OKLAHOMA
State Department
of Health

Delivery via email to: dwoodland@sandplumok.com

October 6, 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: BH2X11

Dear Ms. Woodland:

On **September 21, 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, Tulsa
Provider #: AL7229
Complaint #: OK00061206
Investigation Date(s): 09/07/23 & 09/19/23 – 09/21/23

ALLEGATION(S)
The facility failed to ensure residents were not physically, verbally or psychosocially abused.
The facility failed to ensure medications were re-ordered in a timely manner

An unannounced on-site investigation was initiated on 09/07/2023 at 3:30 p.m.

A sample of nine 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 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:

Upon entrance to the facility and throughout the investigation, staff were noted to be respectful and interact appropriately with the resident. CMAs were observed to be administering medications. Residents, family and staff were interviewed.

Electronic Health Record Documentation was reviewed: profiles, diagnoses, orders, progress notes, care plans, assessments, hospice records, narcotic log, any hospital records, incident reports, and medication records.

Facility Records were reviewed: Resident council meeting minutes, grievances, state reportable incidents, medication orders, medication inventory, marketing material, lease agreement, facility contract, policies and procedures, staffing/schedules, and in-services.

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: 09/29/2023

INVESTIGATIVE REPORT

Facility: Sand Plum Assisted Living Community
Address: 9999 East 121st Street South
City, State, Zip: Bixby, OK 74008, Tulsa
Provider #: AL 7229
Complaint #: OK00061217
Investigation Date(s): 9/7/23 – 9/8/23 & 9/19/23 – 9/21/23

ALLEGATION(S)

The facility failed to ensure adequate staff to provide care for dependent residents
The center failed to ensure adequate food supplies and follow menus according to schedule.
The center failed to ensure laundry facility equipment was in working order.

An unannounced on-site investigation was initiated on 09/07/2023 at 3:30 p.m.

A sample of nine 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 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:

Upon entrance to the facility and throughout the investigation, staff were noted to be working in the kitchen and dining room – taking orders and passing out meal trays, CMAs were observed to be administering medications. Meals were observed to match the menu for the week, adequate food supplies were noted in the kitchen/storage areas, and laundry facilities were observed to be in working order.

Residents, family and staff were interviewed.

Electronic Health Record Documentation was reviewed: profiles, diagnoses, orders, progress notes, care plans, assessments, hospice records, narcotic log, any hospital records, and medication records..

Facility Records were reviewed: Resident council meeting minutes, grievances, state reportable incidents, maintenance logs, medication orders, medication inventory, marketing material, lease agreement, facility contract, policies and procedures, staffing/schedules, and in-services.

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: 09/29/2023

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 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

(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 Complaint investigations (#OK00061217 and #OK00061206) were conducted on 09/07/23 through 09/08/23 and 09/19/23 through 09/21/23. Listed below are abbreviations that will be used throughout this document: # - number ADON - assistant director of nursing CMA - certified medication aide HCL - hydrochloride MAR - medication administration record mg - milligram Res - resident	C 000		
C1923 SS=E	310:663-19-2(a)(3) MEDICATION ADMINISTRATION (3) An accurate written record of medications administered shall be maintained. The medication record shall include: (A) The identity and signature of the person administering the medication. (B) The medication administered within one hour of the scheduled time. (C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method. (D) Adverse reactions or results. (E) Injection sites. (F) An individual inventory record shall be maintained for each schedule II medication prescribed for a resident. (G) Medication error incident reports.	C1923		

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C1923	Continued From page 1	C1923		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to document medications were administered for three (#2, 4 and #5) of nine sampled residents whose medication administration records were reviewed.

The administrator identified 64 residents who received medication from the facility staff.

Findings:

1. Res #2 had diagnoses which include hyperlipidemia, hypertension, neuropathy, and rheumatoid arthritis.

The September 2023 MAR documented the resident had physician orders for the following:

a. Atorvastatin (a medication for elevated lipids) 80mg at bedtime (8:00 p.m.). There was no documentation the 8:00 p.m. dose was administered 14 days in September.

b. Carvedilol (a medication for hypertension) 12.5 two times a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September.

c. Eliquis (a blood thinner) 5mg twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September.

d. Gabapentin (a medication for neuropathy) 400mg two capsules to equal 800mg three times a day at 8:00 a.m., 2:00 p.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose

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C1923	Continued From page 2 was administered 14 days in September. e. Sulfasalazin (a medication for rheumatoid arthritis) 500mg, two tablets to equal 1,000mg, two times a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. f. Magnesium 400mg (a vitamin) once a day every evening at 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. g. Minocycline (an anti-inflammatory antibiotic) 100mg twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. 2. Res #4 had diagnoses which include anxiety and depression. The September 2023 MAR documented the resident had physician's orders for the following: a. Buspirone HCL (a medication for anxiety) 15mg two times a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. b. Calcium Citrate (a supplement) 200mg twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. c. Duloxetine HCL (a medication for depression) 30mg twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered seven days in September. 3. Res #5 had diagnoses which include	C1923		

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C1923	Continued From page 3 depression, hyperlipidemia, anxiety, and asthma. The September 2023 MAR documented the resident had physician's order for the following: a. Aripiprazole (an anti-depressant) 10mg once a day at 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. b. Atorvastatin (a medication for elevated lipids) 40mg every evening at 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. c. Buspirone (a medication for anxiety) 15mg two times a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. d. Ciproflazacin-Dexamethasone 0.3-0.1% (an antibiotic ear drop) four drops in the right ear twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered for 14 days in September. e. Flutic/salmeterol (a medication for asthma) 500-50, one puff twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered for 14 days in September. On 09/20/23 at 4:00 p.m., CMA #1 reported the internet consistently had outage issues frequently causing documentation regarding medication administration to be lost/not saved. CMA #1 reported they did not attempt an alternative means to document what medications were administered and when.	C1923		

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C1923	Continued From page 4 On 09/20/23 at 4:15 p.m., the ADON reported there was something wrong with the internet and it very frequently stopped working around 8:00 p.m. daily. The ADON reported any documentation regarding medication administration was lost when the internet went down. The ADON reported no alternative means of documenting medication administration was attempted.	C1923		

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October 23, 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: BH2X11

Dear Ms. Woodland:

On **September 21, 2023,** a complaint investigation was conducted at your Assisted Living Center. 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 **October 20, 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.

Sincerely,

Clorissa Nubine

Clorissa Nubine, Administrative Assistant
Long Term Care Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

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C 000	INITIAL COMMENTS Complaint investigations (#OK00061217 and #OK00061206) were conducted on 09/07/23 through 09/08/23 and 09/19/23 through 09/21/23. Listed below are abbreviations that will be used throughout this document: # - number ADON - assistant director of nursing CMA - certified medication aide HCL - hydrochloride MAR - medication administration record mg - milligram Res - resident	C 000	Response to the state identified deficient practices is not an agreement of stated deficiencies, simply a desire to address and correct in an effort to be compliant and respect the State Survey/Complaint processes.	10/20/23
C1923 SS=E	310:663-19-2(a)(3) MEDICATION ADMINISTRATION (3) An accurate written record of medications administered shall be maintained. The medication record shall include: (A) The identity and signature of the person administering the medication. (B) The medication administered within one hour of the scheduled time. (C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method. (D) Adverse reactions or results. (E) Injection sites. (F) An individual inventory record shall be maintained for each schedule II medication prescribed for a resident. (G) Medication error incident reports.	C1923		

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C1923	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to document medications were administered for three (#2, 4 and #5) of nine sampled residents whose medication administration records were reviewed. The administrator identified 64 residents who received medication from the facility staff. Findings: 1. Res #2 had diagnoses which include hyperlipidemia, hypertension, neuropathy, and rheumatoid arthritis. The September 2023 MAR documented the resident had physician orders for the following: a. Atorvastatin (a medication for elevated lipids) 80mg at bedtime (8:00 p.m.). There was no documentation the 8:00 p.m. dose was administered 14 days in September. b. Carvedilol (a medication for hypertension) 12.5 two times a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. c. Eliquis (a blood thinner) 5mg twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. d. Gabapentin (a medication for neuropathy) 400mg two capsules to equal 800mg three times a day at 8:00 a.m., 2:00 p.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose	C1923	** Census at Sand Plum was 64 on the dates of survey; however, only 56 residents recieve medication administration from te facility. 1. All 56 residents recieving medication administration from the facility staff had the potential to be effected by the state identified deficient practice. The DON/ designee reviewed said residents for negative affects of the identified deficient practice. None were noted. The identified deficient practice was noted previous to the states survey and idetified as an error in the EMR. Since, the community has sought a new EMR possibility as well as changed the manner by which documentation is conducted in and effort to sync the EMR in real time. The investigation further revealed all noted medications were delivered per the physician order; however, the sync was not completed resulting in a lack of appropriate documentation of actions. 2. On 9/22/23, all nursing staff were in-serviced on the medication administration documentation requirements and appropriate verbiage by the DON/RCC. This is on file for review.	10/20/23

Oklahoma State Department of Health

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C1923	Continued From page 2 was administered 14 days in September. e. Sulfasalazin (a medication for rheumatoid arthritis) 500mg, two tablets to equal 1,000mg, two times a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. f. Magnesium 400mg (a vitamin) once a day every evening at 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. g. Minocycline (an anti-inflammatory antibiotic) 100mg twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. 2. Res #4 had diagnoses which include anxiety and depression. The September 2023 MAR documented the resident had physician's orders for the following: a. Buspirone HCL (a medication for anxiety) 15mg two times a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. b. Calcium Citrate (a supplement) 200mg twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. c. Duloxetine HCL (a medication for depression) 30mg twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered seven days in September. 3. Res #5 had diagnoses which include	C1923		10/20/23

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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
C1923	Continued From page 3 depression, hyperlipidemia, anxiety, and asthma. The September 2023 MAR documented the resident had physician's order for the following: a. Aripiprazole (an anti-depressant) 10mg once a day at 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. b. Atorvastatin (a medication for elevated lipids) 40mg every evening at 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. c. Buspirone (a medication for anxiety) 15mg two times a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered 14 days in September. d. Ciproflazacin-Dexamethasone 0.3-0.1% (an antibiotic ear drop) four drops in the right ear twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered for 14 days in September. e. Flutic/salmeterol (a medication for asthma) 500-50, one puff twice a day at 8:00 a.m. and 8:00 p.m. There was no documentation the 8:00 p.m. dose was administered for 14 days in September. On 09/20/23 at 4:00 p.m., CMA #1 reported the internet consistently had outage issues frequently causing documentation regarding medication administration to be lost/not saved. CMA #1 reported they did not attempt an alternative means to document what medications were administered and when.	C1923	2. Moving forward, if there is a noted EMR error or failure to sync the documentation is real time and/or at all, the ACMA/CMA will document a medication adminsitration note in the resident file and/or on a written MAR beginning 10/20/23 on an on-going basis. 3. This correction will be monitored by the DON/Designee daily for no less than 30 days, then bi-weekly for 4 weeks, and weekly for no less than 4 weeks to reach complaince with documentation, then Monthly and PRN thereafter. This will be evident by the documentation to be kept on file for review for no less than 1 year. 4. This POC was reviewed and approved by the Quality Assurrance committee consisting of the Executive Director, DON, RCC, RN, Maintenance Director, Activity Director, front line representative to include a CNA, ACMA/CMA, and Dietary Director on 10/18/23.	10/20/23

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 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

(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
C1923	Continued From page 4 On 09/20/23 at 4:15 p.m., the ADON reported there was something wrong with the internet and it very frequently stopped working around 8:00 p.m. daily. The ADON reported any documentation regarding medication administration was lost when the internet went down. The ADON reported no alternative means of documenting medication administration was attempted.	C1923		10/20/23

OKLAHOMA
State Department
of Health

Delivery via email to: dwoodland@sandplumok.com

December 11, 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: BH2X12

Dear Ms. Woodland:

On **December 7, 2023,** an offsite/paper complaint revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **September 21, 2023,** have now been corrected effective **December 6, 2023.**

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

Respectfully,

Lisa Calvin

Lisa Calvin, 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
	AL7229	A. BUILDING: _____ B. WING _____	R-C 12/07/2023

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 An offsite/paper revisit was conducted on 12/07/23. 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