Oklahoma State Department of Health
Creating a State of Health

September 27, 2019

License Number: AL5102

Mr. Zachary Henson, Administrator
Dogwood Creek Retirement Center
3230 East Shawnee Avenue
Muskogee, OK 74403

Survey Event ID: WN3J11

Dear Mr. Henson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 30, 2019.** 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) 271-6868.

Sincerely,

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

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Dogwood Creek Retirement Center**
Address: **3230 East Shawnee Avenue**
City, State, Zip: **Muskogee, OK, 74403**
Provider #: **AL 5102**
Complaint #: **OK00053965**
Investigation Date(s): **08/30/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide a clean environment in accordance to residents' contracts, and failed to ensure residents could control air temperature.	US

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

An unannounced on-site investigation was initiated on 08/30/2019 at 10:27 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 housekeeping, cleanliness of the center, and ambient air temperatures was conducted.

Observations made throughout the survey revealed the air temperatures in the common areas and residents' apartments were comfortable. Each apartment had a wall thermostat that could be adjusted for personal preferences of room temperatures. No unpleasant odors or stained floors were found in the center. No fans were observed in the dining room, and no carpet or ceiling area was found to be wet. The dining room ambient air temperature was 72.3 degrees Fahrenheit at the time of survey.

Interviews conducted with the three sampled residents and employees revealed the center had experienced an overhead main line/pipe break that caused damage to the ceiling in the dining room by Hall 400. Residents and employees all stated the damage was cleaned and repaired as quickly as possible. The three sampled residents and the employees stated the air conditioning had functioned well since the line/pipe break was repaired. They also stated each resident could control their room temperatures with their wall thermostats. The residents denied any concerns with the room air temperatures.

All three sampled residents stated they received personal care when needed, and housekeeping was provided weekly or more frequently, if needed. The residents denied any concerns with the housekeeping they received. The employees interviewed agreed that all residents received care as they needed, and housekeeping was provided weekly, with the carpets being cleaned on a schedule, or more often if necessary.

Records were requested regarding housekeeping, and employees stated they did not document cleaning the apartments, nor when the carpets were shampooed. Receipts were reviewed for the repair of the dining room line/pipe break, and repair of two separate ceiling holes caused by the water leak.

At the time of the investigation, the center was clean, without odors or wet carpet, and the air temperature was comfortable without the use of fans.

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.

Marie Remer, RN, CHFS IV

Date report completed: 09/03/2019

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
	AL5102	A BUILDING: _____ B WING _____	08/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOGWOOD CREEK RETIREMENT CENTER	3230 EAST SHAWNEE AVENUE 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 An abbreviated survey was conducted on 08/30/19 to investigate complaint #OK00053965. Current census was 49. No deficient practice was cited.	C 000		

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

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL5102	DOGWOOD CREEK RETIREMENT CENTER

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)
1. 25837	08/30/2019	08/30/2019	0.50	0.00	2.75	0.00	1.50	0.75
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**

SEP 30 2019 jm