OKLAHOMA
State Department
of Health

Delivery via email to: NAbbey@brookdale.com

August 14, 2024

License Number: AL1401

Ms. Florence (Naomi) Abbey, Administrator
Brookdale Norman
1701 East Alameda
Norman, OK 73071

RE: Survey Event ID: WWQ411

Dear Ms. Abbey:

Enclosed is a report of the inspection along with a complaint investigation conducted at your Assisted Living Center on **August 13, 2024.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Brookdale Norman**
Address: **1701 East Alameda**
City, State, Zip: **Norman, OK, 73071**
Provider #: **AL1401**
Complaint #: **OK00065934**
Investigation Date(s): **08/12/24 through 08/13/24**

ALLEGATION(S)
The center failed to provide adequate supervision to prevent falls.
The center failed to provide adequate staff to ensure care and treatment was provided according to the physicians' orders, the plan of care and the standard of care.
The center failed to ensure adequate staff to provide care for the residents and failed to ensure call lights were answered in a timely manner.

An unannounced on-site investigation was initiated 08/12/2024 at 10:15 a.m.

A sample of eight 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 at other various times throughout the survey. Resident halls were observed for odors, call lights, clean, home-like environment, and adequate staff. Staff were observed answering call lights and assisting residents with activities of daily living.

Resident records were reviewed including assessments, care plans, physician orders, and treatment records. Staffing records were reviewed. Facility policy and procedures were reviewed. Grievance records were reviewed.

Residents were interviewed related to assistance with activities of daily living, call lights being answered timely, and staffing. Staff members were interviewed regarding the facility policy for providing assistance with activities of daily living, call light response time, and staffing appropriateness.

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: 08/13/2024

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
	AL1401	A. BUILDING: _____ B. WING _____	C 08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE NORMAN	1701 EAST ALAMEDA NORMAN, OK 73071

(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 08/12/24 through 08/13/24. A complaint investigation (#OK00065934) was conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 32	C 000		

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