OKLAHOMA
State Department
of Health

Delivery via email to: admin.suites@elmbrookhomes.com

September 1, 2022

License Number: AL1001

Ms. Stephanie Jordan, Administrator
The Suites at Elmbrook, Inc.
1711 9th Avenue Northwest
Ardmore, OK 73401

Survey Event ID: MLJ011

Dear Ms. Jordan:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 24, 2022**. 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.

Sincerely,

Katie Stagner
Digitally signed by Katie Stagner
Date: 2022.09.01 14:00:15 -05'00'

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **The Suites at Elmbrook**
Address: **1711 9th Ave NW**
City, State, Zip: **Ardmore, OK 73401**
Provider #: **375160**
Complaint #: **OK00059331**
Investigation Date(s): **08/24/2022**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to provide care and services necessary to maintain integrity of the skin.	**US**
2. The facility neglected to have adequate supplies to provide ostomy and wound care.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 08/24/2022 at 10:55 a.m.

A sample of 3 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An allegation specific to care and services related to wound care and having adequate supplies to maintain skin integrity.

Upon entrance to the facility the assessment, plan of care, and the sampled resident's contract dated 08/04/22 was requested. The sampled resident's home health records were initiated on 08/04/22 when she was admitted to this facility from a swing bed. A change of condition was noted in the facility's progress notes within 24 hours of admission on 08/05/22 and the resident was sent out to the hospital for treatment related to possible

sepsis. The home health records were reviewed and services were resumed on 08/22/22 per the resident's contract when she returned to the facility after her hospital stay.

The home health records indicated and the sampled resident reported she notified home health at midnight last night because her ileostomy bag had fell off and they promptly responded. She stated the home health agency provided 24/7 services and she was very pleased with their services. The resident reported she had an ileostomy for many years on the right side and it had collapsed back in June 2022 and she was hospitalized at that time and received a new ileostomy on the left side. Other residents identified voiced no complaints with services provided. The sampled resident reported she had no concerns related to the services provided by the facility.

A large box of supplies for wound care and ostomy appliances were noted in the resident's room. The ileostomy bag was in place over the stoma with a small amount of greenish, yellowish fluid. An abdominal dressing next to the ileostomy was in place and was clean, dry and intact.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Julie Edmiaston RN, BSN

Julie Edmiaston RN, BSN

Zachary Collins Program Manager-Preventative Medical Consultant

Date report completed: 08/25/2022

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
	AL1001	A. BUILDING: _____ B. WING _____	08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUITES AT ELMBROOK, INC	1711 9TH AVENUE NORTHWEST ARDMORE, OK 73401

(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 (#OK00059331) was conducted on 08/24/22.	C 000		

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