OKLAHOMA
State Department
of Health

Delivery via email to: dwoodland@sandplumok.com; dwoodland@dogwoodcreekok.com

September 7, 2022

License Number: AL5102

Ms. Dani Woodland, Administrator
Dogwood Creek Retirement Center
3230 East Shawnee Avenue
Muskogee, OK 74403

Survey Event ID: ZUFW11

Dear Ms. Woodland:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 29, 2022**. 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

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INVESTIGATIVE REPORT
LICENSURE

Facility: **Dogwood Creek Retirement Center**
Address: **3230 East Shawnee Avenue**
City, State, Zip: **Muskogee, OK 74403**
Provider #: **AL5102**
Complaint #: **OK00059376**
Investigation Date(s): **08/29/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to maintain an effective pest control program so that the residents would be free of roaches and bedbugs.	**US**
2. The center failed to provide a comfortable and safe temperature level in the resident's room and common areas.	**US**
3. The center failed to maintain a safe, sanitary, and comfortable environment to prevent the transmission of disease and infection.	**US**

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

An unannounced on-site investigation was initiated on 08/29/2022 at 10:15 a.m.

A sample of eighteen residents was selected for the investigation based on the concerns relevant to the allegations. No residents or room numbers were named on the complaint.

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.

A tour of the center was conducted. The kitchen, dining room, resident rooms, and common areas were observed during the tour. Pests, including roaches and bed bugs, were not observed. Staff members were interviewed and one said an occasional roach was observed but the exterminators were out at least once a month. One staff said there was a room with bed bugs but they had been taken care of. One resident stated her

room had bed bugs but they did not bite her and exterminators had come in and got rid of them. The facility's pest control records were reviewed.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

A tour of the center was conducted. Temperatures of the dining room, resident rooms, and common areas were taken. The temperatures ranged from 72 to 82 degrees. The hallways were warmer with the highest being 86 degrees. The residents were wearing long sleeves and/or jackets in the common areas. Each resident room had its own temperature control. The residents said the temperature was comfortable. The business office manager said the center had a couple of units go out and had to be repaired and were also waiting on some parts that were scheduled to arrive in September. Maintenance records were reviewed.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

A tour of the center was conducted. The kitchen, dining room, resident rooms, and common areas were observed during the tour. Mold on the ceiling was not observed. Two individual resident rooms had air conditioners which had leaked and caused some mold behind their baseboards. The center had the repairs scheduled on 09/31/22. There was observed some dirt/debris on a few of the resident room floors. The residents stated the housekeepers were scheduled to come once a week to clean their rooms and they were keeping to the schedule. Maintenance records were reviewed.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1, #2, and #3. 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.

B. Lankford, RN

Brenda Lankford, RN

Date report completed: 09/02/2022

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 _____	C 08/29/2022

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 A complaint investigation (#OK00059376) was conducted on 08/29/22. No deficiencies were cited.	C 000		

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