
Delivery via email to: jbolen@leisurecare.com

June 19, 2023

License Number: AL7267

Jessica Bolen, Administrator/General Manager
The Linden At Stonehaven Square
10802 East 81st Street
Tulsa, OK 74133

RE: Survey Event ID: K8PO11

Dear Ms. Bolen:

On **June 6, 2023**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on June 6, 2023.

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 (attached). 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 and monitoring will be completed for each violation;
- (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, 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: AL7267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2023
NAME OF PROVIDER OR SUPPLIER THE LINDEN AT STONEHAVEN SQUARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10802 EAST 81ST STREET TULSA, OK 74133		
(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 on 06/05/23 through 06/06/23.	C 000		
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to prepare food in accordance with Chapter 257 by ensuring the kitchen staff wore hair restraints while working to effectively keep their hair from contacting exposed food. The "Resident Care and Information" form, dated 06/05/23, documented 105 residents received their meals from the kitchen. Findings: On 06/05/23 at 1:38 p.m., six kitchen staff were observed in the food preparation area. No kitchen staff were observed to be wearing a hair net. One staff member was wearing a baseball cap. On 06/05/23 at 1:52 p.m., the kitchen manager/chef was asked why no employees in the kitchen were wearing hair nets. They stated they were not required to wear hair nets unless their hair went past the shoulders. On 06/06/23 at 1:19 p.m., cook #1 stated they are not required to restrain their hair unless it is past the shoulders. They stated they have never worn	C 391		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/06/2023
NAME OF PROVIDER OR SUPPLIER THE LINDEN AT STONEHAVEN SQUARE		STREET ADDRESS, CITY, STATE, ZIP CODE 10802 EAST 81ST STREET TULSA, OK 74133		
(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 391	Continued From page 1 a hair net, They have worn a baseball type hat. On 06/06/23 at 1:23 p.m., cook #2 stated they have never worn a hair net in the kitchen. They stated only long hair needs to be pulled back.	C 391		

Delivery via email to: jbolen@leisurecare.com

July 7, 2023

License Number: AL7267

Ms. Jessica Bolen, General Manager
The Linden at Stonehaven Square
10802 East 81st Street
Tulsa, OK 74133

RE: Survey Event K8PO11

Dear Ms. Bolen:

On **June 6, 2023**, a Licensure inspection was conducted at your Assisted Living Center facility. 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 have been corrected and you were in substantial compliance by **June 22, 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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Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 6/23/2023

Facility Name: The Linden at Stonehaven Square

License Number: AL 7267

Survey Event ID: K8PO11

Date Survey Completed: 6/6/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391

Based on: Based on observation and interview, the facility failed to prepare food in accordance with Chapter 257 by ensuring the kitchen staff wore hair restraints while working to effectively keep their hair from contacting exposed food. The "Resident Care and Information" form, dated 06/05/23, documented 105 residents received their meals from the kitchen. Findings: On 06/05/23 at 1:38 p.m., six kitchen staff were observed in the food preparation area. No kitchen staff were observed to be wearing a hairnet. One staff member was wearing a baseball cap. On 06/05/23 at 1:52 p.m., the kitchen manager/chef was asked why no employees in the kitchen were wearing hair nets. They stated they were not required to wear hair nets unless their hair went past the shoulders. On 06/06/23 at 1:19 p.m., cook #1 stated they are not required to restrain their hair unless it is past the shoulders. They stated they have never worn a hair net, They have worn a baseball type hat. On 06/06/23 at 1:23 p.m., cook #2 stated they have never worn a hair net in the kitchen. They stated only long hair needs to be pulled back

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

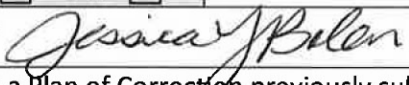
6/22/23 All Food & Beverage team members will be educated on rule 310:257-3-20. Effectiveness of hair restraints (a) Except as provided in (b) of this Section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles. (b) This Section does not apply to food employees such as counter staff who only serve beverages and wrapped or packaged foods, hostesses, and wait staff if they present a minimal risk of contaminating exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles. This training will be included in new Food & Beverage team member onboarding process.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

All residents eating food prepared in the kitchen will be considered to have potential to be affected by the deficient practice.

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	General Manager (GM) /Administrator, Chef or designee will complete weekly review of hair restraint compliance and address non compliance immediately. New Food & Beverage team members will be trained on this requirement during onboarding process. Food preparation, service and storage is reviewed annually as part of inservice schedule. Proper use of hair restraints will be included and emphasized in this training.		
OSDH Response: Element accepted Yes ☐ No ☐			
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	a. GM/Administrator, Chef or designee will complete weekly review of hair restraint compliance in food preparation area. Compliance will be discussed in weekly Chef 1:1 meeting with GM/Administrator. New Food & Beverage team members will be trained on this as part of their onboarding process. b. Hair restraint compliance will be a subject for review on quarterly QAPI meeting agenda. The next QAPI meeting is scheduled for 7/10/23. c. Noncompliance records and corrective action will be documented and maintained in GM/Administrator office for review.		
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?	6/22/2023		
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Jessica Bolen OAC 310:663-25-4(F)		Date 6/23/2023	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



Delivery via email to: jessica.bolen@legendseniorliving.com; jbolen@leisurecare.com

September 13, 2023

License Number: AL7267

Jessica Bolen, Administrator
The Linden At Stonehaven Square
10802 East 81st Street
Tulsa, OK 74133

RE: Survey Event K8PO12

Dear Ms. Bolen:

On **September 13, 2023**, an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **June 6, 2023**, have now been corrected effective **June 22, 2023**.

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

Sincerely,

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/13/2023
NAME OF PROVIDER OR SUPPLIER THE STONEHAVEN ASSISTED LIVING AND MEMORY		STREET ADDRESS, CITY, STATE, ZIP CODE 10802 EAST 81ST STREET TULSA, OK 74133		
(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 09/13/23. 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