OKLAHOMA
State Department of Health

Delivery via email to: jdyson@oxfordseniorliving.com

January 16, 2024

License Number: AL7239

Ms. Juile Dyson, Administrator
Oxford Glen At Owasso
11113 East 103rd Street North
Owasso, OK 74055

RE: Survey Event ID: URMP11

Dear Ms. Dyson:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **December 20, 2023.** 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,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Oxford Glen at Owasso**
Address: **11113 East 103rd Street North**
City, State, Zip: **Owasso, Ok., 74055**
Provider #: **AL 7239**
Complaint #: **OK00061381**
Investigation Date(s): **12/18/23 through 12/20/23**

ALLEGATION(S)

The facility failed to protect residents from abuse and protect their right to privacy

An unannounced on-site investigation was initiated 12/22/2023 at 3:15 p.m.

A sample of eight 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:

On arrival and throughout the three-day survey, nursing tours were conducted. The interactions between the residents and staff were observed. The residents were observed during nursing care, social interaction, mealtimes, group activities, and rest.

Interviews were conducted with residents, family members, staff from contracted companies, and facility staff. The residents stated the staff were kind and helped them when they needed assistance. Family members stated they facility communicated with them on resident needs and updated them regarding any changes with the resident. The contracted companies' staff were able to identify the different forms of abuse and identify to whom they would report allegations or abuse and/or neglect. The facility staff were able to identify the different forms of abuse, verbalize the facility policy, and identify to whom they would report allegations or abuse and/or neglect.

The sampled residents' clinical records were reviewed and documented that there was communication between the facility staff and the sampled residents' families. Incident reports and State Reportable Incidents were reviewed and documented the facility reported the required incidents to the Oklahoma State Department of Health, followed their policy regarding allegations of abuse/neglect, provided protection to the residents, and provided continual training to their staff related to abuse and neglect.

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: 12/22/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Oxford Glen at Owasso**
Address: **11113 East 103rd Street North**
City, State, Zip: **Owasso, Ok., 74055**
Provider #: **AL 7239**
Complaint #: **OK00061933**
Investigation Date(s): **12/18/23 through 12/20/23**

ALLEGATION(S)

The center failed to ensure residents were not physically, verbally, or psychosocially abused.
The center failed to ensure falls with major injury were reported to the Oklahoma State Department of Health and to the residents' representatives according to Federal and State Laws.
The center failed to ensure medications were administered according to the physicians' orders.

An unannounced on-site investigation was initiated 12/18/2023 at 3:15 p.m.

A sample of eight 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 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:

On arrival and throughout the three-day survey, nursing tours were conducted. The interactions between the residents and staff were observed. The residents were observed during nursing care, social interaction, mealtimes, group activities, and rest.

Interviews were conducted with residents, family members, staff from contracted companies, and facility staff. The residents stated the staff were kind and helped them when they needed assistance. Family members stated they facility communicated with them on resident needs and updated them regarding any changes with the resident. The contracted companies' staff were able to identify the different forms of abuse and identify to whom they would report allegations or abuse and/or neglect. The facility staff were able to identify the different forms of abuse, verbalize the facility policy, and identify to whom they would report allegations or abuse and/or neglect.

The sampled residents' clinical records were reviewed and documented that there was communication between the facility staff and the sampled residents' families. Incident reports and State Reportable Incidents were reviewed and documented the facility reported the required incidents to the Oklahoma State Department of Health. The sampled residents' clinical records documented the residents were offered and received their

medications as ordered by their physicians' while following the residents' rights to medication administration, including the right to refuse.

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: 12/22/2023

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
	AL7239	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OXFORD GLEN AT OWASSO	11113 EAST 103RD STREET NORTH OWASSO, OK 74055

(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 was conducted from 12/18/23 through 12/20/23. Complaint investigations (#OK00061381 and #OK00061933) were conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 39	C 000		

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