OKLAHOMA
State Department
of Health

**Delivery via email to: lindac@thebrentwooodseniorliving.com**

December 23, 2022

License Number: AL1601

Ms. Linda Climer, Administrator
The Brentwood Senior Living
6920 West Lee
Lawton, OK 73505

**Survey Event ID: 2Z2T11**

Dear Ms. Climer:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 21, 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,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

OKLAHOMA
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# INVESTIGATIVE REPORT
# LICENSURE

**Facility:** **The Brentwood Senior Living**
**Address:** **6920 West Lee**
**City, State, Zip:** **Lawton, OK 73505**
**Provider #:** **AL1601**
**Complaint #:** **OK00059554**
**Investigation Date(s):** **12/21/22**

| ALLEGATION(S) | S = SUBSTANTIATED<br>US = UNSUBSTANTIATED |
|---|---|
| 1. The facility failed to prevent destruction of medical records. | **US** |

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

An unannounced on-site investigation was initiated on 12/21/2022 at 10:00 a.m.

A sample of five 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 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 investigation specific to destruction of medical records was investigated.

A tour of the center was conducted upon admission. The home health records for baths/showers were reviewed. The home health records for baths/showers dated 12/20/22 through 12/22/22 were waiting to be filed for 15 residents who had received bathing assistance. The home health 485's was reviewed for sampled residents to determine frequency for bathing and skilled visits. The bath sheets completed by the center's staff were reviewed when home health was not available or bathing assistance was offered as needed by the center's staff.

The sampled residents were observed to be dressed and well groomed. The medical records, home health records, and shower sheets were observed in each resident's clinical record.

The sampled residents were interviewed and it was determined the residents were either independent with showers or received shower assistance from either the home health agencies or the center's staff. The sampled residents voiced no concerns related to their care or services provided by the center.

**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

Date report completed: 12/22/2022

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 |
|---|---|---|---|
| | AL1601 | A. BUILDING: _____ B. WING _____ | C 12/21/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE BRENTWOOD SENIOR LIVING | 6920 WEST LEE LAWTON, OK 73505 |

| (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<br><br>A complaint investigation (OK00059554) was conducted on 12/21/22. No deficiencies were cited. | C 000 | | |

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