OKLAHOMA
State Department
of Health

Delivery via email to: hgt-ed@12oaks.net; jbraun@12oaks.net

May 2, 2024

License Number: AL5101

Ms. Jennifer Braun, Administrator
Azalea Gardens Memory Care
3211 Chandler Road
Muskogee, OK 74403

Survey Event ID: Z2XU11

Dear Ms. Braun:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **April 29, 2024**. 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.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: **Azalea Gardens Memory Care**
Address: **3211 Chandler Road**
City, State, Zip: **Muskogee, OK, 74403**
Provider #: **AL5101**
Complaint #: **OK00063991**
Investigation Date(s): **04/29/24**

ALLEGATION(S)
The center failed to prevent new/worsened pressure wounds and failed to provide rehabilitation services to prevent a decline in mobility.
The center failed to ensure residents were treated with dignity and respect and failed to ensure a clean, comfortable, and homelike environment.

An unannounced on-site investigation was initiated 04/30/2024 at 8:30 a.m.

A sample of three residents, including any identified residents, 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 Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance and throughout the survey. The facility was clean and without foul odors. Staff were observed interacting with residents in a pleasant manner. The staff treated the residents with dignity and respect during assistance with activities of daily living. Observations were made of wound care provided. The residents stated the staff were nice and helpful. Some residents received care from outsourced agencies such as hospice and private sitters. Resident contracts, physician orders, service plans, assessments, and progress notes were reviewed.

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: 04/30/2024

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
	AL5101	A. BUILDING: _____ B. WING _____	04/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZALEA GARDENS MEMORY CARE	3211 CHANDLER ROAD MUSKOGEE, OK 74403

(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 complaint investigation (#OK00063991) was conducted on 04/29/24. No deficiencies were cited. Facility Census: 23	C 000		

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