OKLAHOMA
State Department
of Health

Delivery Via Email: pcolvin@goyevillage.org

August 11, 2020

License Number: CC1101AL

Ms. Patricia Colvin, Administrator
Go Ye Village Continuum of Care Retirement Community
1201 West 4th Street
Tahlequah, OK 74464

Survey Event ID: JP4C11

Dear Ms. Colvin:

On **March 7, 2020**, 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) 271-6868 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
1000 N.E. 10th
Oklahoma City, OK 73117-1299

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) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. 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,

Katie Stagner

Digitally signed by Katie Stagner
DN: cn=Katie Stagner, o=Oklahoma State Department of Health, ou=Long Term Care, email=katies@health.ok.gov, c=US
Date: 2020.08.11 09:12:28 -05'00'

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: Go Ye Village
Address: 1201 West 4th Street
City, State, Zip: Tahlequah, OK, 74464
Provider #: CC1101AL
Complaint #: OK54618
Investigation Date(s): 03/07/2020

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to ensure residents could wear their own clothing and live in a clean environment.	US
2. The facility failed to provide weekend activities.	S

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 03/07/2020 at 10:40 a.m.

A sample of 8 residents including any identified resident, 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to residents wearing their own clothes in a clean environment was conducted. On 03/07/20, a tour of the assisted living and memory care was conducted. Staff were observed interacting with residents throughout the tour, the assisted living and memory care were observed to be clean and the residents well groomed. The resident identified in the complaint was no longer at the center. Multiple residents and family members were interviewed related to their laundry being done and about routine housekeeping done on schedule. No residents or family members had any complaints regarding residents wearing their own clothes and residents were observed in their own clothes during the investigation. Both residents and family members were also asked if the linens were laundered and rooms cleaned as contracted. All interviewed had no complaints about room cleanliness or laundry services.

Allegation #2: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1304 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation 2. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Deficient practice was unsubstantiated for allegation 1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Justina Leach RN/CHFS

Date report completed: 03/09/2020

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
	CC1101AL	A. BUILDING: _____ B. WING _____	C 03/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GO YE VILLAGE CONTINUUM OF CARE RETIR	1201 WEST 4TH STREET TAHLEQUAH, OK 74464

(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 abbreviated survey was conducted 03/07/2020 to investigate complaint #OK 00054618. Resident census was 36. Deficient practice was cited as follows.	C 000		
C1304 SS=F	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the center failed to ensure residents in the memory care were provided activities as outlined in their contract. This failed practice had the widespread potential for more than minimal harm for all 10 residents in the center's memory care. Findings: On 03/07/20 at 11:00 a.m., the center's memory care unit was observed for any activities provided to the residents. Aides working in the memory care unit were asked about a schedule of activities. An activity schedule dated for March 2020 was provided. A color activity was documented for Saturday, March 7, 2020 at 12:00 p.m.	C1304		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CC1101AL	A. BUILDING: _____ B. WING _____	C 03/07/2020

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C1304	Continued From page 1 At 11:45 a.m., no preparation for a memory care activity was observed. A family member of a memory care resident was asked about activities provided by the center. She said she was from out of town and was not familiar with what activities were offered or provided. With the assistance of the life enrichment director (LED), a tour of the memory care unit was conducted and staff working the day shift were asked if they had done any coloring today with the residents for the scheduled activity. All staff interviewed denied any activities were provided to the memory care residents. The LED stated she thought staff was following the activities schedule on the weekends. Activities in the memory care were scheduled for Saturdays and chapel on Sundays. The center's contract documented "Description of Services...Life enrichment programs and events scheduled each week...Memory support programming each day."	C1304		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
CC1101AL	GO YE VILLAGE CONTINUUM OF CARE RETIREMENT COMMUNI

Type of Survey (select all that apply)

[3][ ][ ][ ][ ]

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

[ ][ ][ ][ ][ ]

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID:								
1. 12188	03/07/2020	03/07/2020	0.50	0.00	4.00	0.00	4.50	3.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

AUG 14 2020

OKLAHOMA
State Department
of Health

Delivery via email: pcolvin@goyevillage.org

August 19, 2020

License Number: CC1101AL

Ms. Patricia Colvin, Administrator
Go Ye Village Continuum Of Care Retirement Communi
1201 West 4th Street
Tahlequah, OK 74464

Survey Event ID: JP4C11

Dear Ms. Colvin:

On March 7, 2020, 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 **September 20, 2020**.

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) 271-6868.

Sincerely,

Users, V. Sue Davis
Digitally signed by Users, V. Sue Davis
Date: 2020.08.19 14:03:08 -05'00'

Sue Davis
Long Term Care Enforcement Coordinator
Oklahoma State Department of Health

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
	CC1101AL	A. BUILDING: _____ B. WING _____	03/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 000	INITIAL COMMENTS An abbreviated survey was conducted 03/07/2020 to investigate complaint #OK 00054618. Resident census was 36. Deficient practice was cited as follows.	C 000	This plan of correction is submitted asrequired under Federal and/or State regulations and statues applicable to long term care providers. This plan of correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of deficiencies cited are correctly applied.	
C1304 SS=F	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, it was determined the center failed to ensure residents in the memory care were provided activities as outlined in their contract. This failed practice had the widespread potential for more than minimal harm for all 10 residents in the center's memory care. Findings: On 03/07/20 at 11:00 a.m., the center's memory care unit was observed for any activities provided to the residents. Aides working in the memory care unit were asked about a schedule of activities. An activity schedule dated for March 2020 was provided. A color activity was documented for Saturday, March 7, 2020 at 12:00	C1304	1. The life enrichment program has been revised and utilizes our two in-house television stations to televise daily activities and offer scheduled special programing for all residents. Some small scheduled in-person group and individual activities are offered as well to provide more choices and options. 2. All residents have a potential to be affected.	9-20-20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CC1101AL	A. BUILDING: _____ B. WING _____	03/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C1304	Continued From page 1 p.m. At 11:45 a.m., no preparation for a memory care activity was observed. A family member of a memory care resident was asked about activities provided by the center. She said she was from out of town and was not familiar with what activities were offered or provided. With the assistance of the life enrichment director (LED), a tour of the memory care unit was conducted and staff working the day shift were asked if they had done any coloring today with the residents for the scheduled activity. All staff interviewed denied any activities were provided to the memory care residents. The LED stated she thought staff was following the activities schedule on the weekends. Activities in the memory care were scheduled for Saturdays and chapel on Sundays. The center's contract documented "Description of Services...Life enrichment programs and events scheduled each week...Memory support programming each day."	C1304	3. Activity and nursing staff will be in-serviced on the revised life enrichment program. Activity/Social Services director and/or designee will do random weekly audits of implementation of practices X 4 weeks and monthly X 2 months to ensure compliance. 4. Audits will be submitted to the Quality Assurance committee monthly and any needed revisions will be made to ensure continued compliance.	

OKLAHOMA
State Department
of Health

Delivery via email to: pcolvin@goyevillage.org

November 16, 2020

License Number: CC1101AL

Ms. Patricia Colvin, Administrator
Go Ye Village Continuum Of Care Retirement Community
1201 West 4th Street
Tahlequah, OK 74464

Survey Event ID: JP4C12

Dear Ms. Colvin:

On **November 5, 2020,** a desk audit complaint revisit was conducted with your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **March 7, 2020,** have now been corrected effective **September 20, 2020.**

If you have any questions concerning the information in this letter, please contact the Enforcement staff at (405) 271-6868.

Sincerely,

Users, Lisa D Calvin
Digitally signed by Users, Lisa D Calvin
Date: 2020.11.16 15:22:25 -06'00'

Lisa Calvin, Enforcement Reviewer/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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CC1101AL	A. BUILDING: _____ B. WING _____	R 11/05/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GO YE VILLAGE CONTINUUM OF CARE RETIREMENT	1201 WEST 4TH STREET TAHLEQUAH, OK 74464

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{C 000}	INITIAL COMMENTS A desk audit was conducted on 11/05/2020. All deficiencies from the 03/07/2020 survey have been corrected.	{C 000}		

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