | 1. All 62 residents of the community have the potential to be affected by the state identified deficient practice; however, the incident in question was investigated and found to be unsubstanciated as it did not occur. The ED/ Corp Office/Designee rounded on residents and conducted interviews and determined that there are no negative effects as a result of this wrongfully reported incident.<br><br>2. All taff are inserviced quarterly on resident abuse, misappropriation, and reporting. In an effort to maintain compliance, the staff will be re-educated on 9/8/23 regarding resident abuse, misappropriation, neglect, and the reporting of such. All staff are educated that even if they do not have the proper proof or did not witness but were notified of abuse, all suspicions of anty type should immediately be reported to the DON/ED/ Designee to include corporate management for proper investigation and protection of all residents and staff. This will be evident by the in-service to be kept on file for review. This will remain an on-going education quarterly and PRN for compliance.<br><br>3. The Quality Assurance Committee consisting of the Executive Director, Director of Nursing, RCC, Dietary Manager, Maintenance Supervisor, RN, and any other interested partner reviewed and agreed to this Plan of on-going Action on 8/30/23. Abuse reports will be reviewed PRN and quarterly for on-going improvement. | 9/8/23 |

OKLAHOMA
State Department of Health

**Delivery via email to:** dwoodland@sandplumok.com

September 22, 2023

License Number: AL7229

Ms. Dani Woodland, Administrator
Sand Plum Assisted Living Community
9999 East 121st Street South
Bixby, OK 74008-2551

**Survey Event ID: LU4611**

Dear Ms. Woodland:

On **August 8, 2023,** a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your amended 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 **September 8, 2023**.

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, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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| C 000 | INITIAL COMMENTS<br><br>Complaint investigations (#OK00058667, OK00058834, OK00059765, OK00060886, OK00060915, OK00061087, OK00061096, and #OK00061116) were conducted on 07/25/23, 08/03/23, 08/04/23, 08/07/23, and 08/08/23. | C 000 | The response to this 2567 is not an agreement with the state identified deficiencies, just the desire to make improvements and satisfy the states requirements. | 9/8/23 |
| C1304 SS=D | 310:663-13-1(d) RESIDENT SERVICE CONTRACT<br><br>(d) The assisted living center shall provide all services that are specified in the resident's current service contract.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on record review and interview, the center failed to ensure all the services specified in the residents' service agreement were provided for one (#4) of four sampled residents whose contracts were reviewed. The facility failed to ensure repairs were made that were deemed necessary for the preservation of the building.<br><br>The "Resident Census" form, dated 07/25/23, documented 62 residents resided in the facility.<br><br>Findings: | C1304 | | |

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| C1304 | Continued From page 1<br><br>1. A document, titled "Sand Plum Assisted Living Community Resident's Lease Agreement," read in part, "...Community or its representative have the right to enter Resident's premises during all reasonable hours to examine or make such repairs, additions, or alterations as may be deemed necessary for the preservation therefore of the building..."<br><br>A facility document, titled "Maintenance Log" documented three repair requests for Resident #4's room:<br>a. On 02/06/23, water was seeping in through patio,<br>b. On 05/13/23, rain was seeping into apartment, and<br>c. On 08/06/23, the roof was leaking down the wall.<br><br>On 08/03/23 at 3:01 p.m., Resident #4 stated their room flooded all the time. They stated rain leaked in through the patio door because the weather stripping was brittle on the bottom of the door. A gap was observed at the top of the outside door.<br><br>On 08/04/23 at 11:40 a.m., the maintenance supervisor stated Resident #4 had reported the flooding in their room. They stated the problem had been reported to corporate and had been informed that the resident had seals that need to be replaced. They stated the repairs were on a list, the courtyards needed irrigation work, and other residents had reported flooding. They stated the delay in repairs was due to getting the parts and having the time to complete the repairs.<br><br>On 08/08/23 at 11:42 a.m., the corporate manager stated the maintenance supervisor was | C1304 | Sand Plum would like to establish that while there is reports of "flooding", no resident room has flooded at any time. Minimal moisture, which we acknowledge is unacceptable, has been recorded and various attempts to make corrective action have been implemented to include weather strip change, threshold support, and even a roof survey by a third party company. As there was no rain or moisture throughout this complaint survey and no other maintenance concerns left "unaddressed" it is the position of this Administrator that this deficiency is unwarranted; however in an attempt to satisfy surveyors and state requirement the following will be instituted.<br><br>1. All residents residing within Sand Plum have t he potential to be affected by the state identified deficient practice; however, all residents were rounded on by the RCC/maintenance/designee between 8/25/23 - 9/2/23 for negative affects related to this state identified deficient practice and none were noted.<br><br>2. Maitenance was inserviced on 8/29/23, by the Executive Director, with regard to the requirement to answer all maintenance work orders and/or escalate these orders to the ED for follow up within 24-72 hours depending on level of severity and identified solutions. This will be kept on file for review.<br><br>3.The listed maintenance was completed on 8/15/23 by a third party organization as scheduled with first availability on 7/26/23. This can be verified by the invoice to be kept on file for review or by visual confirmation.<br><br>4. These corrections will be monitored daily by the Maintenance Director, ED/Designee in the work order book as evident by the daily completion and/or documentation for a period of no less than 12 weeks and then on an on-going basis and PRN thereafter to remain compliant beginning 9/8/23. | 9/8/23 |

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| C1912 SS=D | 310:663-19-1(b) INCIDENTS REQUIRING REPORT<br><br>(b) Each continuum of care facility and assisted living center shall prepare a written incident report for the following incidents:<br>(1) allegations and incidents of resident abuse;<br>(2) allegations and incidents of resident neglect;<br>(3) allegations and incidents of misappropriation of resident's property;<br>(4) accidental fires and fires not planned or supervised by facility staff, occurring on the licensed real estate;<br>(5) storm damage resulting in relocation of a resident from a currently assigned room;<br>(6) deaths by unusual occurrence, including accidental deaths or deaths other than by natural causes;<br>(7) residents missing from the assisted living center upon determination by the assisted living center that the resident is missing;<br>(8) utility failure for more than 4 hours;<br>(9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, head injury or require treatment at a hospital;<br>(10) reportable diseases and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting); and,<br>(11) situations arising where a criminal act is | C1912 | | |

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| C1912 | Continued From page 4<br>intimidation by the administrator towards residents. They stated they had not reported the incidents. They were asked why the incidents had not been reported. The anonymous staff member stated they had prayed about it and had not notified corporate.<br><br>On 08/08/22 at 2:54 p.m., the corporate manager stated that all allegations of abuse should be reported immediately, up the chain of command if necessary. | C1912 | 1. All 62 residents of the community have the potential to be affected by the state identified deficient practice; however, the incident in question was investigated and found to be unsubstanciated as it did not occur. The ED/ Corp Office/Designee rounded on residents and conducted interviews and determined that there are no negative effects as a result of this wrongfully reported incident.<br><br>2. All taff are inserviced quarterly on resident abuse, misappropriation, and reporting. In an effort to maintain compliance, the staff will be re-educated on 9/8/23 regarding resident abuse, misappropriation, neglect, and the reporting of such. All staff are educated that even if they do not have the proper proof or did not witness but were notified of abuse, all suspicions of anty type should immediately be reported to the DON/ED/ Designee to include corporate management for proper investigation and protection of all residents and staff. This will be evident by the in-service to be kept on file for review. This will remain an on-going education quarterly and PRN for compliance.<br><br>3. The Quality Assurance Committee consisting of the Executive Director, Director of Nursing, RCC, Dietary Manager, Maintenance Supervisor, RN, and any other interested partner reviewed and agreed to this Plan of on-going Action on 8/30/23. Abuse reports will be reviewed PRN and quarterly for on-going improvement. | 9/8/23 |

OKLAHOMA
State Department
of Health

**Delivery via email to:** dwoodland@sandplumok.com

October 3, 2023

License Number: AL7229

Ms. Dani Woodland, Administrator
Sand Plum Assisted Living Community
9999 East 121st Street South
Bixby, OK 74008-2551

**Survey Event ID: LU4612**

Dear Ms. Woodland:

On **September 21, 2023,** 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 **August 8, 2023,** have now been corrected effective **September 8, 2023.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

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 |
|---|---|---|---|
| | AL7229 | A. BUILDING: _____ B. WING _____ | R-C 09/21/2023 |

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

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|---|---|---|---|---|
| {C 000} | INITIAL COMMENTS | {C 000} | | |