OKLAHOMA
State Department
of Health

Delivery via email to: dwoodland@sandplumok.com

March 15, 2024

License Number: AL5102

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

Survey Event ID: V4G711

Dear Ms. Woodland:

On **March 6, 2024,** 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 Services**, then **click on Long Term Care**. 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 calendar days from receipt of the State Form deficiency statement. 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, conducted in a face to face, or a virtual 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.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

03/06/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Dogwood Creek
Address: 3230 East Shawnee Ave.
City, State, Zip: Muskogee, OK 74403
Provider #: AL5102
Complaint #: OK00063091
Investigation Dates: 03/04/24 and 03/06/24

ALLEGATIONS

The center failed to ensure residents were not physically, verbally or psychosocially abused.
The center failed to ensure residents/representatives were treated with dignity and respect. Failed to ensure residents/representatives access to personal belongings and failed to ensure the right to file a grievance without fear of retaliation.
The center failed to ensure the right to discharge according to the contract.
The center failed to ensure assistance with bathing was provided according to the assessment, plan of care and/or contract.
enter text

An unannounced on-site investigation was initiated 03/04/2024 at 09:24 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 at other various times throughout the survey. Resident halls were observed for odors. Staff were observed for assisting residents with activities of daily living. Residents were observed in the common area visiting and playing Bingo.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, treatment records, dietician notes, and activities of daily living (ADL) records. Facility policy and procedures were reviewed. Grievance records were reviewed.

Residents were interviewed related to assistance with activities of daily living and abuse.

Staff members were interviewed regarding the facility policy on abuse and providing assistance with activities of daily living.

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: 03/06/2024

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 03/06/2024

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 (#OK00063091) was conducted on 03/04/24 and 03/06/24. Facility Census: 60 Listed below are abbreviations that will be used throughout this document. CNA - certified nurse aide COPD - chronic obstructive pulmonary disease ER - emergency room	C 000		
C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated.	C1505		

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C1505	Continued From page 1	C1505		

This REQUIREMENT is not met as evidenced by:
Based on record review and interview, the center failed to ensure adequate supervision was provided to prevent falls with injury during showering.

The business office manager identified 60 residents resided in the facility.

Findings:

Resident #1 had diagnoses which included depression, insomnia, memory impairment, COPD, tremors, and muscle spasms.

A "Recommended Assisted Living Resident Assessment Form", dated 05/09/23, documented the resident required one person to assist with bathing.

An "Incident Report Form", dated 12/29/23, documented the resident had an unwitnessed fall in the shower and was sent to the emergency room.

On 03/06/24 at 12:19 p.m., CNA #1 stated the resident fell in the shower on 12/29/23 and was

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C1505	Continued From page 2 sent to the ER. The CNA stated the week before Resident #1 fell, the nurse removed the resident from the "Stand By" shower list. CNA #1 stated no one was in the room when the resident fell in the shower. On 03/06/24 at 2:00 p.m., the administrator stated the resident should have had a new assessment completed before being removed from the "Stand By" shower list. On 03/06/24 at 3:00 p.m., Resident #1 stated they fell in the shower on 12/29/23 and went to the ER where they were found to have a strain of the left shoulder and hip. They stated there was no staff in the room for stand by assistance when they showered. They stated they wanted staff in the room when they shower for safety.	C1505		

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Delivery via email to: dwoodland@sandplumok.com

March 29, 2024

License Number: AL5102

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

Survey Event ID: V4G711

Dear Ms. Woodland:

On **March 6, 2024,** 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 **April 5, 2024**.

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

Enclosure

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C 000	INITIAL COMMENTS A complaint investigation (#OK00063091) was conducted on 03/04/24 and 03/06/24. Facility Census: 60 Listed below are abbreviations that will be used throughout this document. CNA - certified nurse aide COPD - chronic obstructive pulmonary disease ER - emergency room	C 000	This POC is in response to the state cited deficiency related to the failure of the community to ensure enough staff to prevent falls. This is in no way an agreement with the cited deficiency secondary to the following: - Staffing is and always has been maintained per the Oklahoma staffing guidelines to schedule enough staff to meet resident needs, leaving no shift with less than two staff awake at all times. Dogwood Creek has more than required staff on all waking hours. - The resident in question was never removed from the Stand-by assist shower schedule nor was an assessment conducted for such as this was not requested by the resident nor was it clinically supported. This is all supported by the documentation to include the community shower list, resident assessment, and policy. Although this is an unwarranted citation; in a nod to efficiency, an effort to maintain our focus on resident care, and given the lengthy process by which we have to appeal, response has been determined the least demanding regardless of the inaccuracies.	4/5/24
C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated.	C1505		

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C1505	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to ensure adequate supervision was provided to prevent falls with injury during showering. The business office manager identified 60 residents resided in the facility. Findings: Resident #1 had diagnoses which included depression, insomnia, memory impairment, COPD, tremors, and muscle spasms. A "Recommended Assisted Living Resident Assessment Form", dated 05/09/23, documented the resident required one person to assist with bathing. An "Incident Report Form", dated 12/29/23, documented the resident had an unwitnessed fall in the shower and was sent to the emergency room. On 03/06/24 at 12:19 p.m., CNA #1 stated the resident fell in the shower on 12/29/23 and was	C1505	This is the policy and it has held true as the investigation did not yield any assessment indicating removal at any time nor was any documentation present. The resident was still listed on the shower schedule as a stand-by x1. The CNA cited is not her primary care giver and spoke without verification which will be managed via in-service. The opposite is supported via documentation provided at the time of investigation. Dogwood Creek filed the appropriate reports with relation to the fall in question indicating the residents failure to comply with her care plan & identified need by choosing to independently shower without community notification resulting in a reported, not witnessed fall. Secondary to observing Residents rights, enforcing stand-by asssit, and/or infringing on residents right to conduct ADL's is not an option. As this resident is fully cognitive and able bodied, she has been educated on safety concerns, care plan, etc., & choose to ignore these in favor of personal choice. If it is the will of the state that we remove the residents ability to shower without staff, additional documentation is requested as it is the understanding of the city that this would in fact infringe on the residents safety informed right to fall.	4/5/24

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C1505	Continued From page 2 sent to the ER. The CNA stated the week before Resident #1 fell, the nurse removed the resident from the "Stand By" shower list. CNA #1 stated no one was in the room when the resident fell in the shower. On 03/06/24 at 2:00 p.m., the administrator stated the resident should have had a new assessment completed before being removed from the "Stand By" shower list. On 03/06/24 at 3:00 p.m., Resident #1 stated they fell in the shower on 12/29/23 and went to the ER where they were found to have a strain of the left shoulder and hip. They stated there was no staff in the room for stand by assistance when they showered. They stated they wanted staff in the room when they shower for safety.	C1505	1. All 60 residents of DogwoodCreek were reviewed by the DON/designee by 3/25/24 for needed assistance secondary to their care plans. No discrepancies were identified. No negative resident outcomes were identified as a result of community deficient practice. 2. All staff were in-serviced by the DON/ Designee by 4/5/24 on the following: a. Adherence to the plan of care b. Verification of needed assistance to include whom and where information can be garnished. c. To only speak from a place of knowledge and not from a place of ignorance and/or anxiety. All residents will be provided education on the following by the DON/designee by 3/25/24 on the following: a. The expectation to participate and adhere to their care plan needs as identified by clinical assessment and resident input. This will be evident by the in-service education With signature sheet to be kept on file for Review and a signed/initialed information/ education delivery form for residents to be kept on file, with a copy of the education, for review. 3. In an effort to maintain compliance,staffing will continue with no less than 2-3 staff members on 10p-6a shift, 3-4 on 2p-10p & 6a-2p shift, with increased staffing per resident need and acuity. This will be monitored daily as evident by the daily staffing forms on an on-going basis. Additional auditing for this POC will include an initialed audit form to be completed daily by the DON/Designee for no less than 90 days to be kept on file for review. 4. The Dogwood Creek AL QAPI Committee consisting of the physician, Executive Director, DON, RCC, Maint. Director, Activities Director, Culinary Director, & Marketing Director have agreed to the stated POC and will review at next quarterly meeting for effectivness.	4/5/24

OKLAHOMA
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Delivery via email to: dwoodland@sandplumok.com

April 19, 2024

License Number: AL5102

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

Survey Event ID: V4G712

Dear Ms. Woodland:

On **April 19, 2024,** a complaint off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **March 6, 2024,** have now been corrected effective **April 5, 2024.**

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

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

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	AL5102	A. BUILDING: _____ B. WING _____	R-C 04/19/2024

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{C 000}	INITIAL COMMENTS On 04/19/24, an offsite/revisit was conducted. The deficiency was cleared.	{C 000}		

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