OKLAHOMA
State Department
of Health

Delivery via email to: Director@SKDElReno.org

October 7, 2024

License Number: AL0907

Ms. Kimberly Bowles, Administrator
St Katharine Drexel Retirement Center
301 West Wade
El Reno, OK 73036

Survey Event ID: GZRN11

Dear Ms. Bowles:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 3, 2024**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Respectfully,

Clorissa Nubine

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

Enclosure

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: **St. Katharine Drexel Retirement Center**
Address: **301 West Wade**
City, State, Zip: **El Reno, OK 73036**
Provider #: **AL0907**
Complaint #: **OK00067984**
Investigation Date(s): **10/02/24**

ALLEGATION(S)
The facility failed to ensure residents were not involuntarily secluded.

An unannounced on-site investigation was initiated 10/02/2024 at 9:30 a.m.

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

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 throughout the survey. Residents were observed to be clean, dressed appropriately, and free of odors. Staff were observed assisting residents with activities of daily living and as needed. Staff were observed treating residents with dignity and respect. Resident doors/rooms were observed to be free of obstruction and clutter.

Resident records were reviewed. Incident reports with investigations and interviews were reviewed.

Resident were interviewed regarding being secluded. Staff were interviewed regarding residents being secluded.

The attached State form, Statement of Deficiencies, 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: 10/02/2024

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
	AL0907	A. BUILDING: _____ B. WING _____	C 10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST KATHARINE DREXEL RETIREMENT CENTE	301 WEST WADE EL RENO, OK 73036

(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 (#OK00067984) was conducted on 10/02/24. No deficiencies were cited. Facility Census: 68	C 000		

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