OKLAHOMA
State Department
of Health

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

July 10, 2025

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: OLGS11

Dear Ms. Young:

On **July 1, 2025**, agents from our office concluded a State Licensure survey with a complaint investigation 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 **July 1, 2025**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written 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 Services**, then **click on Long Term Care.** 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 calendar days from receipt of the State Form deficiency statement. 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, conducted in a face-to-face, or virtual 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: IDRCoordinator@health.ok.gov

Or mail 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.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Go Ye Village Continuum Care
Address: 1201 W. 4th
City, State, Zip: Tahlequah, OK, 74467
Provider #: CC1101AL
Complaint #: OK00083837
Investigation Date(s): 06/30/25-07/02/25

ALLEGATION(S)
enter text The facility failed to provide adequate supervision to prevent elopement of vulnerable residents.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 06/30/2025 at 9:46 a.m.

A sample of eight residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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: Upon entrance into the facility and throughout the three day survey staff was seen interacting with residents redirecting them as necessary. Residents were treated with respect and dignity. Observance was made of all entry and exit doors in the assisted living facility. Records reviewed included resident electronic charts, incident reports, and in-service training. Residents, family members, and employees were interviewed regarding elopements.

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: 07/03/2025

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 07/01/2025

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 with complaint (#OKOOO83837) was conducted from 06/30/25 through 07/01/25. Deficiencies were cited as a result of the survey. Facility Census: 29	C 000		
C 391 SS=D	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, record review, and interview, the facility failed to ensure opened food items were labeled with the open and use by date in 1 of 2 refrigerators and in 1 of 2 freezers. The dietary manager identified 29 residents received nutrition from the kitchen. Findings: On 06/30/25 at 9:55 a.m., the following food items were observed opened in 1 of 2 refrigerators with no labels to show the open and use by date: a. a metal pan with eight croissants, b. a metal pan with three raw hamburger patties, and c. a plastic bag half full of potato cakes. On 06/30/25 at 10:06 a.m., the following food	C 391		

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 07/01/2025

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 391	Continued From page 1 items were observed opened in 1 of 2 freezers with no labels to show the open and use by date: a. a plastic bag three quarters full of okra, b. a plastic bag half full of hush puppies, c. a plastic bag three quarters full of green beans, d. a plastic bag three quarters full of onion rings, e. a plastic bag half full of breaded chicken patties, f. a plastic bag three quarters full of crinkle cut fries, g. a plastic bag three quarters full of sweet potato fries, and h. a plastic bag half full of grilled chicken patties. A facility policy titled "Leftover Usage Policy," dated 03/07/24, read in part, "Place left over food in seamless containers with tight fitting lids or zip lock bags, label and date all containers." On 06/30/25 at 10:10 a.m., the dietary manager was asked about all items without a label and date. The dietary manager stated, "the cook is responsible to make sure everything they open has a date and label." The dietary manager was asked about their policy. The dietary manager stated, "everything should have a label and use by date."	C 391		
C 711 SS=F	310:663-7-1(a) GENERAL REQUIREMENTS (a) Each assisted living center shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21.	C 711		

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 07/01/2025

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 711	Continued From page 2	C 711		

This Rule is not met as evidenced by:
Based on record review, and interview, the facility failed to ensure the annual fire inspection was completed in 2025.

The director of nursing identified 29 residents resided in the facility.

Findings:

On 06/30/25 at 12:25 p.m., the director of nursing provided a fire department report which showed the last annual inspection was conducted on 03/13/24.

On 06/30/25 at 12:55 p.m., the director of nursing was asked about the expired fire inspection report. They director of nursing stated they have been calling them and was told they were on the list.

OKLAHOMA
State Department
of Health

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

August 1, 2025

License Number: CC1101AL

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

RE: Survey Event OLGS11

Dear Ms. Young:

On **July 1, 2025**, 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 in a timely manner. **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 **August 20, 2025.**

We will conduct a revisit 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, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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 _____	C 07/01/2025

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 with complaint (#OKOOO83837) was conducted from 06/30/25 through 07/01/25. Deficiencies were cited as a result of the survey. Facility Census: 29	C 000		
C 391 SS=D	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, record review, and interview, the facility failed to ensure opened food items were labeled with the open and use by date in 1 of 2 refrigerators and in 1 of 2 freezers. The dietary manager identified 29 residents received nutrition from the kitchen. Findings: On 06/30/25 at 9:55 a.m., the following food items were observed opened in 1 of 2 refrigerators with no labels to show the open and use by date: a. a metal pan with eight croissants, b. a metal pan with three raw hamburger patties, and c. a plastic bag half full of potato cakes. On 06/30/25 at 10:06 a.m., the following food	C 391	Go Ye Village shall store, prepare and serve food in accordance with Chapter 257 of this Title (relating to food service establishments). Food Service Manager will perform education to current employees regarding regulation to date all opened food sources with open date and use by date. Daily cook will verify after each meal that all packages opened during that meal are stored properly with opened date and use by date. A Food Labeling and Dating policy has been added to policy and procedure manual for food service department. Staff have been educated of policy. Director of Nursing and Dietary Manager have conducted audit of all refrigerators and freezers to ensure that stored food is dated with opened date and use by date. This will be performed weekly and PRN by DON and/or DM. This will be performed at least weekly x 4 months to ensure compliance. Then randomly/PRN.	7/14/25 7/15/25 7/15/25 ongoing 7/14/25 7/14/25 7/17/25 7/22/25 ongoing

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 07/01/2025

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 391	Continued From page 1 items were observed opened in 1 of 2 freezers with no labels to show the open and use by date: a. a plastic bag three quarters full of okra, b. a plastic bag half full of hush puppies, c. a plastic bag three quarters full of green beans, d. a plastic bag three quarters full of onion rings, e. a plastic bag half full of breaded chicken patties, f. a plastic bag three quarters full of crinkle cut fries, g. a plastic bag three quarters full of sweet potato fries, and h. a plastic bag half full of grilled chicken patties. A facility policy titled "Leftover Usage Policy," dated 03/07/24, read in part, "Place left over food in seamless containers with tight fitting lids or zip lock bags, label and date all containers." On 06/30/25 at 10:10 a.m., the dietary manager was asked about all items without a label and date. The dietary manager stated, "the cook is responsible to make sure everything they open has a date and label." The dietary manager was asked about their policy. The dietary manager stated, "everything should have a label and use by date."	C 391		
C 711 SS=F	310:663-7-1(a) GENERAL REQUIREMENTS (a) Each assisted living center shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21.	C 711		

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 07/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GO YE VILLAGE CONTINUUM OF CARE RETIREMEN1	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 711	Continued From page 2	C 711		

This Rule is not met as evidenced by:
Based on record review, and interview, the facility failed to ensure the annual fire inspection was completed in 2025.

The director of nursing identified 29 residents resided in the facility.

Findings:

On 06/30/25 at 12:25 p.m., the director of nursing provided a fire department report which showed the last annual inspection was conducted on 03/13/24.

On 06/30/25 at 12:55 p.m., the director of nursing was asked about the expired fire inspection report. They director of nursing stated they have been calling them and was told they were on the list.

7/15/25

Food Labeling and Dating

POLICY: To be sure all food is labeled and dated to ensure spoiled items are discarded and not consumed.

SOURCE: Dietary

PROCEDURE:

All Kitchen staff are responsible for labeling and dating. ***After meal service, the cook of the day will be the person responsible for labeling all leftovers from that meal service.*** Other dietary staff is responsible for salad bars, desserts, salad items and any other items that may need to be labeled.

Labeling and dating will be done on all products that are pulled from freezer for defrosting w/ a use by date.

All items received from deliveries will be dated with the day of delivery. If use by date is not located on the dry goods, then a use by date will also be written on the dry good items.

Prepared foods will have a max of 24 hours to be used and properly re-heated as the re-heating policy states.

All foods removed from original packaging will be labeled and dated.

All chemicals will be labeled

To label: A permanent marker/ sharpie will be used for original packing. Non-reusable packaging will be done with food service labels that do not leave residue.

Created 7-14-2025 by Jennifer Deatherage

Food Labeling and Dating

Dietetics in Health Care Communities
Academy of Nutrition and Dietetics

Activity:

- Prior to the activity, label cups #1 and #2. Fill first cup with sugar, fill second cup with salt. Have staff guess which cup is sugar, and which is salt.
- Show the box of product with a use by date. Remove the actual product from the box and show whether it has a use by date on the actual product. If it does not have a "use by" date on the product demonstrate writing the "use by" date listed on the box onto the product as well as the "received on" date. Though it may be easier to leave a product in the box that has the use by date on it, boxes pose a pest issue and should be discarded.

Where and how to label and date:

- For products that remain in their original container write on the actual packaging with a permanent marker/sharpie.
- For items that are stored in reusable packaging or trays, use food service labels or tape that can be easily removed and does not leave a residue.

Remember to follow your facility's policy and procedure on use by dates.

Food Labeling and Dating

Dietetics in Health Care Communities
Academy of Nutrition and Dietetics

Lesson:

Labeling and dating items is an important step in preventing foodborne illness, and food waste.

Proper labeling and dating will ensure spoiled items are discarded, not consumed and can prevent errors with recipe ingredients.

Who labels and dates?

- All kitchen staff are responsible for labeling and dating.
- If you remove an item from the freezer and place the item in the refrigerator for defrosting, you are responsible for providing the defrosted on and use by date on the package.
- If you are unloading boxes of canned items in dry storage, you are responsible for writing the delivery and use by date on the cans.
- If you prepared sandwiches to use over a set number of days (usually 3 – check your operation's guidelines), you are responsible for labeling what type of sandwich was made, the date it was made, and the use by date.

What items need to be labeled and dated?

- Any food item in or out of a package.
- Any chemical. Please note that chemicals should be clearly labeled and stored separately from food products.

When to label and date an item:

- Anytime an item is removed from its original packaging
- Anytime items are prepared and stored for later service
- Anytime a leftover is being stored
- Anytime an item is removed from the freezer to defrost
- Anytime a products label and/or date has been damaged

Why label?

- It is required per the federal food code.
- It is required per the state and local food codes/regulations.
- To ensure a mistake is not made by using or providing the wrong product
- To ensure food items are used in a timely fashion and are not spoiled

K&A NUTRITION

DIETARY IN-SERVICE TRAINING

FACILITY: Gothe Village

DATE: 3-19-2025 START TIME _____ STOP TIME _____

SUBJECT: Food Labeling + Dating

INSTRUCTOR: Jessica Chandler

ATTENDING STAFF:

Jessica Chandler

Ryden Chandler

Sharon Johnson

Katie Jo

Grace Wrigley

Becca Cleo

Maleyah Sam

Shelly Fletcher

Gabe Padilla

Food Labeling and Dating

Dietetics in Health Care Communities
a dietetic practice group of the Academy of Nutrition and Dietetics

Lesson:

Labeling and dating items is an important step in preventing foodborne illness, and food waste.

Proper labeling and dating will ensure spoiled items are discarded, not consumed and can prevent errors with recipe ingredients.

Who labels and dates?

- All kitchen staff are responsible for labeling and dating.
- If you remove an item from the freezer and place the item in the refrigerator for defrosting, you are responsible for providing the defrosted on and use by date on the package.
- If you are unloading boxes of canned items in dry storage, you are responsible for writing the delivery and use by date on the cans.
- If you prepared sandwiches to use over a set number of days (usually 3 – check your operation's guidelines), you are responsible for labeling what type of sandwich was made, the date it was made, and the use by date.

What items need to be labeled and dated?

- Any food item in or out of a package.
- Any chemical. Please note that chemicals should be clearly labeled and stored separately from food products.

When to label and date an item:

- Anytime an item is removed from its original packaging
- Anytime items are prepared and stored for later service
- Anytime a leftover is being stored
- Anytime an item is removed from the freezer to defrost
- Anytime a products label and/or date has been damaged

Why label?

- It is required per the federal food code.
- It is required per the state and local food codes/regulations.
- To ensure a mistake is not made by using or providing the wrong product
- To ensure food items are used in a timely fashion and are not spoiled

Food Labeling and Dating

Dietetics in Health Care Communities
a dietetic practice group of the Academy of Nutrition and Dietetics

Activity:

- Prior to the activity, label cups #1 and #2. Fill first cup with sugar, fill second cup with salt. Have staff guess which cup is sugar, and which is salt.
- Show the box of product with a use by date. Remove the actual product from the box and show whether it has a use by date on the actual product. If it does not have a "use by" date on the product demonstrate writing the "use by" date listed on the box onto the product as well as the "received on" date. Though it may be easier to leave a product in the box that has the use by date on it, boxes pose a pest issue and should be discarded.

Where and how to label and date:

- For products that remain in their original container write on the actual packaging with a permanent marker/sharpie.
- For items that are stored in reusable packaging or trays, use food service labels or tape that can be easily removed and does not leave a residue.

Remember to follow your facility's policy and procedure on use by dates.

Fridge/Freezer Audit

For Open and Use By Dates

DATE	COMPLIANT Y OR N	IF NOT COMPLIANT, CORRECTIVE ACTION TAKEN	INITIAL
7/17/25	Y	—	CLO, LDM
7/22/25	Y		

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 07/01/2025

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 with complaint (#OKOOO83837) was conducted from 06/30/25 through 07/01/25. Deficiencies were cited as a result of the survey. Facility Census: 29	C 000		
C 391 SS=D	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, record review, and interview, the facility failed to ensure opened food items were labeled with the open and use by date in 1 of 2 refrigerators and in 1 of 2 freezers. The dietary manager identified 29 residents received nutrition from the kitchen. Findings: On 06/30/25 at 9:55 a.m., the following food items were observed opened in 1 of 2 refrigerators with no labels to show the open and use by date: a. a metal pan with eight croissants, b. a metal pan with three raw hamburger patties, and c. a plastic bag half full of potato cakes. On 06/30/25 at 10:06 a.m., the following food	C 391		

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 07/01/2025

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 391	Continued From page 1 items were observed opened in 1 of 2 freezers with no labels to show the open and use by date: a. a plastic bag three quarters full of okra, b. a plastic bag half full of hush puppies, c. a plastic bag three quarters full of green beans, d. a plastic bag three quarters full of onion rings, e. a plastic bag half full of breaded chicken patties, f. a plastic bag three quarters full of crinkle cut fries, g. a plastic bag three quarters full of sweet potato fries, and h. a plastic bag half full of grilled chicken patties. A facility policy titled "Leftover Usage Policy," dated 03/07/24, read in part, "Place left over food in seamless containers with tight fitting lids or zip lock bags, label and date all containers." On 06/30/25 at 10:10 a.m., the dietary manager was asked about all items without a label and date. The dietary manager stated, "the cook is responsible to make sure everything they open has a date and label." The dietary manager was asked about their policy. The dietary manager stated, "everything should have a label and use by date."	C 391		
C 711 SS=F	310:663-7-1(a) GENERAL REQUIREMENTS (a) Each assisted living center shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21.	C 711	Go Ye Village shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21	8/20/25

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 07/01/2025

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 711	Continued From page 2 This Rule is not met as evidenced by: Based on record review, and interview, the facility failed to ensure the annual fire inspection was completed in 2025. The director of nursing identified 29 residents resided in the facility. Findings: On 06/30/25 at 12:25 p.m., the director of nursing provided a fire department report which showed the last annual inspection was conducted on 03/13/24. On 06/30/25 at 12:55 p.m., the director of nursing was asked about the expired fire inspection report. They director of nursing stated they have been calling them and was told they were on the list.	C 711	Fire Marshal inspection visit scheduled for 8/20/25. Report of scheduled inspection will be forwarded as soon as received. Fire Marshall will conduct yearly inspection. Facility will have record of yearly inspection on file and available. Maintenance Supervisor will ensure this inspection is completed timely and on file.	8/20/25 8/20/25 8/20/25 ongoing

OKLAHOMA
State Department of Health

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

September 9, 2025

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 OLGS12

Dear Ms. Young:

On **September 8, 2025,** an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **July 1, 2025,** have now been corrected effective **August 20, 2025.**

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

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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-C 09/08/2025

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 An offsite/paper revisit was conducted on 09/08/25. 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