OKLAHOMA
State Department
of Health

Delivery via email to: pyoung@goyevillage.org

May 2, 2023

License Number: CC1101AL

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

RE: Survey Event ID: 02P711

Dear Ms. Young:

On **April 26, 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 April 26, 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

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

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 _____	04/26/2023

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

(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 04/25/23 through 04/26/23. Listed below are abbreviations that will be used throughout this document. Res - resident RN - registered nurse	C 000		
C1326 SS=D	310:663-13-2(6) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (6) charges for services; This Rule is not met as evidenced by: Based on record review and interview, it was determined the center failed to ensure resident contracts contained documentation of the charges for services for two (# 3 and #7) of nine sampled residents. Findings: 1. Res #7's service contract, signed on 02/18/23, did not document the level of care or the charges for services the resident would pay monthly to reside at the center. The resident was admitted to the center on 04/01/23.	C1326		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1326	Continued From page 1 On 04/26/23 at 11:40 a.m., an interview with the executive director stated the staff filling out the service agreement did not write down the amount the resident would be charged. The amount should have been written into the service agreement before either party signed it. 2. Res #3's service agreement contract, signed on 03/06/23, did not document the charges for services resident would pay to reside at the facility. The resident was admitted to the center on 03/08/23. On 04/26/23 at 12:05 p.m., the administrator stated the charges were not included in the service contract.	C1326		
C1951 SS=E	310:663-19-3(a) MAINTENANCE OF RECORDS (a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided under the direction of a licensed health care professional consistent with professional standards of practice. This Rule is not met as evidenced by: Based on record review and interview, the center failed to have an organized record keeping system related to resident service contracts being readily available for review for three (#1, 4, and #8) of nine residents sampled for contract review. The "Assisted Living Resident Condition and Care Overview" form documented 20 residents resided at the center.	C1951		

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	CC1101AL	A. BUILDING: _____ B. WING _____	04/26/2023

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C1951	Continued From page 2 Findings: 1. Res #4 was admitted to the center on 10/21/22. On 04/25/23 at 2:00 p.m., the administrator was asked to provide the resident's contract. On 04/26/23 at 9:24 a.m., the resident was asked if there was an admission contract provided. The resident stated they did not remember anything about a contract. They stated their son took care of their business affairs. On 04/26/23 at 11:03 a.m., the resident's representative was asked if they had been provided an admission contract. The representative stated they had a contract and would try to locate it in their files. On 04/26/23 at 2:12 p.m., the administrator stated they were unable to locate the contract and had contacted the representative to ask them if they could provide a copy. 2. Res #8 was admitted to the center on 10/12/22. On 04/25/23 at 2:00 p.m., the administrator was asked to provide the resident's contract. On 04/26/23 at 11:33 a.m., the resident stated she did not remember if she was provided with an admission contract. She stated someone from the center had told her today they were contacting her son to see if they had a copy of the contract. On 04/26/23 at 1:30 p.m., RN #1 provided a copy	C1951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1951	Continued From page 3 of the contract. She stated the family had brought them a copy. 3. Res #1 was admitted to the center on 12/23/20. On 04/25/23 at 2:00 p.m., the administrator was asked to provide the resident's service contract. On 04/26/23 at 11:30 a.m., the administrator and RN #1 provided a document entitled, "Assisted Living Facility Payment Agreement," dated 01/18/23. The form documented a payment agreement between the center, the tribal service, and Res #1. RN #1 stated the document was a payment agreement to receive funds for the resident. The administrator stated there was no service contract agreement for the resident.	C1951		

OKLAHOMA
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Delivery via email to: pyoung@goyevillage.org; don@goyevillage.org

July 12, 2023

License Number: CC1101AL

Ms. Paula Young, Administrator
Go Ye Village Continuum of Care Retirement Comm
1201 West 4th Street
Tahlequah, OK 74464

RE: Survey Event 02P711

Dear Ms. Young:

On **April 26, 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 28, 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: 6/21/2023** **Facility Name:** Go Ye Village Assistance in Living **License Number:** CC1101AL **Survey Event ID:** RELICENSURE SURVEY CONDUCTED 4/26/23 **Date Survey Completed: 4/26/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1326 SS=D	Based on: RECORD REVIEW AND INTERVIEW, IT WAS DETERMINED THE CENTER FAILED TO ENSURE RESIDENT CONTRACTS CONTAINED DOCUMENTATION OF THE CHARES FOR SERVICES FOR TWO (#3 AND #7) OF NINE SAMPLED RESIDENTS

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: THE GOAL OF THE ASSISTED LIVING CENTER AT GO YE VILLAGE IS TO REMAIN IN COMPLIANCE WITH STATE REGULATIONS

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	1. THE RESIDENT SERVICE CONTRACT FOR RESIDENT #7 SIGNED ON 2/18/23 HAS BEEN UPDATED TO REFLECT THE SERVICES CHARGES THAT THE RESIDENT WILL PAY MONTHLY TO RESIDE AT THIS CENTER THE RESIDENT SERVICE CONTRACT FOR RESIDENT #3 SIGNED ON 3/6/23 HAS BEEN UPDATED TO REFLECT THE SERVICE CHARGES THAT THE RESIDENT WILL PAY MONTHLY TO RESIDE A THIS CENTER.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	2. THE FACILITY ADMINISTRATOR HAS PERFORMED AN AUDIT OF ALL ASSISTED LIVING CENTER RESIDENT SERVICE CONTRACTS TO IDENTIFY ANY RESIDENTS HAVING THE POTENTIAL BE AFFECTED BY THE SAME DEFICIENT PRACTICE IDENTIFIED.
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?	3. BEFORE ADMISSION, EACH SERVICE CONTRACT WILL BE REVIEWED BY THE FACILITY ADMINISTRATOR TO ENSURE SERVICE CHARGES FOR RESIDENTS TO LIVE IN THE CENTER ARE PRESENT BEFORE BEING SIGNED BY ALL PARTIES.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:	4. THE DIRECTOR OF NURSING AND/OR THE RN CONSULTANT WILL REVIEW CONTRACTS QUARTERLY TO ENSURE SERVICES CHARGES

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.	ARE INCLUDED ON EACH RESIDENT CONTRACT. THE DEFICIENT PRACTICE AND CORRECTIVE PROCESS WERE DISCUSSED IN THE QA MEETING ON JUNE 23, 2023. CORRECTIVE ACTIONS WERE PLANNED AND IMPLEMENTED BY THE QA COMMITTEE.A SIGN OFF SHEET HAS BEEN CREATED TO DOCUMENT QUARTERLY REVIEW OF RESIDENT CONTRACTS BY DIRECTOR OF NURSING AND/OR RN CONSULTANT. DOCUMENTATION OF REVIEW IS FOUND IN THE FRONT OF THE CONTRACT BINDERS IN THE ADMINISTRATION OFFICE.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	6/28/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F) Paula Young	**Date** 6/26/23

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		**Submitted by**	

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.

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/21/2023** **Facility Name:** Go Ye Village Assistance in Living **License Number:** CC1101AL **Survey Event ID:** RELICENSURE SURVEY CONDUCTED 4/26/23 **Date Survey Completed: 4/26/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1951 SS=E	Based on: RECORD REVIEW AND INTERVIEW THE CENTER FAILED TO HAVE AN ORGANIZED RECORD KEEPING SYSTEM RELATED TO RESIDENT SERVICE CONTRACTS BEING READILY AVAILABLE FOR REVIEW FOR THREE (#1, #4, #8) OF NINE RESIDENTS SAMPLED FOR CONTRACT REVIEW.

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	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	1. THIS ASSISTED LIVING WILL ENSURE THERE IS AN ORGANIZED, ACCURATE AND LEGIBLE CLINICAL RECORD KEEPING SYSTEM RELATED TO RESIDENT SERVICE CONTRACTS BEING READILY AVAILABLE FOR REVIEW. THE RESIDENT SERVICE CONTRACT FOR RESIDENT #4 ADMITTED TO THE CENTER ON 10/21/22 IS ACCURATE, LEGIBLE, AND READILY AVAILABLE FOR REVIEW. THE RESIDENT SERVICE CONTRACT FOR RESIDENT#8 ADMITTED ON 10/12/22 IS ACCURATE, LEGIBLE, AND READILY AVAILABLE FOR REVIEW THE RESIDENT SERVICE CONTRACT FOR RESIDENT #1 ADMITTED 12/23/20 IS ACCURATE, LEGIBLE, AND READILY AVAILABLE FOR REVIEW
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	2. THE FACILITY ADMINISTRATOR HAS PERFORMED AN AUDIT OF ALL ASSISTED LIVING CENTER RESIDENT SERVICE CONTRACTS TO IDENTIFY ANY RESIDENTS HAVING THE POTENTIAL BE AFFECTED BY THE SAME DEFICIENT PRACTICE IDENTIFIED.
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?	3. EACH RESIDENT SERVICE CONTRACT WILL BE PLACED IN SERVICE CONTRACT BINDER LOCATED IN ADMINISTRATION OFFICE AFTER IT HAS BEEN COMPLETED AND SIGNED
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.	4. THE DIRECTOR OF NURSING AND/OR THE RN CONSULTANT WILL REVIEW CONTRACTS QUARTERLY TO ENSURE ALL CONTRACTS ARE READILY AVAILABLE FOR REVIEW. THE DEFICIENT PRACTICE AND CORRECTIVE PROCESS WERE DISCUSSED IN THE QA MEETING ON JUNE 23, 2023. CORRECTIVE ACTIONS WERE PLANNED AND IMPLEMENTED BY THE QA COMMITTEE.A SIGN OFF SHEET HAS BEEN CREATED TO DOCUMENT QUARTERLY REVIEW OF RESIDENT CONTRACTS BY DIRECTOR OF NURSING AND/OR RN CONSULTANT. DOCUMENTATION OF REVIEW IS FOUND IN THE FRONT OF THE CONTRACT BINDERS IN THE ADMINISTRATION OFFICE.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	6/28/2023
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature OAC 310:663-25-4(F) Paula Jones	**Date** 6/26/23
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**
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.	

OKLAHOMA
State Department
of Health

Delivery via email to: pyoung@goyevillage.org; don@goyevillage.org

September 12, 2023

License Number: CC1101AL

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

RE: Survey Event 02P712

Dear Ms. Young:

On **July 26, 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 **April 26, 2023,** have now been corrected effective **June 28, 2023.**

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

Sincerely,

Lisa Calvin

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	CC1101AL	A. BUILDING: _____ B. WING _____	R 07/26/2023

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 An offsite/paper revisit was conducted on 07/26/23. 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