



Oklahoma State Department of Health
Creating a State of Health

February 24, 2020

License Number: AL7403

Ms. Heather Billingsley, Administrator
Green Country Village Assisted Living Center
1025 Swan Drive
Bartlesville, OK 74006

RE: Survey Event ID: W5VJ11

Dear Ms. Billingsley:

On January 27, 2020, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on January 27, 2020.

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 (attached). 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;

Board of Health

Gary Cox, JD
Commissioner of Health

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Jenny Alexopoulos, DO
Terry R Gerard II, DO
Charles W Grim, DDS, MHSA

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- (4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
- (5) Include dates when corrective action and monitoring will be completed for each violation;
- (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) 271-6868 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
1000 N.E. 10th
Oklahoma City, OK 73117-1299

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) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. 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,



 Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/kgs
Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER AL7403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
NAME OF PROVIDER OR SUPPLIER GREEN COUNTRY VILLAGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 SWAN DRIVE BARTLESVILLE, OK 74006		
(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 re-licensure survey was conducted 01/22/2020, 01/23/2020 and 01/27/2020. Resident census was 42. The following deficient practice was cited.	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, interview and record review, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations related to sanitation procedures. 310:257-7-83. Equipment food-contact surfaces and utensils. (e) Except when dry cleaning methods are used as specified under 310:257-7-86, surfaces of utensils and equipment contacting food that is not potentially hazardous shall be cleaned: (4) In equipment such as ice bins and beverage dispensing nozzles and enclosed components of equipment such as ice makers, cooking oil storage tanks and distribution lines, beverage and syrup dispensing lines or tubes, coffee bean grinder, and water vending equipment: (B) Absent manufacturer specifications, at a frequency necessary, to preclude accumulation of soil or mold. This failed practice had the widespread potential for more than minimal harm for all 42 residents who received food and beverages from the	C 391		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7403	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2020
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NAME OF PROVIDER OR SUPPLIER

GREEN COUNTRY VILLAGE ASSISTED LIVING

STREET ADDRESS, CITY, STATE, ZIP CODE

**1025 SWAN DRIVE
BARTLESVILLE, OK 74006**

(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 1 center's kitchen. Findings: On 01/22/2020 at 4:48 p.m. the food service supervisor stated the ice machine in the main dining room where the food was prepared did not have a routine schedule to be cleaned. The ice was used for drinks in the dining room. He wiped the bottom of the bib inside the ice machine with a white cloth which had a pink and orange residue. At 5:14 p.m. employee #2 wiped the bottom of the bib inside the ice machine in the memory care for vulnerable adults. The white cloth used had a brownish color residue. The ice was used for drinks in the memory care dining room. At 5:24 p.m. employee #3 wiped the bottom of the bib inside the ice machine in the upper level of assisted living center. The white cloth used had a brown, yellow residue. The ice was used for drinks in the upper level of the assisted living center.	C 391		
C 398 SS=E	310:663-3-8(e) FOOD STORAGE, PREPARATION AND SERVICE (e) All staff assisting in, or responsible for food preparation shall have attended a food service training program offered or approved by the Department. This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure 2 (#3 and	C 398		

Oklahoma State Department of Health

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C 398	Continued From page 2 #7) of 2 sampled employee responsible for food preparation had attended a food service training program approved by the Department. This failed practice had the widespread potential for more than minimal harm for all 42 residents who received prepared meals at the center. Findings: On 01/27/2020 at 1:10 p.m. food service employee records were provided, but there were no food service training in employee #3 or employee #7 record. No food service training documentation was provided for employee #3 and employee #7.	C 398			

STATE WORKLOAD REPORT

Provider/Supplier Number
AL7403

Provider/Supplier Name
GREEN COUNTRY VILLAGE ASSISTED LIVING CENTER

Type of Survey (select all that apply)

2				
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- | | | |
|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification |
| B Dumping Investigation | F Inspection of Care | J Sanctions/Hearing |
| C Federal Monitoring | G Validation | K State License |
| D Follow-up Visit | H Life Safety Code | L CHOW |
| M Other | | |

Extent of Survey (select all that apply)

A				
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- 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)
Team Leader ID								
1. 34460	01/22/2020	01/27/2020	0.50	0.00	17.50	0.00	9.25	2.00
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

FEB 25 2020



Oklahoma State Department of Health
Creating a State of Health

March 10, 2020

License Number: AL7403

Ms. Heather Billingsley, Administrator
Green Country Village Assisted Living Center
1025 Swan Drive
Bartlesville, OK 74006

RE: Survey Event W5VJ11

Dear Ms. Billingsley:

On January 27, 2020, a Licensure inspection was conducted at your Assisted Living Center facility. 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 **February 24, 2020**.

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) 271-6868.

Sincerely,

Sue Davis
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

SD/cn

Board of Health

Gary Cox, JD
Commissioner of Health

Timothy E Starkey, MBA (*President*)
Edward A Legako, MD (*Vice-President*)
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2020
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

GREEN COUNTRY VILLAGE ASSISTED LIVING CENTI

**1025 SWAN DRIVE
BARTLESVILLE, OK 74006**

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Heather Billingsley, Administrator

2/28/2020

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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Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/27/2020
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STREET ADDRESS, CITY, STATE, ZIP CODE

GREEN COUNTRY VILLAGE ASSISTED LIVING CENTI

**1025 SWAN DRIVE
BARTLESVILLE, OK 74006**

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Heather Billingsley, Administrator

2/28/2020



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/28/2020

Facility Name: Green Country Village Assisted Living Center

License Number: AL7403

Survey Event ID: W5VJ11

Date Survey Completed: 1/27/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391

Based on: observation, interview and record review, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations related to sanitation procedures.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is prepared and submitted as required by law. By submitting this Plan of Correction Green Country Village Assisted Living Center does not admit that the deficiencies listed on the survey exists, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiencies. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings all deficiencies, statements, facts, or conclusions that form the basis for each deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

Dietary staff clean all 3 ice machines routinely. A thorough cleaning was also performed by dietary staff on 1/27/2020. The Food & Beverage Director contacted an outside vendor to service/sanitize all ice machines. This was completed on 2/11/2020.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

Ice machines are monitored for cleanliness by the Food & Beverage staff and Nursing staff. The Food and Beverage Director documents routine cleaning/sanitizing which is performed every six months by an outside vendor to ensure the quality and sanitation of the ice machines. These processes ensure safe and effective infection control for all residents.

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

Ice machines are monitored for cleanliness daily by the Food and Beverage staff and Nursing staff. The Food and Beverage Director documents routine cleaning/sanitizing which is performed every six months by an outside vendor to ensure the quality and sanitation of the ice machines. These processes ensure safe and effective infection control for all residents.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

Ice machines are monitored for cleanliness by the Food and Beverage staff and Nursing staff. The Food and Beverage Director documents routine cleaning/sanitizing which is performed every six months by an outside vendor to ensure the quality and sanitation of the ice machines. These processes ensure safe and effective infection control for all residents.

The Food and Beverage Director documents routine cleaning/sanitizing which is performed every six months by an outside vendor to ensure the quality and sanitation of the ice machines. The Food and Beverage Director will also monitor the routine cleaning of the ice machines to ensure cleanliness.

The Quality Assurance Committee will review quarterly the documentation to ensure the ice machines are monitored for cleanliness and that cleaning/sanitation occurs every six months.

The documented cleaning will be posted on/by each ice machine for immediate visual assurance that the cleaning/sanitation occurs as required to ensure cleanliness.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

2/11/2020

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature Administrator signature required.

Date 2/28/2020

OAC 310:663-25-4(F)

Heather Billingsley

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date Enter a date of addendum.

Submitted by

Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.

Facility in Compliance by: Click here to enter a date.



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/28/2020

Facility Name: Green Country Village Assisted Living Center

License Number: AL7403

Survey Event ID: W5VJ11

Date Survey Completed: 1/27/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C398

Based on: interview and record review, it was determined the center failed to ensure 2 (#3 and #7) of 2 sampled employees responsible for food preparation had attended a food service training program approved by the Department.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is prepared and submitted as required by law. By submitting this Plan of Correction Green Country Village Assisted Living Center does not admit that the deficiencies listed on the survey exists, nor does the Center admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings all deficiencies, statements, facts or conclusions that form the basis for each deficiency.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

ASSISTED LIVING CENTER'S PLAN ELEMENTS

All Dietary staff receive food service training. Documentation will be in the personnel file.

All Dietary staff and Nursing staff receive food service training prior to working in Assisted Living.

Food and Beverage Director will ensure all dietary staff have attended a food service program and/or provide the training.

The Food and Beverage Director documents food service training. This process ensures safe and effective infection control for all residents.

The Food and Beverage Director documents food service training for Food and Beverage staff. The Food and Beverage Director will have a binder available in his office with the certificates of training.

The Quality Assurance Committee will review quarterly the documentation to ensure all staff have the certificate of training.

The Human Resources Director will audit the personnel records to ensure all Food and Beverage staff have certificates of training.

2/24/2020

Administrator's Signature Administrator signature required.

OAC 310:663-25-4(F)

Heather Billingsley

Date 2/28/2020

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
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Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.

Facility in Compliance by: Click here to enter a date.



Delivery via email to: billingsleyheather@greencountryvillage.com

November 25, 2020

License Number: AL7403

Ms. Heather Billingsley, Administrator
Green Country Village Assisted Living Center
1025 Swan Drive
Bartlesville, OK 74006

RE: Survey Event W5VJ12

Dear Ms. Billingsley:

On **November 12, 2020**, an offsite/paper revisit was conducted with your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **January 27, 2020**, have now been corrected effective **February 28, 2020**.

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

Sincerely,

Users, Lisa
D Calvin

Digitally signed by
Users, Lisa D Calvin
Date: 2020.11.25
12:19:34 -06'00'

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/12/2020
NAME OF PROVIDER OR SUPPLIER GREEN COUNTRY VILLAGE ASSISTED LIVING CENTI		STREET ADDRESS, CITY, STATE, ZIP CODE 1025 SWAN DRIVE BARTLESVILLE, OK 74006		
(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 offsite/paper revisit was completed on 11/12/2020. Credible evidence of correction was submitted for all deficiencies.	{C 000}		

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

TITLE

(X6) DATE