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Delivery via email to: [cheryl.salyer@creeksidevillageok.com](mailto:cheryl.salyer@creeksidevillageok.com)

March 10, 2025

License Number: AL3603

Ms. Cheryl Salyer, Executive Director  
Creekside Village  
1500 East Bradley Avenue  
Ponca City, OK 74604

**Survey Event ID: V2LY11**

Dear Ms. Salyer:

On **March 4, 2025**, representatives from the Oklahoma State Department of Health (OSDH) concluded a Relicensure Survey with a complaint investigation 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 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.



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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



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If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at [IDRCoordinator@health.ok.gov](mailto: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](mailto: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

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## INVESTIGATIVE REPORT

**Facility:** Creekside Village  
**Address:** 1500 East Bradley Avenue  
**City, State, Zip:** Ponca City, Oklahoma 74604  
**Provider #:** AL3603  
**Complaint #:** OK00061603  
**Investigation Date(s):** 03/03/25 thru 03/04/25

### ALLEGATION(S)

#1 The center failed to ensure residents were not physically, verbally or psychosocially
#2 The center failed to report allegations of abuse to the State Agency (OSDH).

An unannounced on-site investigation was initiated on 03/03/2025 at 08:00 a.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) 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:

Tours were conducted throughout the facility on arrival and throughout the two-day survey. Staff /resident interactions were observed and interviews conducted.

Residents communicated they felt safe and comfortable within the facility. Staff stated they were routinely in-serviced on the abuse/neglect protocols and were able to voice their roll within the protocols. The administrative staff were interviewed and were able to voice their roll within the protocols, including time frames for the reporting of such incidents and the investigative process.

The sampled residents' clinical records were reviewed. Incident reports, State Reportable incident reports, facility investigations, facility policy/procedures, facility in-services, the onboarding (hiring) process (background checks and in-services conducted prior to working around residents in the facility), and Resident Council minutes were reviewed.

The attached CMS 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: 03/04/2025

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## INVESTIGATIVE REPORT

**Facility:** Creekside Village  
**Address:** 1500 East Bradley Avenue  
**City, State, Zip:** Ponca City, Oklahoma 74604  
**Provider #:** AL3603  
**Complaint #:** OK00061770  
**Investigation Date(s):** 03/03/25 thru 03/04/25

### ALLEGATION(S)

#1 The center failed to have and/or implement effective pharmacy procedures to ensure medications are administered according to the physicians' orders and the standard of care.

#2 The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated on 03/03/2025 at 08:00 a.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) 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:

Tours were conducted throughout the facility on arrival and throughout the two-day survey. Staff /resident interactions were observed and interviews conducted. Medication pass and reviews were conducted.

Residents communicated they felt safe and comfortable within the facility. Staff stated they were routinely in-serviced on the abuse/neglect protocols and were able to voice their roll within the protocols. The administrative staff were interviewed and were able to voice their roll within the protocols, including time frames for the reporting of such incidents and the investigative process.

The sampled residents' clinical records were reviewed. Incident reports, State Reportable incident reports, facility investigations, facility policy/procedures, facility in-services, the onboarding (hiring) process (background checks and in-services conducted prior to working around residents in the facility), and Resident Council minutes were reviewed.

The attached CMS 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: 03/04/2025

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL3603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 03/04/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREEKSIDE VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1500 EAST BRADLEY AVENUE PONCA CITY, OK 74604</b>		
(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	<p>INITIAL COMMENTS</p> <p>A re licensure survey was conducted from 03/03/25 through 03/04/25. Complaint investigations (#OK00061603 and #OK00061770) were conducted in conjunction with the survey.</p> <p>Facility Census: 32</p>	C 000		
C 391 SS=E	<p>310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE</p> <p>(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.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the center failed to ensure open food items were labeled with the open/use by date in the kitchen refrigerator.</p> <p>The executive director identified 32 residents received nutrition from the kitchen.</p> <p>Findings:</p> <p>On 03/03/25 at 8:20 a.m., the following food items were observed in the kitchen refrigerator with no labels to show the open/use by date:</p> <ul style="list-style-type: none"> <li>a. a plastic container of chopped garlic in water,</li> <li>b. a spray can of original whipped topping,</li> <li>c. a plastic container of lime juice, and</li> <li>d. a plastic container of whole strawberries.</li> </ul> <p>On 03/03/25 at 9:30 a.m. the dietary manager was shown the above concerns. The dietary manager stated all items in the refrigerator should</p>	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:  <b>AL3603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 03/04/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREEKSIDER VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1500 EAST BRADLEY AVENUE PONCA CITY, OK 74604</b>		
(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  be labeled with an open and use by date.	C 391		



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Delivery via email to: [cheryl.salyer@creeksidevillageok.com](mailto:cheryl.salyer@creeksidevillageok.com)

March 11, 2025

License Number: AL3603

Ms. Cheryl Salyer, Administrator  
Creekside Village  
1500 East Bradley Avenue  
Ponca City, OK 74604

**RE: Survey Event V2LY11**

Dear Ms. Salyer:

On **March 4, 2025**, agents from our office completed a Relicensure Survey with a Complaint investigation at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **How the correction will be incorporated into the center's quality assurance system:** The plan of correction has no mention of the results being reported on in the quality meetings, only that the Executive Director will review.

Please provide a new plan of correction with amendments as soon as possible.

If you have any questions or wish to discuss further, please don't hesitate to contact me.

Respectfully,

*Tempal Killman*

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

Enclosure

 <p><b>OKLAHOMA</b> State Department of Health</p> <p>Protective Health Services Long Term Care Service</p>	<b>OPTIONAL PLAN OF CORRECTION TEMPLATE</b>		
	<b>Current Date:</b> 8/6/2013		
	<b>Facility Name:</b> Creekside Village Assisted Living		
	<b>License Number:</b> AL-3603		
	<b>Survey Event ID:</b> V2LY11		
	<b>Date Survey Completed:</b> 3/4/2025		
<b>SUMMARY OF DEFICIENCY CITED BY OSDH</b>			
ID Prefix Tag: C391	Based on: observation and interview, the center failed to ensure open food items were labeled with the open/use by date in the kitchen refrigerator.		
<b>ASSISTED LIVING CENTER'S PLAN OF CORRECTION</b>			
Assisted Living Center's Comments: Items in the refrigerator were dated but not with open/use by date.			
<b>REQUIRED ELEMENTS OF A PLAN</b>		<b>ASSISTED LIVING CENTER'S PLAN ELEMENTS</b>	
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?		All items will be dated and open/use by method will be implemented by 3/11/2025	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		Complete audit of all items will be conducted by 3/11/2025.	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?		Kitchen staff will do weekly audits and document findings.	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		Audits will be maintained weekly and monthly to ensure all items are dated correctly  Will include the audit tool in our quarterly and monthly audits.  ED will monitor audits as well monthly to ensure accuracy.  Monitoring audits will be kept in a binder located in the kitchen.	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. On what date will corrective action be completed?		3/11/2025	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Administrator's Signature</b> Cheryl Salyer, RCD/ED OAC 310:663-25-4(F)		<b>Date</b> 3/10/2025	
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.			
<b>Addendum Date</b>	Enter a date of addendum.	<b>Submitted by</b>	Enter name of person submitting addendum.
<b>Items Below Are For OSDH Use Only</b>			
Plan of Correction: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Date: <a href="#">Click here to enter a date.</a> Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: <a href="#">Click here to enter text.</a>			
Facility in Compliance by: <a href="#">Click here to enter a date.</a>			



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Delivery via email to: [cheryl.salyer@creeksidevillageok.com](mailto:cheryl.salyer@creeksidevillageok.com)

March 13, 2025

License Number: AL3603

Ms. Cheryl Salyer, Administrator  
Creekside Village  
1500 East Bradley Avenue  
Ponca City, OK 74604

**Survey Event ID: V2LY11**

Dear Ms. Salyer:

On **March 4, 2025**, a Relicensure survey with a Complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your amended plan of correction for these deficiencies. Your amended plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and in a timely manner. 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 have been corrected and you were in substantial compliance by **March 11, 2025**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

*Tempal Killman*

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

Enclosure

 <b>OKLAHOMA State Department of Health</b>  Protective Health Services Long Term Care Service	<b>OPTIONAL PLAN OF CORRECTION TEMPLATE</b>		
	<b>Current Date:</b> 8/6/2013		
	<b>Facility Name:</b> Creekside Village Assisted Living		
	<b>License Number:</b> AL-3603		
	<b>Survey Event ID:</b> V2LY11		
	<b>Date Survey Completed:</b> 3/4/2025		
<b>SUMMARY OF DEFICIENCY CITED BY OSDH</b>			
ID Prefix Tag: C391	Based on: observation and interview, the center failed to ensure open food items were labeled with the open/use by date in the kitchen refrigerator.		
<b>ASSISTED LIVING CENTER'S PLAN OF CORRECTION</b>			
Assisted Living Center's Comments: Items in the refrigerator were dated but not with open/use by date.			
<b>REQUIRED ELEMENTS OF A PLAN</b>		<b>ASSISTED LIVING CENTER'S PLAN ELEMENTS</b>	
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?		All items will be dated and open/use by method will be implemented by 3/11/2025	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		Complete audit of all items will be conducted by 3/11/2025.	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?		Kitchen staff will do weekly audits and document findings. Audits will be included in our quarterly and monthly QA meetings to ensure corrections are sustained.	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		Audits will be maintained weekly and monthly to ensure all items are dated correctly  Will include the audit tool in our quarterly and monthly audits.  ED will monitor audits as well monthly to ensure accuracy.  Monitoring audits will be kept in a binder located in the kitchen.	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. On what date will corrective action be completed?		3/11/2025	
OSDH Response: Element accepted Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Administrator's Signature</b> Cheryl Salyer, RCD/ED OAC 310:663-25-4(F)		<b>Date</b> 3/10/2025	
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.			
<b>Addendum Date</b>	Enter a date of addendum.	<b>Submitted by</b>	Enter name of person submitting addendum.
<b>Items Below Are For OSDH Use Only</b>			
Plan of Correction: <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable Date: <a href="#">Click here to enter a date.</a> Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: <a href="#">Click here to enter text.</a>			
Facility in Compliance by: <a href="#">Click here to enter a date.</a>			



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Delivery via email to: [cheryl.salyer@creeksidevillageok.com](mailto:cheryl.salyer@creeksidevillageok.com)

March 18, 2025

License Number: AL3603

Ms. Cheryl Salyer, Executive Director  
Creekside Village  
1500 East Bradley Avenue  
Ponca City, OK 74604

**RE: Survey Event V2LY12**

Dear Ms. Salyer:

On **March 18, 2025**, an off-site paper revisit was conducted for your facility by this agency. The findings indicate that the deficiencies cited during your survey on **March 4, 2025**, have now been corrected effective **March 11, 2025**.

If you have any questions concerning the information in this letter, please contact the Enforcement worker 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL3603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 03/18/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREEKSIDER VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>1500 EAST BRADLEY AVENUE PONCA CITY, OK 74604</b>		
(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 conducted on 03/18/25. 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