OKLAHOMA
State Department of Health

Delivery via email to: ralsup@oxfordseniorliving.com

July 16, 2024

License Number: AL7239

Ryan Alsup, Administrator
Oxford Glen At Owasso
11113 East 103rd Street North
Owasso, OK 74055

Survey Event ID: CS8111

Dear Mr. Alsup:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 10, 2024**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 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 #: **AL7239**
Complaint #: **OK00064375**
Investigation Dates: **07/09/24 and 07/10/24**

ALLEGATION
The center failed to ensure training was provided for those who assist residents with eating and pass trays to the residents.

An unannounced on-site investigation was initiated 07/09/2024 at 8:00 a.m.

A sample of four 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 to the facility and at various times throughout the survey. Meals were observed for the presence of untrained or unauthorized persons serving and/or feeding residents. Staff were observed assisting residents with their meals. Residents were observed for any difficulties they may have had with feeding.

Resident records were reviewed including physician orders, dietary orders, progress notes, meal intake records, treatment records, and incident reports. Facility policy and procedures were reviewed. Staff employment records and training records were reviewed.

Residents were not cognitively able to provide pertinent information when interviewed.

Staff were interviewed regarding feeding assistance and training.

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

OKLAHOMA
State Department
of Health

Date report completed: 07/10/2024

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INVESTIGATIVE REPORT

Facility: **Oxford Glen at Owasso**
Address: **11113 East 103rd Street North**
City, State, Zip: **Owasso, OK, 74055**
Provider #: **AL7239**
Complaint #: **OK00065392**
Investigation Dates: **07/09/24 and 07/10/24**

ALLEGATIONS
#1 The center failed to ensure residents were not physically, verbally, or psychologically abused.
#2 The center failed to ensure residents were not neglected.
#3 The center failed to have and/or implement an effective pharmacy policy and procedure to ensure medications were administered according to the physicians' orders.
#4 The center failed to ensure a safe, clean, comfortable, and homelike environment.

An unannounced on-site investigation was initiated 07/09/2024 at 8:00 a.m.

A sample of four 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. Staff were observed providing care and administering medications.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance to the facility and at various times during the survey. Resident rooms and common areas were observed for cleanliness, safety hazards, and homelike appearance. Residents were observed interacting with staff for outward signs of fear or other outward signs of abuse and neglect.

Resident records were reviewed including physician orders, medication administration records, treatment records, hospital records, progress notes, care plans, and assessments. Staff employment records were reviewed. Incident reports were reviewed.

Residents were not cognitively able to provide pertinent information when interviewed.

Staff were interviewed regarding abuse and neglect. They were interviewed regarding medication management and administration.

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: 07/10/2024

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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 07/10/2024

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 Complaint investigations (#OK00064375 and #OK00065392) were conducted on 07/10/24. No deficiencies were cited. Facility Census: 38	C 000		

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