OKLAHOMA
State Department
of Health

Delivery via email to: administrator@newhopenursing.com

November 12, 2021

License Number: RC6105
Survey Event ID: MSUQ11

Ms. Chelsey Cooley, Administrator
Aspire Management, Llc
1929 Betty Jane Lane
Muskogee, OK 74403

Dear Ms. Cooley:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **November 2, 2021**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Enclosure

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Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **New Hope Retirement & Care Center**
Address: **1220 East Electric Blvd**
City, State, Zip: **McAlester, OK, 74501**
Provider #: **RC6105**
Complaint #: **OK00055696**
Investigation Date(s): **11/02/21**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to provide a clean environment	**US**

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

An unannounced on-site investigation was initiated on 11/02/2021 at 8:30 a.m.

A sample of three residents including any identified resident(s), 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 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 a provision of a clean environment was conducted.

Upon entry and throughout the investigation, residents were observed in common areas, including the dining area, hallways, and in their rooms. The areas were observed to be clean and tidy. The kitchen and laundry room areas were observed to be clean and floor services were dry.

Residents were interviewed and reported they had no issues with plumbing or cleanliness of the facility. They reported the maintenance and housekeeping departments were available and responsive to any requests or

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11-02-21 New Hope Retirement & Care Center

issues. Staff were interviewed and verbalized knowledge of the facility's policies and procedures pertaining to a clean environment.

Documentation was reviewed, including maintenance logs, repair invoices, pest control, policies and procedures.

Determination Summary and Follow-Up Action:

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.

Penelope Stamper Signed by Zach Collins, PMC

Penelope Stamper

Date report completed: 11/03/2021

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
	RC6105	A. BUILDING: _____ B. WING _____	C 11/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

(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
R 000	INITIAL COMMENTS A complaint investigation (#OK00055696) was conducted on 11/02/21. No deficiencies were cited.	R 000		

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