
Delivery via email to: dwoodland@dogwoodcreekok.com

July 18, 2023

License Number: AL5102

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

Survey Event ID: LFYI11

Dear Ms. Woodland:

On **July 7, 2023**, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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. 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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 will be completed for each violation; and
- (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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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:

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.

Sincerely,



Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

INVESTIGATIVE REPORT

Facility: Dogwood Creek Retirement Center
Address: 3230 East Shawnee Ave
City, State, Zip: Muskogee, OK, 74403
Provider #: AL5102
Complaint #: OK00060743
Investigation Date(s): 07/06/23 and 07/07/23

ALLEGATION(S)

The facility failed to ensure a clean, comfortable, and homelike environment.

The facility failed to ensure palatable food was served.
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An unannounced on-site investigation was initiated 07/06/2023 at 8:45 a.m.

A sample of four 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:

Observations of meal service and the environment were conducted. Residents and staff were interviewed. Records, including service contracts, menus, grievances, resident council meeting minutes, and pest control records were reviewed.

The attached Statement of Deficiencies, Form 2567 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: 07/10/2023

INVESTIGATIVE REPORT

Facility: Dogwood Creek Retirement Center
Address: 3230 East Shawnee Ave
City, State, Zip: Muskogee, OK, 74403
Provider #: AL5102
Complaint #: OK00060819
Investigation Date(s): 07/06/23 and 07/07/23

ALLEGATION(S)

The facility failed to ensure residents were not neglected.
The facility failed to ensure residents' property was not misappropriated.
The facility failed to ensure residents were treated with dignity and respect and failed to ensure a clean, sanitary, homelike, environment
The facility failed to have and/or implement an effective pest control program.
The facility failed to ensure thoroughly cooked food with a good appearance was served.

An unannounced on-site investigation was initiated 07/06/2023 at 8:45 a.m.

A sample of four 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:

Observations of meal service and the environment were conducted. Test trays were obtained. Residents and staff were interviewed. Records, including service contracts, menus, grievances, resident council meeting minutes, and pest control records were reviewed.

The attached Statement of Deficiencies, Form 2567 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: 07/10/2023

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/07/2023
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C 000	INITIAL COMMENTS Complaint investigations (#OK00060743 and #OK00060819) were conducted on 07/06/23 and 07/07/23. Listed below are abbreviations that will be used throughout this document. BOM - business office manager CNA - certified nurse aide DA - dietary aide DM - dietary manager F - Fahrenheit	C 000		
C 391 SS=F	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 maintain the kitchen in accordance with with "Chapter 257 Food Service Establishment Regulations" to ensure: a. appropriate cleaning, sanitation, and food storage. b. an effective pest control program. c. food was at palatable temperature. d. hair nets were worn by staff when in the kitchen. e. proper use of gloves and hand hygiene by kitchen staff. The "Assisted Living Resident Condition and Care Overview" form identified 51 residents	C 391		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

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C 391	Continued From page 1 resided in the facility. Findings: A dietitian form, titled "A Group Home Facility Quality Assurance Audit," dated 06/26/23, recommended the kitchen would benefit from a thorough deep cleaning from ceiling to floor and the walls needed to be cleaned and painted. The form documented the storage room was cluttered with items sitting on the floor and food items were not stored in a sanitary manner. The form documented the floors were dirty and food crumbs were present under the shelving. The form documented the trash can was not covered, the janitor closet was not clean, and recommended the purchase of a new broom. The form documented the floor under the dish machine remained very dirty and the floor fans were dusty and grimy and needed thorough weekly cleaning. The form documented the freezer was very cluttered with food products on the floor. An initial kitchen tour was conducted on 07/06/23 at 9:10 a.m. The entry way floor to the kitchen was observed to have black substance present on the tile around the transition strip and debris of unknown substances observed on the floor. The floor past the kitchen door was observed to be have a black substance around the facing, debris of food present, and broken linoleum tiles with pieces missing. The area of the floor by an exit door of the kitchen was observed to have debris and spillage on the floor. The hand washing sink was observed to have been blocked by boxes which had been broken down and stacked in front of the sink. A box with sweet potatoes and onions was observed on the floor by the broken down boxes. At that time, Cook #1 stated the	C 391		

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C 391	Continued From page 2 items in the box on the floor by the sink were to be thrown out. Cook #1 stated the boxes which were broken down had not taken out to the dumpster yet because it had been raining and they had received a truck this morning. The back door was observed to left open to the outside. A table with boxes and a flat of bread was observed near to the open back door. Additional boxes of potatoes and onions were observed under the table. Cook #1 stated those potatoes and onions had just came in off the truck. On 07/06/23 at 9:15 a.m., the flat, containing the bread, was pulled out a little off the table and mouse droppings were observed behind and under the flat of bread. The inside of the flat, which held the bread, was observed to have different types of unidentifiable debris. A plastic bag, containing unknown items, was observed under the table. Food processing equipment some in an open cardboard box and some sitting on the floor which was dirty with unidentified debris. At that time, regarding the debris behind the flat of bread, Cook #1 stated it was obviously mouse droppings but an exterminator came in monthly. Cook #1 stated they did not know what was in the bag and stated the equipment under the table in the box and on the floor did not work. On 07/06/23 at 9:16 a.m., a trash can was observed not covered with the lid sitting on the floor behind the can. Dead roaches were observed in a drawer which contain a potato masher, a grater, and other food utensils. On 07/06/23 at 9:18 a.m., the floor between the stove and fryer was observed to have been grease covered. Grease and debris, on what appeared to be an electrical box on the wall, was observed. At that time Cook #1 stated they had	C 391		

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C 391	Continued From page 3 not been able to clean between the fryer and the oven so it had been moved a week ago. The floor was not observed to have been cleaned. On 07/06/23 at 9:20 a.m., a black trash bag was observed on the floor, identified by Cook #1 to cover the mixer, was picked up off the floor and a live roach ran behind the mixer. A toaster, which sat on top of the microwave, which sat on a cart, was observed to have bread crumbs all over the microwave, the cart, and on the floor. On 07/06/23 at 9:21 a.m., Cook #1 stated they had been having trouble with roaches in the kitchen. Cook #1 stated they had been told the roaches were coming off the resident halls. Cook #1 stated the bread crumbs were from breakfast. They stated the kitchen was cleaner than some kitchens they had seen but it was not clean and confirmed the trash can should have been covered. On 07/06/23 at 9:25 a.m., a box of frozen ham was observed thawing on the counter. Cook #1 was asked how food should be thawed. Cook #1 stated the ham was for dinner this evening and should have been in the refrigerator. On 07/06/23 at 9:27 a.m., a salad bar was observed to contain standing water with unidentifiable debris floating on the water. Cook #1 stated it was like that when they came in for their shift and they could not get it to drain. On 07/06/23 at 9:30 a.m., the dry storage room was observed to have boxes of food on the floor. Some of the boxes were observed to have been opened and used from and some of the boxes were dated 04/27. One box was observed to contain flour tortillas with one package which	C 391		

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C 391	Continued From page 4 appeared to have been chewed through, with some of the tortillas partially eaten, and mouse droppings observed in the bag. Mouse droppings observed in the bottom of the box of tortillas. A metal shelving unit in the storage room was observed to contain dirty food equipment, a tray, and plates, on the bottom shelf. Under the shelf on the floor was observed to have a towel which appeared wet. On 07/06/23 at 9:40 a.m., a cart, which held silverware, was moved and live roaches scattered all over the floor and up the walls in the kitchen by the steam table and salad bar. On 07/06/23 at 9:48 a.m., the administrator/executive director was asked to tour the kitchen. The administrator stated they had been in the kitchen with the dietitian two weeks ago. The administrator stated water had leaked into the kitchen by the doors. The administrator stated the facility was constructed in "a bowl" and water had gotten in the building as it was low lying. The administrator was shown the dry storage room. The administrator stated she thought the equipment was an old toaster and agreed the shelving and things on the shelving were dirty. The administrator stated the food boxes should not have been on the floor. The administrator observed and confirmed the presence of the live roaches in the kitchen. On 07/06/23 at 9:54 a.m., the administer stated the sanitation in the kitchen was not appropriate. The administrator stated they had received an email yesterday from pest control and they were in the facility today to address pest control. On 07/06/23 at 10:04 a.m., the administrator stated the pest control email was regarding	C 391		

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C 391	Continued From page 5 resident rooms and not the kitchen. On 07/06/23 at 10:12 a.m., the dietitian was interviewed via telephone. The dietitian stated they had been in the facility on approximately June 26th. The dietitian stated there had been ongoing concerns with the facility properly cleaning the kitchen. The dietitian stated the facility had pests in the past but had been sprayed. The dietitian stated the area around the ice machine was consistently dirty and it took a year for corporate to purchase the tool they needed to clean the area. The dietitian was asked if the staff were using the cleaning tool and they stated they did not know. The dietitian was asked if the facility acted upon their recommendations. The dietitian stated they felt their recommendations were not always acted upon. On 07/06/23 at 12:20 p.m., two kitchen staff members were observed eating their lunches on the prep counters in the kitchen. On 07/06/23 at 12:31 p.m., the administrator stated the staff should not have been eating in the kitchen and should take their breaks in the break room. On 07/06/23 at 4:21 p.m., DA #1 was observed in the kitchen not wearing a hair net. At that time the DA was asked if the silverware in the cart was used for the residents. The DA stated the silverware on the cart was only used for hall trays. The DA stated they had seen roaches in the kitchen for a while and had reported them to the DM. The DA stated the DM had reported the roaches to management. On 07/06/23 at 4:26 p.m., the mouse dropping	C 391		

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C 391	Continued From page 6 were still observed on the table under the bread. On 07/06/23 at 4:39 p.m., Cook #2 was observed to have gloves on. Cook #2 used hand held walkie talkie to call outside the kitchen to let them know hall trays were ready to take to the residents. Cook #2 then returned to the serving line and in the same gloves touched the ham and cheese sandwiches and tater tots to cut the sandwiches in half while plating the food for the dinner meal. On 07/06/23 at 4:42 p.m., Cook #2 was asked when gloves should be changed. Cook #2 confirmed the gloves had were contaminated when they touched the walkie talkie and they should have changed gloves before returning to prepare and serve food. On 07/06/23 at 5:04 p.m., CNA #1 came to get the hall trays from the kitchen. The cart was observed to not have silverware on it for the residents. DA #1 was observed to take silverware from the cart for the hall trays. At that time the surveyor moved the cart and roaches ran out on the floor and up the wall. On 07/06/23 at 5:09 p.m., the hall tray were taken out of the kitchen. One of the meals was taken off the cart for a test tray and for temperatures to be taken of the food. On 07/06/23 at 5:11 p.m., the ham and cheese sandwich temperature was 84.9 F, tater tots were 88.9 F, and a cucumber and tomato salad was 68 degrees F. On 07/07/23 at 8:44 a.m., a pest control employee stated they treated the kitchen that morning at 6:00 a.m. The pest control employee	C 391		

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C 391	Continued From page 7 stated they treated the bottom and the wheels of the cart which held the silverware. On 07/07/23 at 9:06 a.m., the pest control employee stated the kitchen was always cluttered and that made it hard for them to get to some of their bait stations. On 07/07/23 at 11:05 a.m., Res #5, who received a hall tray, stated their food was cold when they received it. On 07/07/23 at 11:37 a.m., the administrator stated the roaches were attracted to the silverware cart because staff were putting the silverware in the holders on the cart while the silver was still wet even though the cart had the appropriate drainage. The administrator stated the pest control company report the roaches nest was in the walls behind where the cart was kept. The administrator stated the kitchen staff should not have touched dirty items and then handled food with or without gloves. The administrator stated a hair net and/or head covering which covered all of a persons' hair should be worn at all times when the staff were in the kitchen.	C 391		
C1304 SS=E	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract.	C1304		

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C1304	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the center failed to ensure all the services specified in the residents' service agreement were provided for two (#1 and #3) of four residents whose contracts were reviewed. The facility failed to ensure: a. the resident rooms were kept free from mold. b. the resident rooms were restored after water leaks and/or flooding. c. carpets throughout the facility were clean and intact. d. dining chairs were clean and safe for resident use. The "Assisted Living Resident Condition and Care Overview" form documented 51 residents resided in the facility. Findings: 1. A service contract for Res #1, titled "Dogwood Creek Assisted Living Community Living Choice/ADvantage Program Lease Agreement (6 Month)", dated 07/01/23, read in part, "...Community will maintain all doors, lights and physical plant of the facility..."	C1304		

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C1304	Continued From page 9 On 07/06/23 at 10:03 a.m., Res #1 was observed walking to their room utilizing a walker. The resident stated they were concerned about the central heat and air. The resident stated it had been broken for several years and the center had installed a window unit for them that barely kept up. At that time room temperature was observed to have ben 79.6 F and the window air conditioner was off. At that time, the resident was asked how they requested maintenance and they stated there was a book at the desk to fill out documenting the problem. The bathroom wall was observed and there were base-boards missing with a partial section of wall which was observed to have nails poking out. A small section of tile near the shower was observed to have been lifted and the resident stated they had not tripped on it yet but were afraid they would. The Venetian blinds were observed to have been broken in the middle. An large cabinet, which the resident stated was theirs, had an area on the bottom which appeared to be particle board and had broken down. The resident stated this was from flooding which happened last year and the facility had not fixed the cabinet. The resident stated another cabinet also has water damage but none was observed. The carpeting near the kitchenette was observed to have come loose from the transition strip. The resident stated they had not seen mold but had heard staff saying there was mold in the closet. The resident stated there had been roaches in the kitchen, dining room, and the library. On 07/06/23 at 10:49 a.m., the administrator observed Res #1's room. The administrator asked the resident if they had reported their room's problems. The resident replied they had. The administrator stated the center would start repairs.	C1304		

Oklahoma State Department of Health

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C1304	Continued From page 10 On 07/06/23 at 4:00 p.m., the maintenance man and surveyor observed the resident's water tank closet and a black substance was observed on the walls. The administrator was advised of the above and stated they would contact the restoration person. The maintenance man and surveyor also observed a black substance in the closet of room 215. The maintenance man stated he reported the black substance to the BOM on 06/09/23 by email. 2. A service contract for Res #3, titled "Dogwood Creek Assisted Living Community Living Choice/ADvantage Program Lease Agreement", dated 01/10/23, read in part, "...Community will maintain all doors, lights and physical plant of the facility..." On 07/06/23 at 11:00 a.m., Res #3 stated it flooded May of 2022. The resident stated the facility put in a drain and got some inflatable sand bags. The resident stated they felt unsafe to live in the facility with the flooding on 300 hall and on 100 hall. 3. On 07/07/23 at 9:35 a.m., Res #4 stated the pipe closet used to have black mold in it but they came and fixed it. The resident stated their neighbor had flooding in their room last year and it soaked the carpet in Res #4's room. At that time, a large carpet stain was observed extending from the bathroom into the main living area. On 07/07/23 12:35 p.m., the administrator visited with Res #4 and observed the large carpet stains. The administrator asked if the resident would rather have her carpet shampooed by the restoration company or have it replaced. The resident stated to start with shampooing. The	C1304		

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C1304	Continued From page 11 administrator stated they did not know the resident's carpet had been damaged. 4. On entrance to the facility and throughout the survey, carpeting in the common areas and on hall 200, 300, and 400, was observed to have multiple rips and tears which had been taped over with clear tape. On 07/06/23 at 9:04 a.m., three trash cans were observed in the activities room. A sheet was observed on the floor around the trash cans. A brown stain on the ceiling was observed. The carpet in front of the windows of the activity room, between the library and the dining room, was observed to have beans and sequins scattered on it. On 07/06/23 at 9:06 a.m., the activities director stated the ceiling had been leaking when the air conditioning was turned on for one to two months. On 07/06/23 at 12:00 a.m., the administrator stated the beans and sequins were from shakers the residents had made to celebrate the fourth of July. The administrator stated the carpet was in bad shape and they had been trying to get it replaced for some time. On 07/07/23 at 11:21 a.m., the beans and sequins were observed to be on the floor in between the dining room and the library. On 07/07/23 at 11:30 a.m., the dining room chairs were observed to have stains on the seats, the finish on the arms were rubbed off, and the chairs were mismatched at the tables. Some of the chairs were observed to wobble and be unstable. On 07/07/23 at 12:05 p.m., house keeper #1	C1304		

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C1304	Continued From page 12 stated they were supposed to clean the common areas daily but had not had time to vacuum up the beans and sequins between the library and the dining room. The housekeeper stated they had been cleaning each hall and resident rooms as scheduled. On 07/07/23 at 12:10 p.m., the administrator stated the dining room chairs were dirty, mismatched, and some were unstable. The administrator stated the facility had been working on the ceiling leak in the activities room.	C1304		

Delivery via email to: dwoodland@sandplumok.com

August 22, 2023

License Number: AL5102

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

Survey Event ID: LFYI11

Dear Ms. Woodland:

On **July 7, 2023**, a complaint investigation was conducted at your Assisted Living Center. 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 timely. **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 25, 2023**.

We will conduct a revisit at your facility 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, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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Oklahoma State Department of Health

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C 000	INITIAL COMMENTS Complaint investigations (#OK00060743 and #OK00060819) were conducted on 07/06/23 and 07/07/23. Listed below are abbreviations that will be used throughout this document. BOM - business office manager CNA - certified nurse aide DA - dietary aide DM - dietary manager F - Fahrenheit	C 000	The response and POC to the state identified deficiencies is not an admission of agreement but a demonstration of the community's desire to be in compliance with state and federal regulations as determined by the survey team at the time of their survey. 1. All residents residing at Dogwood Creek AL at the time of survey had the potential to be affected by the state identified deficient practices. The DON/Designee rounded on all active residents between 7/10/23-7/14/23 for lasting negative physical and/or emotional affects. None were noted. 2. In an effort to prevent future occurrence, staff were inserviced on 8/11/23, by the DON/designee on the following: Cleaning, sanitation, and disinfection to include daily, weekly, and monthly cleaning duties, food storage. Food temperatures, presentation, and infection control to include hair nets, and hand washing. 3. a.) Appropriate cleaning, sanitation, and food storage. 1. The kitchen was immediately given a deep cleaning by the maintenance, housekeeping, and dietary staff on 7/7/23 & 7/8/23. 2. A third party commercial service was hired and came in on 7/12/23 to professionally clean. This can be proven by the invoice to be kept on file for review. 3. The Dietary Manager at the time of survey was taken out of kitchen service secondary to the states findings and a new DM was put into place on 7/14/23 in an effort to gain more compliance and leadership. All food was inspected by maint./hsk/designee on 7/8/23, and any found to have or be in the presence of any pest was immediately disposed of. All food improperly stored was immediately addressed. b.) On 7/7/23 a third party professional pest service, West Pest & Termite, were called back into the facility on an already in place pest plan, to completely treat for pests including bait stations, burrowing the walls for in wall treatment, and spray as appropriate. This plan includes bi-weekly pest audits, bi-weekly pest treatments for 12 weeks or until complaint and then monthly & PRN thereafter for on-going compliance.	8/25/23
C 391 SS=F	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 maintain the kitchen in accordance with with "Chapter 257 Food Service Establishment Regulations" to ensure: a. appropriate cleaning, sanitation, and food storage. b. an effective pest control program. c. food was at palatable temperature. d. hair nets were worn by staff when in the kitchen. e. proper use of gloves and hand hygiene by kitchen staff. The "Assisted Living Resident Condition and Care Overview" form identified 51 residents	C 391		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

LFY111

If continuation sheet 1 of 13

Lani L. Woodland, ED 8/18/23

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/07/2023
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Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

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C 391	Continued From page 1 resided in the facility. Findings: A dietitian form, titled "A Group Home Facility Quality Assurance Audit," dated 06/26/23, recommended the kitchen would benefit from a thorough deep cleaning from ceiling to floor and the walls needed to be cleaned and painted. The form documented the storage room was cluttered with items sitting on the floor and food items were not stored in a sanitary manner. The form documented the floors were dirty and food crumbs were present under the shelving. The form documented the trash can was not covered, the janitor closet was not clean, and recommended the purchase of a new broom. The form documented the floor under the dish machine remained very dirty and the floor fans were dusty and grimy and needed thorough weekly cleaning. The form documented the freezer was very cluttered with food products on the floor. An initial kitchen tour was conducted on 07/06/23 at 9:10 a.m. The entry way floor to the kitchen was observed to have black substance present on the tile around the transition strip and debris of unknown substances observed on the floor. The floor past the kitchen door was observed to be have a black substance around the facing, debris of food present, and broken linoleum tiles with pieces missing. The area of the floor by an exit door of the kitchen was observed to have debris and spillage on the floor. The hand washing sink was observed to have been blocked by boxes which had been broken down and stacked in front of the sink. A box with sweet potatoes and onions was observed on the floor by the broken down boxes. At that time, Cook #1 stated the	C 391	c/d/e.) Dietary staff were in-serviced on the need for IFC practices to include hand washing and hair nets as well as palatable temperatures on 8/11/23. In an attempt to gain compliance, the DM/Designee will conduct daily audits for a period of one week, then 3x per week for a period of t three weeks, then bi-weekly for no less than 4 weeks, then weekly and PRN until complaint but no less than 4 weeks. These audits will be kept on file for review by the BOM beginning 8/22/23. 4. The black substance noted in the hallway near the kitchen exit, outside the kitchen cook, prep, or washing area was identified as dirt and debris & was the result of poor mopping technique. It was addressed on 7/7/23 and again on 7/12/23. Staff was educated by the DON/Designee on proper cleaning and sanitation on 8/11/23. The handwashing sink had collapsed boxes staged for the trash in the area in front of it; however these did not prevent use of the sink. In an attempt to address the stated identified deficiency, kitchen staff were educated in the provided inservice on 8/11/23, not to stage any debris of any kind to include boxes, trash, and/or food for discard by the exit.	8/25/23

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C 391	Continued From page 2 items in the box on the floor by the sink were to be thrown out. Cook #1 stated the boxes which were broken down had not taken out to the dumpster yet because it had been raining and they had received a truck this morning. The back door was observed to left open to the outside. A table with boxes and a flat of bread was observed near to the open back door. Additional boxes of potatoes and onions were observed under the table. Cook #1 stated those potatoes and onions had just came in off the truck. On 07/06/23 at 9:15 a.m., the flat, containing the bread, was pulled out a little off the table and mouse droppings were observed behind and under the flat of bread. The inside of the flat, which held the bread, was observed to have different types of unidentifiable debris. A plastic bag, containing unknown items, was observed under the table. Food processing equipment some in an open cardboard box and some sitting on the floor which was dirty with unidentified debris. At that time, regarding the debris behind the flat of bread, Cook #1 stated it was obviously mouse droppings but an exterminator came in monthly. Cook #1 stated they did not know what was in the bag and stated the equipment under the table in the box and on the floor did not work. On 07/06/23 at 9:16 a.m., a trash can was observed not covered with the lid sitting on the floor behind the can. Dead roaches were observed in a drawer which contain a potato masher, a grater, and other food utensils. On 07/06/23 at 9:18 a.m., the floor between the stove and fryer was observed to have been grease covered. Grease and debris, on what appeared to be an electrical box on the wall, was observed. At that time Cook #1 stated they had	C 391	4. Cont.... The potatoes and onions were under the entry table off the exit door; however, they were not on the floor and were scheduled to be put away as they came off the truck only hours earlier. Moving forward, no staging will take place by the exit as inserviced on 8/11/23 by the DON/DM/Designee. 5.) On 7/7/23 a third party professional pest service, West Pest & Termite, were called back into the facility on an already in place pest plan, to completely treat for pests including bait stations, burrowing the walls for in wall treatment, and spray as appropriate. This plan includes bi-weekly pest audits, bi-weekly pest treatments for 12 weeks or until complaint and then monthly & PRN thereafter for on-going compliance The kitchen was immediately given a deep cleaning by the maintenance, housekeeping, and dietary staff on 7/7/23 & 7/8/23. A third party commercial service was hired and came in on 7/12/23 to professionally clean. This can be proven by the invoice to be kept on file for review. The Dietary Manager at the time of survey was taken out of kitchen service secondary to the states findings and a new DM was put into place on 7/14/23 in an effort to gain more compliance and leadership.	8/25/23

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C 391	Continued From page 3 not been able to clean between the fryer and the oven so it had been moved a week ago. The floor was not observed to have been cleaned. On 07/06/23 at 9:20 a.m., a black trash bag was observed on the floor, identified by Cook #1 to cover the mixer, was picked up off the floor and a live roach ran behind the mixer. A toaster, which sat on top of the microwave, which sat on a cart, was observed to have bread crumbs all over the microwave, the cart, and on the floor. On 07/06/23 at 9:21 a.m., Cook #1 stated they had been having trouble with roaches in the kitchen. Cook #1 stated they had been told the roaches were coming off the resident halls. Cook #1 stated the bread crumbs were from breakfast. They stated the kitchen was cleaner than some kitchens they had seen but it was not clean and confirmed the trash can should have been covered. On 07/06/23 at 9:25 a.m., a box of frozen ham was observed thawing on the counter. Cook #1 was asked how food should be thawed. Cook #1 stated the ham was for dinner this evening and should have been in the refrigerator. On 07/06/23 at 9:27 a.m., a salad bar was observed to contain standing water with unidentifiable debris floating on the water. Cook #1 stated it was like that when they came in for their shift and they could not get it to drain. On 07/06/23 at 9:30 a.m., the dry storage room was observed to have boxes of food on the floor. Some of the boxes were observed to have been opened and used from and some of the boxes were dated 04/27. One box was observed to contain flour tortillas with one package which	C 391	In an effort to prevent future occurrence, staff were inserviced on 8/11/23, by the DON/designee on the following: Cleaning, sanitation, and disinfection to include daily, weekly, and monthly cleaning duties, food storage. Food temperatures, presentation, and infection control to include hair nets, and hand washing 6. Staff were inserviced by the DON/DM/Designee on 8/11/23 on the requirements for food storage and preparation to include the thawing of meats. 7. The steam table drain will be cleared by maintenance by 8/22/23 to allow for proper daily cleaning.	8/25/23

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C 391	Continued From page 4 appeared to have been chewed through, with some of the tortillas partially eaten, and mouse droppings observed in the bag. Mouse droppings observed in the bottom of the box of tortillas. A metal shelving unit in the storage room was observed to contain dirty food equipment, a tray, and plates, on the bottom shelf. Under the shelf on the floor was observed to have a towel which appeared wet. On 07/06/23 at 9:40 a.m., a cart, which held silverware, was moved and live roaches scattered all over the floor and up the walls in the kitchen by the steam table and salad bar. On 07/06/23 at 9:48 a.m., the administrator/executive director was asked to tour the kitchen. The administrator stated they had been in the kitchen with the dietitian two weeks ago. The administrator stated water had leaked into the kitchen by the doors. The administrator stated the facility was constructed in "a bowl" and water had gotten in the building as it was low lying. The administrator was shown the dry storage room. The administrator stated she thought the equipment was an old toaster and agreed the shelving and things on the shelving were dirty. The administrator stated the food boxes should not have been on the floor. The administrator observed and confirmed the presence of the live roaches in the kitchen. On 07/06/23 at 9:54 a.m., the administer stated the sanitation in the kitchen was not appropriate. The administrator stated they had received an email yesterday from pest control and they were in the facility today to address pest control. On 07/06/23 at 10:04 a.m., the administrator stated the pest control email was regarding	C 391	c/d/e.) Dietary staff were in-serviced on the need 4or IFC practices to include hand washing and hair nets as well as palatable temperatures on 8/11/23. In an attempt to gain compliance, the DM/Designee will conduct daily audits for a period of one week, then 3x per week for a period of t three weeks, then bi-weekly for no less than 4 weeks, then weekly and PRN until complaint but no less than 4 weeks. These audits will be kept on file for review by the BOM beginning 8/22/23. 8. The silverware stand was removed from service permanently on 7/12/23 by the 3rd party cleaning service. The Executive Director stated that the email recieved on 7/5/23, was pertaining to the resident rooms/community as there was an existing pest control plan for the kitchen that was already being implemented prior to state entry; however, it had only begun.	8/25/23

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/07/2023
NAME OF PROVIDER OR SUPPLIER DOGWOOD CREEK RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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 391	Continued From page 5 resident rooms and not the kitchen. On 07/06/23 at 10:12 a.m., the dietitian was interviewed via telephone. The dietitian stated they had been in the facility on approximately June 26th. The dietitian stated there had been ongoing concerns with the facility properly cleaning the kitchen. The dietitian stated the facility had pests in the past but had been sprayed. The dietitian stated the area around the ice machine was consistently dirty and it took a year for corporate to purchase the tool they needed to clean the area. The dietitian was asked if the staff were using the cleaning tool and they stated they did not know. The dietitian was asked if the facility acted upon their recommendations. The dietitian stated they felt their recommendations were not always acted upon. On 07/06/23 at 12:20 p.m., two kitchen staff members were observed eating their lunches on the prep counters in the kitchen. On 07/06/23 at 12:31 p.m., the administrator stated the staff should not have been eating in the kitchen and should take their breaks in the break room. On 07/06/23 at 4:21 p.m., DA #1 was observed in the kitchen not wearing a hair net. At that time the DA was asked if the silverware in the cart was used for the residents. The DA stated the silverware on the cart was only used for hall trays. The DA stated they had seen roaches in the kitchen for a while and had reported them to the DM. The DA stated the DM had reported the roaches to management. On 07/06/23 at 4:26 p.m., the mouse dropping	C 391	The former Dietary Manager was removed from the kitchen on 7/11/23 secondary to the state findings. The reported "on-going" concern was reported by the DM on 7/1/23 with response provided 7/5/23 by corporate and West Termite & Pest. Prior to that report, the former DM had reported his daily, weekly, and monthly cleaning was completed and made no mention of pest issues. As he was with Dogwood for approximately 3 months, this is unacceptable. There is no "special" tool needed to clean and sanitize the ice machine outside of approved cleaner and elbow grease. This was an excuse provided to negate personal responsibility. No recommendations were ever provided to the BOM/ED/Corporate so this statement is untrue. 8. Staff in-service provided by the DON/DM/ Designee on 8/11/23 included the breaking policy & procedures as well as IFC education which addresses hand washing and the requirement for hair nets in the kitchen. This inservice will be kept on file for review.	8/25/23

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C 391	Continued From page 6 were still observed on the table under the bread. On 07/06/23 at 4:39 p.m., Cook #2 was observed to have gloves on. Cook #2 used hand held walkie talkie to call outside the kitchen to let them know hall trays were ready to take to the residents. Cook #2 then returned to the serving line and in the same gloves touched the ham and cheese sandwiches and tater tots to cut the sandwiches in half while plating the food for the dinner meal. On 07/06/23 at 4:42 p.m., Cook #2 was asked when gloves should be changed. Cook #2 confirmed the gloves had were contaminated when they touched the walkie talkie and they should have changed gloves before returning to prepare and serve food. On 07/06/23 at 5:04 p.m., CNA #1 came to get the hall trays from the kitchen. The cart was observed to not have silverware on it for the residents. DA #1 was observed to take silverware from the cart for the hall trays. At that time the surveyor moved the cart and roaches ran out on the floor and up the wall. On 07/06/23 at 5:09 p.m., the hall tray were taken out of the kitchen. One of the meals was taken off the cart for a test tray and for temperatures to be taken of the food. On 07/06/23 at 5:11 p.m., the ham and cheese sandwich temperature was 84.9 F, tater tots were 88.9 F, and a cucumber and tomato salad was 68 degrees F. On 07/07/23 at 8:44 a.m., a pest control employee stated they treated the kitchen that morning at 6:00 a.m. The pest control employee	C 391		8/25/23

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C 391	Continued From page 7 stated they treated the bottom and the wheels of the cart which held the silverware. On 07/07/23 at 9:06 a.m., the pest control employee stated the kitchen was always cluttered and that made it hard for them to get to some of their bait stations. On 07/07/23 at 11:05 a.m., Res #5, who received a hall tray, stated their food was cold when they received it. On 07/07/23 at 11:37 a.m., the administrator stated the roaches were attracted to the silverware cart because staff were putting the silverware in the holders on the cart while the silver was still wet even though the cart had the appropriate drainage. The administrator stated the pest control company report the roaches nest was in the walls behind where the cart was kept. The administrator stated the kitchen staff should not have touched dirty items and then handled food with or without gloves. The administrator stated a hair net and/or head covering which covered all of a persons' hair should be worn at all times when the staff were in the kitchen.	C 391	This Plan of Corrections was reviewed by the Quality Assurance Committee consisting of the Executive Director, Director of Nursing, Business Manager, Dietary Manager, RCC, RN, and a current CMA/CNA, and accepted on 8/25/23. This POC will be reviewed monthly, quarterly, & PRN until all concerns are resolved and complete compliance is achieved but no less than 6 months.	8/25/23
C1304 SS=E	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract.	C1304		

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C1304	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the center failed to ensure all the services specified in the residents' service agreement were provided for two (#1 and #3) of four residents whose contracts were reviewed. The facility failed to ensure: a. the resident rooms were kept free from mold. b. the resident rooms were restored after water leaks and/or flooding. c. carpets throughout the facility were clean and intact. d. dining chairs were clean and safe for resident use. The "Assisted Living Resident Condition and Care Overview" form documented 51 residents resided in the facility. Findings: 1. A service contract for Res #1, titled "Dogwood Creek Assisted Living Community Living Choice/ADvantage Program Lease Agreement (6 Month)", dated 07/01/23, read in part, "...Community will maintain all doors, lights and physical plant of the facility..."	C1304		8/25/23

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C1304	Continued From page 9 On 07/06/23 at 10:03 a.m., Res #1 was observed walking to their room utilizing a walker. The resident stated they were concerned about the central heat and air. The resident stated it had been broken for several years and the center had installed a window unit for them that barely kept up. At that time room temperature was observed to have ben 79.6 F and the window air conditioner was off. At that time, the resident was asked how they requested maintenance and they stated there was a book at the desk to fill out documenting the problem. The bathroom wall was observed and there were base-boards missing with a partial section of wall which was observed to have nails poking out. A small section of tile near the shower was observed to have been lifted and the resident stated they had not tripped on it yet but were afraid they would. The Venetian blinds were observed to have been broken in the middle. An large cabinet, which the resident stated was theirs, had an area on the bottom which appeared to be particle board and had broken down. The resident stated this was from flooding which happened last year and the facility had not fixed the cabinet. The resident stated another cabinet also has water damage but none was observed. The carpeting near the kitchenette was observed to have come loose from the transition strip. The resident stated they had not seen mold but had heard staff saying there was mold in the closet. The resident stated there had been roaches in the kitchen, dining room, and the library. On 07/06/23 at 10:49 a.m., the administrator observed Res #1's room. The administrator asked the resident if they had reported their room's problems. The resident replied they had. The administrator stated the center would start repairs.	C1304	9. All residents to include #1 - 4 were rounded on by the DON/Designee the week of 7/10/23-7/14/23 for lasting negative affects. None were noted. The provided window units are sufficient to cool the rooms; however, when a resident chooses not to use the provided intervention this cannot be considered deficient practice by the community. A professional 3rd party HVAC company has assessed and is making the necessary repairs and replacements of all non-working units. Estimated delivery of new HVAC units varies depending on availability, shipping, scheduling, etc. Residents are also offered alternate temporary stay apartments but retain the right to refuse as resident #1 does. 10. All necessary maintenance both reported and unreported as well as some resident requests for resident #1 will be completed by community maintenance/BOM/or third party providers by 8/22/23. Proof of this will be kept on file for review and/or visual upon room assessment.	8/25/23

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C1304	Continued From page 10 On 07/06/23 at 4:00 p.m., the maintenance man and surveyor observed the resident's water tank closet and a black substance was observed on the walls. The administrator was advised of the above and stated they would contact the restoration person. The maintenance man and surveyor also observed a black substance in the closet of room 215. The maintenance man stated he reported the black substance to the BOM on 06/09/23 by email. 2. A service contract for Res #3, titled "Dogwood Creek Assisted Living Community Living Choice/ADvantage Program Lease Agreement", dated 01/10/23, read in part, "...Community will maintain all doors, lights and physical plant of the facility..." On 07/06/23 at 11:00 a.m., Res #3 stated it flooded May of 2022. The resident stated the facility put in a drain and got some inflatable sand bags. The resident stated they felt unsafe to live in the facility with the flooding on 300 hall and on 100 hall. 3. On 07/07/23 at 9:35 a.m., Res #4 stated the pipe closet used to have black mold in it but they came and fixed it. The resident stated their neighbor had flooding in their room last year and it soaked the carpet in Res #4's room. At that time, a large carpet stain was observed extending from the bathroom into the main living area. On 07/07/23 12:35 p.m., the administrator visited with Res #4 and observed the large carpet stains. The administrator asked if the resident would rather have her carpet shampooed by the restoration company or have it replaced. The resident stated to start with shampooing. The	C1304	The response and POC to the state identified deficiencies is not an admission of agreement but a demonstration of the community's desire to be in compliance with state and federal regulations as determined by the survey team at the time of their survey. 1. All residents residing in Dogwood had the potential to be affected by the state identified deficiencies. All residents were rounded on by the DON/designee between 7/10/23 - 7/14/23 for signs of lasting negative affects secondary to the state indentified deficient practices. None were noted. 2. See responses and corrections below. Dogwood Creek experience an act of nature resulting in community flooding on halls 1 and 3. This was reported per requirements and a third party restoration company was called in for assessments and repairs. Like the window units, Dogwood Creek has plans for emergencies to include flooding. All affected members were offered alternative boarding, all families were notified, and restoration began immediately. Gel/Sand bags were purchased prior to the flood as well as all outdoor drains being prepped. At no time, other than inconvenience and possible wet carpet hazards which the residents were made aware of said risks, were any resident or staff member unsafe. 3. All necessary maintenance both reported and unreported as well as some resident requests for resident #4 will be completed by community maintenance/BOM/or third party providers by 8/22/23. Proof of this will be kept on file for review and/or visual upon room assessment.	8/25/23

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C1304	Continued From page 11 administrator stated they did not know the resident's carpet had been damaged. 4. On entrance to the facility and throughout the survey, carpeting in the common areas and on hall 200, 300, and 400, was observed to have multiple rips and tears which had been taped over with clear tape. On 07/06/23 at 9:04 a.m., three trash cans were observed in the activities room. A sheet was observed on the floor around the trash cans. A brown stain on the ceiling was observed. The carpet in front of the windows of the activity room, between the library and the dining room, was observed to have beans and sequins scattered on it. On 07/06/23 at 9:06 a.m., the activities director stated the ceiling had been leaking when the air conditioning was turned on for one to two months. On 07/06/23 at 12:00 a.m., the administrator stated the beans and sequins were from shakers the residents had made to celebrate the fourth of July. The administrator stated the carpet was in bad shape and they had been trying to get it replaced for some time. On 07/07/23 at 11:21 a.m., the beans and sequins were observed to be on the floor in between the dining room and the library. On 07/07/23 at 11:30 a.m., the dining room chairs were observed to have stains on the seats, the finish on the arms were rubbed off, and the chairs were mismatched at the tables. Some of the chairs were observed to wobble and be unstable. On 07/07/23 at 12:05 p.m., house keeper #1	C1304	4. The carpeting throughout the building was already scheduled for replacement prior to the state survey. In an attempt to promote safety the carpet was secured to the floor prior to state survey. The carpet replacement schedule is as follows: Hall 1: Was repainted and new carpet installed on 6/7/23. Hall 2 is scheduled to be painted on 8/28/23 with new carpet installation the week of September 4th - September 8th, 2023. Hall 3: New carpet installation the week of 8/21-8/25/2023. Hall 4: Scheduled for painting on September 11th with new carpet installation scheduled for the week of September 18th through September 22nd, 2023. Common areas have been secured and carpet replaced in some areas with plans to complete pending. The activity room leak identified by the state was a condensate leak from the air conditioners and was repaired by third party HVAC vendors on 8/15/23. The dining chairs were "mismatched" as the the community was replacing the chairs as avail in the color and style preferences appropriate for the community and seniors it serves; however, all 60 ordered were not available therefore requiring time for more to be located by the manufacturer. After exhausting the search for additional matching chairs, which are still reported as "backordered", on 8/2/23, 60 different chairs were ordered. Again, there were not 60 readily available so they are pending fulfillment. Invoice will be available for review upon request. ** NOTE** Dining chairs were assessed and noted only two that needed tightening. No residents were noted to have an injury or harm noted.	8/25/23

Oklahoma State Department of Health
STATE FORM

Delivery via email to: dwoodland@sandplumok.com

October 11, 2023

License Number: AL5102

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

Survey Event ID: LFYI12

Dear Ms. Woodland:

On **October 9, 2023**, an offsite/paper complaint revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **July 7, 2023**, have now been corrected effective **August 25, 2023**.

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

Sincerely,



Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER

DOGWOOD CREEK RETIREMENT CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**3230 EAST SHAWNEE AVENUE
MUSKOGEE, OK 74403**

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 10.09.23. 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