OKLAHOMA
State Department
of Health

Delivery via email to: Bhenson@Brookdale.com

March 21, 2023

License Number: AL0701

Ms. Beth Henson, Administrator
Brookdale Durant
1500 North 19th Street
Durant, OK 74701

RE: Survey Event ID: TOP711

Dear Ms. Henson:

On **March 7, 2023**, 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 March 7, 2023.

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;

(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) 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

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0701	A. BUILDING: _____ B. WING _____	03/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DURANT	1500 NORTH 19TH STREET DURANT, OK 74701

(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 relicensure survey was conducted from 03/06/23 through 03/07/23. The following abbreviations may be used throughout this document: # - number L - left N - No Res - Resident	C 000		
C1951 SS=D	310:663-19-3(a) MAINTENANCE OF RECORDS (a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided under the direction of a licensed health care professional consistent with professional standards of practice. This Rule is not met as evidenced by: Based on record review, observation, and interview, the center failed to ensure a personal service plan included a wound for one (Res #10) of one resident reivewed for wounds. The "Assisted Living Resident Condition and Care Overview", dated 03/06/23, documented one resident was receiving a pressure ulcer treatment. Findings: A resident assessment, dated 02/24/23, documented in parts, "...Wounds - Hard necrotic (dead tissue) callous to L heel..."	C1951		

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C1951	Continued From page 1 A physician's order, dated 03/01/23, documented in parts, "...May use skin prep to L heel daily..." The "Personal Service Plan", dated 02/24/23, documented in parts, "...Do you have wounds? N..." On 03/07/23 at 11:21 a.m., Res #10 was observed to have a non-stageable pressure ulcer to their left heel draining a light pink drainage. On 03/07/23 at 11:30 a.m., the Health and Wellness Director (HWD) reported she was aware Res #10 had a nectrotic left heel but did not document the area as a wound because it was closed. The HWD reported she felt wounds were only open skin areas.. On 03/07/23 at 11:45 a.m., the Exective Director, reported Res #10's necrotic left heel should have been documented on their service plan as a wound.	C1951		

OKLAHOMA
State Department
of Health

Delivery via email to: Bhenson@Brookdale.com

April 7, 2023

License Number: AL0701

Ms. Beth Henson, Executive Director
Brookdale Durant
1500 North 19th Street
Durant, OK 74701

RE: Survey Event TOP711

Dear Ms. Henson:

On **March 7, 2023**, 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 **April 28, 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

Digitally signed by Tempal Killman
Date: 2023.04.07 14:04:28 -05'00'

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 3/30/2023

Facility Name: Brookdale Durant

License Number: AL0701

Survey Event ID: TOP711

Date Survey Completed: 3/7/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1951SS=D	Based on: Based on record review, observation, andinterview, the center failed to ensure a personalservice plan included a wound for one (Res #10)of one resident reivewed for wounds.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Facility failed to update service plan in a timely manner. HWD to coordinate with 3rd party providers on any new changes in condition and update resident's service plan. HWD will review skin weekly with 3rd party nurse and document accordingly. Care plan updated as needed for compliance.
OSDH Response: Element accepted Yes ☑ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Other residents in the community have the potential to be affected but none were identified as affected.
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?	RNCM will in-service HWD on updating service plan in a timely manner. RNCM will review service plans and coordination of care notes bi-weekly during visits and document findings.
OSDH Response: Element accepted Yes ☑ No ☐	
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.	ED/ HWD/ and care staff will review change of conditions in daily stand up and updated on care plan. HWD and RNCM will bi-weekly review any change of conditions and will review accuracy of service plan. Continued compliance will be monitored during morning stand up meetings, quarterly and annual QA process by the ED/HWD/RNCM and/or designees. HWD/ED/RNCM and/or designees will review compliance bi-weekly
OSDH Response: Element accepted Yes ☑ No ☐	
5. On what date will corrective action be completed?	4/28/2023
OSDH Response: Element accepted Yes ☑ No ☐	

Administrator's Signature **Beth Henson** **Date 3/30/2023**

OAC 310:663-25-4(F)

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. 04/07/23 Surveyor: Penelope Stamper			
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.			

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Delivery via email to: Bhenson@Brookdale.com

June 14, 2023

License Number: AL0701

Ms. Beth Henson, Administrator
Brookdale Durant
1500 North 19th Street
Durant, OK 74701

RE: Survey Event TOP712

Dear Ms. Henson:

On **June 7, 2023,** an offsite/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 7, 2023,** have now been corrected effective **May 20, 2023.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL0701	A. BUILDING: _____ B. WING _____	R 06/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE DURANT	1500 NORTH 19TH STREET DURANT, OK 74701

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was completed on 06/07/23. Credible evidence of correction was submitted for all deficiencies.	{C 000}		

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