OKLAHOMA
State Department of Health

Delivery via email to: dwoodland@sandplumok.com

November 6, 2025

License Number: AL7229

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

RE: Survey Event ID: Q9WU11

Dear Ms. Woodland:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **October 23, 2025.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Sand Plum Assisted Living
Address: 9999 E. 121st Street South
City, State, Zip: Bixby, OK 74008
Provider #: AL7229
Complaint #: OK00075737
Investigation Dates: 10/20/25 through 10/23/25

ALLEGATIONS
The center failed to provide ADL care for dependent residents.
The facility failed to have an effective pest control program to prevent harborage of bed bus and cockroaches.
The center failed to provide adequate staff to meet the needs of the residents

An unannounced on-site investigation was initiated 10/20/2025 at 10/15/25 a.m.

A sample of 10 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:

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 foul odors.

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.

Nine residents were interviewed regarding if they felt their care needs were being met. Six staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care.

The attached State form, Statement of Deficiencies, 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: 10/28/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Sand Plum Assisted Living
Address: 9999 E. 121st Street South
City, State, Zip: Bixby, OK 74008
Provider #: AL7229
Complaint #: AL00082770
Investigation Dates: 10/20/25 through 10/23/25

ALLEGATION
The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 10/20/2025 at 10:15 a.m.

A sample of 10 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:

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 foul odors.

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.

Nine residents were interviewed regarding if they felt their care needs were being met. Six staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

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Date report completed: 10/28/2025

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INVESTIGATIVE REPORT

Facility: Sand Plum Assisted Living
Address: 9999 E. 121st Street South
City, State, Zip: Bixby, OK 74008
Provider #: AL7229
Complaint #: OK00083280
Investigation Dates: 10/20/25 through 10/23/25

ALLEGATION
The center failed to maintain a working air conditioner to ensure facility temperatures met regulatory guidelines.

An unannounced on-site investigation was initiated 10/20/2025 at 10:15 a.m.

A sample of 10 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 hallways were observed for staff assistance with resident care needs and the presence of foul odors.

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. Air temperature log was reviewed.

Residents were interviewed regarding if they felt their care needs were being met. Staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

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Date report completed: 10/28/2025

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INVESTIGATIVE R SabEPORT

Facility: Sand Plum Assisted Living
Address: 999 E. 121st Street South
City, State, Zip: Bixby, OK 74008
Provider #: AL7229
Complaint #: OK00084927
Investigation Dates: 10/20/25 through 10/23/25

ALLEGATION(S)
The center failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 10/20/2025 at 10:15 a.m.

A sample of 10 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:

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 foul odors.

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 abuse were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records and Activities of Daily Living (ADL) sheets were reviewed.

Residents were interviewed regarding if they felt their care needs were being met. Staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

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Date report completed: 10/28/2025

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INVESTIGATIVE REPORT

Facility: Sand Plum Assisted Living
Address: 9999 E. 121st South
City, State, Zip: Bixby, OK 74008
Provider #: AL7229
Complaint #: OK00086818
Investigation Dates: 10/20/25 through 10/23/25

ALLEGATIONS
The center failed to ensure services were provided according to the contract.
The center failed to provide adequate staff to assist with ADL's.
The center failed to ensure call lights were answered in a timely manner.
The center failed to ensure billing was not falsified.
enter text

An unannounced on-site investigation was initiated 10/0/25 at 10:15 a.m.

A sample of 10 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:

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 obnoxious and/or foul odors.

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.

Rresidents were interviewed regarding if they felt their care needs were being met. Staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care.

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The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

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Date report completed: 10/28/2025

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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 _____	10/23/2025

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 A relicensure survey with complaints (#OK00075737, #OK00082770, #OK00083280, #OK00084927 and #OK00086818) was conducted from 10/20/25 through 10/23/25. No deficiencies were cited. Census: 62	C 000		

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