

Delivery via email to: bethany@thebrentwoodseniorliving.com;
leah@thebrentwoodseniorliving.com

September 15, 2023

License Number: AL1601

Ms. Leah Bell, Administrator
The Brentwood Senior Living
6920 West Lee
Lawton, OK 73505

RE: Survey Event ID: 6WZO11

Dear Ms. Bell:

On **August 30, 2023**, agents from our office concluded a State Licensure survey with complaint investigations at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

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:



OKLAHOMA
State Department
of Health

- 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, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure



INVESTIGATIVE REPORT

Facility: The Brentwood Senior Living

Address: 6920 West Lee

City, State, Zip: Lawton, OK, 73505

Provider #: AL 1601

Complaint #: OK00060394

Investigation Date(s): 08/20/23, 08/23/23, 08/24/23, and 08/28/23 through 08/30/23

ALLEGATION(S)

The center failed to ensure residents were free from exploitation.
--

An unannounced on-site investigation was initiated 08/20/2023 at 1:15 p.m.

A sample of 10 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Residents were observed for staff assistance with ADL's. Staff were observed for respectful interactions with residents. Residents were observed in their rooms, in the common area and in the dining room.

Resident records including assessments, care plans, physician orders, nursing notes, monthly incident report log and grievance log were reviewed. The residents Service Contract and resident financial records were reviewed.

Residents were interviewed regarding care, staffing, and facility food. Residents were interviewed regarding financial exploitation. Residents were interviewed regarding dignity and respect. Residents were interviewed regarding verbal and physical abuse. Staff were interviewed regarding their ability to provide the residents with their needed care and ensuring the residents were assessed in a timely manner. Staff were interviewed concerning financial records of the residents and staffing.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

INVESTIGATIVE REPORT

Facility: The Brentwood Senior Living
Address: 6920 West Lee
City, State, Zip: Lawton, OK 73505
Provider #: AL1601
Complaint #: OK00060734
Investigation Date(s): 08/20/23, 08/23/23, 08/24/23, and 08/28/23 through 08/30/23.

ALLEGATION(S)

The facility failed to ensure the right to have visitors of choice.

An unannounced on-site investigation was initiated 08/20/2023 at 1:15 p.m.

A sample of ten 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 Summary of Complaint Investigation:

A sign in sheet for visitors was observed at the front entrance. Visitors were observed throughout the survey.

According to the facility's policy and procedure related to visitors they are required to sign in at the front desk upon arrival. The policy documented the visitors are welcome to spend time with residents in common areas and designated visitor lounges. The visitor's policy documented residents who are capable of making decisions can choose whether they want to receive visitors, the frequency of visits, and the duration of each visit. Resident council meeting minutes were reviewed.

Residents and staff were interviewed related to visitors. There were no residents who reported being denied access to visitors. Residents were interviewed related to being treated with dignity and respect. There were no residents who voiced complaints related to dignity and respect or denial for visitors. Staff were interviewed related to resident rights to have visitors and verbalized understanding.

The attached Statement of Deficiencies, Form 2567 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: 08/31/2023



INVESTIGATIVE REPORT

Facility: The Brentwood Senior Living
Address: 6920 West Lee
City, State, Zip: Lawton, OK 73505
Provider #: AL1601
Complaint #: OK00060780
Investigation Date(s): 08/20/23, 08/23/23, 08/24/23, and 08/28/23 through 08/30/23.

ALLEGATION(S)

The facility failed to ensure residents' the right to visitors of choice and failed to ensure residents were treated with dignity and respect.

The facility failed to ensure the environment remained free of accident hazards.

The facility failed to ensure residents had appealing options for meals.

The facility failed to ensure nursing services were provided by a licensed nurse.

An unannounced on-site investigation was initiated 08/20/2023 at 1:15 p.m.

A sample of ten 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 Summary of Complaint Investigation:

A sign in sheet for visitors was observed at the front entrance. Visitors were observed throughout the survey. All three meals services were observed to include alternate options, portions, and palatability. Residents were observed to be treated with dignity and respect during activities of daily living.

According to the facility's policy and procedure related to visitors they are required to sign in at the front desk upon arrival. The policy documented the visitors are welcome to spend time with residents in common areas and designated visitor lounges. The policy documented residents who are capable of making decisions can choose whether they want to receive visitors, the frequency of visits, and the duration of each visit. Staff credentialing records were reviewed related to nursing staff, certified nurse aides, and certified medication aides. Menus and alternate menus were reviewed. The facility frequently made changes to the menus.

Residents were interviewed related to visitors. There were no residents who reported being denied access to visitors. Residents were interviewed related to being treated with dignity and respect. There were no residents who voiced complaints related to dignity and respect. Some residents and family members interviewed reported

the facility did not have certain condiments available at all times. Staff were interviewed related to visitors and verbalized understanding of the visitor policy and procedures.

The attached Statement of Deficiencies, Form 2567 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: 08/31/2023

INVESTIGATIVE REPORT

Facility: The Brentwood Senior Living
Address: 6920 West Lee
City, State, Zip: Lawton, OK 73505
Provider #: AL1601
Complaint #: OK00060801
Investigation Date(s): 08/20/23, 08/23/23, 08/24/23, and 08/28/23 through 08/30/23.

ALLEGATION(S)

The facility failed to have and/or implement an effective infection control program for Covid-19.
The facility failed to ensure communicable disease was reported to the Oklahoma State Department of Health.

An unannounced on-site investigation was initiated 08/20/2023 at 1:15 p.m.

A sample of ten 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 Summary of Complaint Investigation:

An area designated at the front entrance included a sign-in log with Covid-19 related questions. Sanitary solution was available to encourage sanitation of your hands. A thermometer was available to record temperatures. KN-95 masks were provided for staff and visitors to use. Staff were observed to sanitize hands with medication administration and providing ADL care to residents. Staff were observed with KN-95 masks in place throughout the survey.

The reportable incidents related to staff and residents who tested positive related to Covid-19 were reviewed. A resident who tested positive within the 90-day window was reported and a corrective report was also reviewed as they were within the 90-day window of a previous positive. The DON credentials were reviewed as the Infection Preventionist for the facility.

The DON reported Covid-19 as a State reportable event. They reported after the staff tested positive for Covid-19 they were immediately sent home. They reported they were sent home for 5 days and returned back to the center on the 6th day and residents who tested positive for Covid-19 were isolated to their rooms. Staff reported being sent home if positive for Covid-19. Residents reported they isolated to their rooms.

The attached Statement of Deficiencies, Form 2567 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: 08/31/2023



INVESTIGATIVE REPORT

Facility: The Brentwood Senior Living

Address: 6920 West Lee

City, State, Zip: Lawton, Ok, 73505

Provider #: AL 1601

Complaint #: OK00060967

Investigation Date(s): 08/20/23, 08/23/23, 08/24/23, and 08/28/23 through 08/30/23

ALLEGATION(S)

The facility failed to assess, monitor and intervene for a resident after a fall and failed to provide adequate supervision to prevent falls and elopement.

The facility failed to notify residents' responsible party of a change in condition.

The facility failed to have an RN on duty for 8 hours per day.

The facility failed to provide evening or weekend activities for the residents.

The facility failed to provide adequate meal portions, nutritious meals, and ensure the facility did not run out of food supplies.

An unannounced on-site investigation was initiated 08/20/23 at 1:15 p.m.

A sample of 10 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Residents were observed for staff assistance with ADL's. Staff were observed for respectful interactions with residents. Residents were observed in their rooms, in the common area and in the dining room. The residents were observed in various activities throughout the survey. The residents were observed in the dining room. Meals were observed to have adequate portions on them. The kitchen was observed to have an adequate supply of food.

Resident records including assessments, care plans, physician orders, nursing notes, monthly incident

INVESTIGATIVE REPORT

Facility: The Brentwood Senior Living
Address: 6920 West Lee
City, State, Zip: Lawton, OK 73505
Provider #: AL1601
Complaint #: OK00061028
Investigation Date(s): 08/20/23, 08/23/23, 08/24/23, and 08/28/23 through 08/30/23.

ALLEGATION(S)

The center failed to ensure residents received nutritious, well-balanced meals, provided meals according to menus, provided physician ordered dietary needs, provided alternatives, ensured adequate food supplies, and had dietician available, to prevent significant weight loss.
--

The center failed to provide handicapped accessible showers.
--

An unannounced on-site investigation was initiated 08/20/2023 at 1:15 p.m.

A sample of ten 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 Summary of Complaint Investigation:

All three meals services were observed to include alternate options, special diets, portions, and palatability. Residents were observed to be treated with dignity and respect during activities of daily living. The showers were observed to be equipped with 1-2 handicapped accessible grab bars and most showers were observed with shower chairs if applicable. The bathroom size varied with the type of room rented. Each resident was observed with an emergency call pendant.

Resident council meeting minutes were reviewed. Reviewed credentials for registered dietician. Reviewed email correspondence from the registered dieticians' reports related to identified residents. Menus and alternate menus were reviewed. Reviewed physician's orders, assessments, care plans, and the center's contracts. Reviewed weight records.

Residents were interviewed related to food service. Some residents interviewed reported the center had run out of various items butter, jelly, and verbalized they preferred certain items other than the items that were served. Interviewed residents related to weight loss, no weight loss identified.

The attached Statement of Deficiencies, Form 2567 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: 08/31/2023



INVESTIGATIVE REPORT

Facility: The Brentwood Senior Living

Address: 6920 West Lee

City, State, Zip: Lawton, Ok, 73505

Provider #: AL 1601

Complaint #: OK00061066

Investigation Date(s): 08/20/23, 08/23/23, 08/24/23, and 08/28/23 through 08/30/23

ALLEGATION(S)

The center failed to ensure clients were not physically, verbally or psychosocially abused.

The facility failed to ensure a safe, clean and homelike environment and failed to notify the residents' representative when a resident was found outside the facility.

The facility failed to ensure residents did not elope and failed to provide supervision to prevent falls.

The facility failed to ensure adequate portions were served.

The facility failed to ensure RN coverage was provided according to state law.

An unannounced on-site investigation was initiated 08/20/23 at 1:15 p.m.

A sample of 10 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Residents were observed for staff assistance with ADL's. Staff were observed for respectful interactions with residents. Residents were observed in their rooms, in the common area and in the dining room. The residents were observed in various activities throughout the survey. The residents were observed in the dining room. Meals were observed to have adequate portions on them. The facility was observed for a safe, clean and homelike environment.

Resident records including assessments, care plans, physician orders, nursing notes, monthly incident report log and grievance log were reviewed. The resident council minutes were observed. The residents Service Contract and resident financial records were reviewed.

Residents were interviewed for supervision for falls and elopement. Residents were interviewed regarding dignity and respect and abuse. Residents were interviewed regarding family notification for change of condition. Residents were interviewed regarding their food and adequate staffing. Staff were interviewed regarding resident abuse. Staff were interviewed concerning RN staff and residents eloping. Staff were interviewed regarding providing residents with adequate amounts of food and fall preventions for residents.

The attached Statement of Deficiencies, Form 2567 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: 08/31/2023

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 A relicensure survey was conducted on 08/20/23, 08/23/23, 08/24/23, and on 08/28/23 through 08/30/23. Complaint investigations (#OK00060967, OK00061066, OK00061028, OK00060801, OK00060780, OK00060734, and #OK00060394) were conducted in conjunction with the survey. Listed below are abbreviations that will be used throughout this document: ACMA - advanced certified medication aide ADL - activities of daily living ALZ - Alzheimer's disease Chemo - chemotherapy CNA - certified nurse aide COPD - chronic obstructive pulmonary disease CPR - cardiopulmonary resuscitation CVA - cerebral vascular accident DM - diabetes mellitus DON - director of nurses Dx - diagnosis ED - executive director ESRD - end stage renal disease Fr - French hr - hour HTN - hypertension IJ - immediate jeopardy LPN - licensed practical nurse ml - milliliters OSDH - Oklahoma State Department of Health RA - rheumatoid arthritis Res - resident RN - registered nurse SN - skilled nurse q - every	C 000		
C 522 SS=E	310:663-5-2(b) ASSESSMENT TIMEFRAMES	C 522		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 522	Continued From page 1 (b) The assisted living center shall complete the comprehensive assessment in accordance with the following: (1) within fourteen (14) days after admission of the resident; (2) once every twelve (12) months thereafter; and (3) promptly after a significant change in the resident's condition. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to complete a comprehensive annual assessment for seven (#3, 4, 5, 6, 7, 9, and #10) of ten sampled residents reviewed for comprehensive assessments. The "Assisted Living Resident Condition and Care Overview" report, dated 08/20/23, documented 50 residents resided in the center. Findings: The "Resident Service Agreement", read in part, "...A licensed/registered nurse will do the comprehensive assessment within fourteen (14) days after admission to The Brentwood, every year thereafter..." 1. Resident #3's "Resident Assessment Form", dated 01/17/22, documented the resident was oriented to person, place, time, and their judgment was good. The form documented the diagnoses included Wagoner's disease. 2. Resident #4's "Resident Assessment Form", dated 07/20/22, documented the resident was	C 522		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 522	Continued From page 2 oriented person and place, confused at times, and diagnoses included HTN, depression, anxiety and falls. 3. Resident #5's "Resident Assessment Form", dated 11/24/21, documented the resident was oriented to person, place, and time, judgment was good, and diagnoses included DM, HTN, and Bells palsy. 4. Resident #9's "Resident Assessment Form", dated 12/06/21, documented the resident was oriented to person and place, confused at times, judgment was poor, and diagnoses included asthma, COPD, dementia, CVA, DM, and RA. On 08/24/23 at 10:45 a.m., the DON reported resident #3, 4, 5, and #9's annual assessments had not been completed. 5. Resident #6's "Resident Assessment Form", dated 07/20/22, documented resident was oriented times three (person, place, and time) with good judgment. Diagnoses included hypothyroidism, and benign prostatic hyperplasia. 6. Resident #7's "Resident Assessment Form", dated 07/20/22, documented resident was oriented times three (person, place and time) with good judgment. Diagnoses included carpal tunnel, chronic kidney disease and allergic rhinitis. 7. Resident #10's "Resident Assessment Form", dated 07/20/22, documented resident was confused about time, date, forgetful with fair judgment. Diagnoses included cardiovascular disease, peptic ulcer disease, and hypertension. On 08/24/23 at 10:24 a.m., the DON was asked if Resident #10 had a current annual assessment.	C 522		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 522	Continued From page 3 They stated they had not tackled those yet. On 08/24/23 at 10:36 a.m., the DON was asked if Resident #7 had a current annual assessment. They stated the majority of assessments were dated 07/20/22 and we did not have a RN. On 08/24/23 at 10:40 a.m., the DON was asked if Resident #6 had a current annual assessment. They stated, "No."	C 522		
C 552 SS=E	310:663-5-5(2) USE OF ASSESSMENT The assisted living center shall use the results of the resident's assessment for the following: (2) to develop a care plan for the resident, in consultation with the resident. This Rule is not met as evidenced by: Based on observation, record review, and interview, the center failed to ensure an accurate individualized plan of care was conducted for three (#6, 8, and #10) of ten sampled residents reviewed for care plans. The "Assisted Living Resident Condition and Care Overview" report, dated 08/20/23, documented 50 residents resided in the center. Findings: 1. Res #6's plan of care, dated 07/27/22, documented the resident was independent with	C 552		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 552	Continued From page 4 dressing, bathing, toileting, and grooming. On 08/24/23 at 10:40 a.m., the DON was asked about Res #6's plan of care. They stated, "Not now he needs assistance." The DON reported home health bathes the resident. They were asked about the urinary catheter. They stated, "What catheter?" They sent the ACMA to check on that and they reported the resident had a urinary catheter. 2. Res #8's plan of care, dated 07/27/22, documented the resident was independent with no assistance required for bathing and toileting. On 08/24/23 at 11:08 a.m., the DON was asked about Res #8's plan of care. They stated the resident required assistance with dressing. They were asked if the plan of care was an accurate reflection of the resident's care. They stated, "No, not at all." 3. Res #10's plan of care, dated 07/27/22, documented ambulation/transfer minimum (1 person hands on assist with transfers, uses wheelchair). On 08/23/24 at 10:00 a.m., entered Res #10's apartment. Resident had scooted down in their recliner. One staff member called another staff member to assist resident up in the chair. On 08/24/23 at 10:24 a.m., the DON was asked about Res #10's plan of care. The DON stated the care plan was not an accurate reflection of the resident. They stated they knew the care plans were not up to date. They stated the resident did not use a walker and they escorted them to and from meals. They stated the resident could not walk without assistance from two	C 552		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 552	Continued From page 5 persons.	C 552		
C 921 SS=F	310:663-9-2(a) MEDICATION STAFFING (a) Each assisted living center shall provide or arrange qualified staff to administer medications based on the needs of residents. Medications shall be reviewed monthly by a registered nurse or pharmacist and quarterly by a consultant pharmacist. This LEVEL B is not met as evidenced by: Based on record review and interview, the center failed to submit evidence of RN monthly medication reviews for 50 of 50 residents who resided at the center. The "Assisted Living Resident Condition and Care Overview" report, dated 08/20/23, documented 50 residents resided in the center. Findings: The "Resident Service Agreement" read in part, "...The Brentwood will provide you with protective care, watchful oversight, and personal services commensurate with your needs, including, but not limited to, the following services...supervising your ...medication administration..." On 08/23/23 at 10:05 a.m., the administrator was asked who was the center's RN consultant. They stated we just hired one. They were asked when	C 921		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 921	Continued From page 6 did the RN consultant start. They stated, "Today." They were asked what was the last of day of the previous RN consultant. They stated, "May 2023." They were asked who filled in during that time. They stated we were actively looking for one and no one filled in. On 08/24/23 at 10:00 a.m., the DON was asked about the RN monthly medication reviews. They stated they could not find them. The DON stated they have not had a RN since they started employment on 07/17/23. They stated we do not have any monthly RN reviews and just hired a RN yesterday.	C 921		
C 954 SS=E	310:663-9-5(d) STAFF QUALIFICATIONS (d) Assisted living center direct care staff shall be trained in first aid and cardiopulmonary resuscitation. This Rule is not met as evidenced by: Based on record review and interview, the center failed to submit evidence for three (#2, 3, and #4) of three CNAs reviewed for CPR/First Aid training. The "Assisted Living Resident Condition and Care Overview" report, dated 08/20/23, documented 50 residents resided in the center.	C 954		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 954	Continued From page 7 Findings: The center's document, not dated, read in part, "...CPR/First Aid verification (LPN or RN only)...Training on the following topics is included during caregiver orientation training and ongoing in-services...First Aid and CPR (as applicable)..." CNAs #2, 3, and #4's employee files were reviewed. There was no documentation of CPR/First Aide training. On 08/24/23 at 3:00 p.m., the administrator was asked if they located evidence of the CPR/First Aid training for CNA #2, 3, or #4. They stated they did not find evidence of CPR/First Aid training for CNA's #2, 3, or #4.	C 954		
C1304 SS=E	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract. This REQUIREMENT is not met as evidenced by:	C1304		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1304	Continued From page 8 Based on record review and interview the center failed to: a. provide beauty shop services for two (#3 and #11) of ten residents reviewed for contracted services, and b. perform all routine necessary maintenance and repairs throughout the center for 50 of 50 residents who reside in the center. The "Assisted Living Resident Condition and Care Overview" report, dated 08/20/23, documented 50 residents resided in the center. Findings: The center's agreement, read in part, "...The beauty shop is provided within the Community and operated by an outside operator. Please notify the Activity Director if you would like to use this service. Services are priced accordingly, and you will be responsible to pay the operator immediately upon receipt of the service. All services are provided by a licensed cosmetologist...Maintenance We will perform all routine necessary maintenance and repairs of the apartment and appliances provided by us at our expense. However, you will be responsible for reimbursing the Company for any repairs not caused by normal wear and tear. We will maintain the grounds and upkeep in the public areas at The Brentwood..." 1. On 08/23/23 at 10:00 a.m., Res #3 reported their family member had to take them out to get their hair fixed because they did not have a beautician in the center and had not had a beautician for a while. The family member reported the center was supposed to offer the	C1304		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1304	Continued From page 9 service and did not. On 08/28/23 at 9:38 a.m., Resident #11 reported they were hoping to get a hairdresser soon. They stated they lost part of their hair due to chemo treatments. They reported the center had been without a hairdresser for four to six weeks now. They reported they had no family to take them out to get the service. On 08/28/23 at 10:23 a.m., the marketing director was asked how long the center had been without a beautician at the center. They stated it's not been quite a month. They thought they had a new one coming and they had been trying to find one. 2. On 08/23/23 at 9:35 a.m., carpet stains were observed throughout the dining room. One of the servers in the dining room was asked how many stains they observed on the dining room carpet. They stated, "Six." There were two window blinds in the dining room area that were broken. One window blind did not have a string to raise or lower the blind and other window blind had an open area where the blind was torn. On 08/20/23 at 4:45 p.m., ACMA #1 was asked about the broken windows. They reported several windows had been broken out since the hail storm on June 9, 2023. Three windows were observed to be broken on the northeast side of the center. The windows had been taped up with foil.	C1304		
C1505 SS=J	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 10 and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: On 08/24/23, an Immediate Jeopardy (IJ) situation was determined to exist related to the facility's failure to provide supervision to prevent elopements and put interventions in place to	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 11 prevent future elopements. On 06/24/23 at 7:05 p.m., Resident #9 eloped through the activities room door. Another resident had let them out. Staff reported they noticed the resident was missing and went looking for them. They were found in the front parking lot and brought back in. An incident report was written but no investigation documented nor interventions put in place to prevent another elopement. According to the activities director on 06/29/23, Resident #2 eloped from the facility and was found by staff behind the building. No incident report was written, no investigation was documented, nor interventions put in place to prevent further elopements. On 08/24/23 at 3:21 p.m., the Oklahoma State Department of Health was notified of the existence of a possible IJ situation. On 08/24/23 at 3:39 p.m., OSDH verified the existence of the IJ situation. On 08/25/23 at 2:27 p.m., an acceptable Plan of Removal was provided by the Administrator. The Plan of Removal read as follows: "08/25/23 Immediate Concern Brentwood Senior Living Plan of Correction [Removal] ~ ED issued 30-day notice to Resident #2 to be removed from facility no later than 09-23-23 family removed resident 08-24-2023 from facility. ~ ED issued 30-day notice to Resident #9 to be removed no later than 09-23-23 family is calling other facilities for placement starting 08-25-23. ~ ED spoke with family of #2 & #9 that 1 on 1	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 12 supervision will be required while resident is still in the facility. ~ #9 care plan updated to include elopement interventions effective 08-25-2023 by 10:00 a.m., resident will be kept in common areas with assigned staff during waking hours, during sleeping hours resident will have every 30 min checks by clinical staff. ~ ED will educate residents 08-25-2023 to not let other residents out of the door only staff will open door if resident does not have the door code. ~ All door codes except front door will change 08-25-2023 to only allow visitors and residents door code to front door only all other exits will be for emergency only those door codes will not be given to residents. ~ Staff will be in-serviced starting 08-24-23 to be completed by 08-28-2023 at 4 p.m., on elopement policy and proper incident reporting. In the event that a staff member cannot make in service training ED will call staff and do over the phone training on policy and procedures. ~ Any potential new resident with a DX of ALZ/dementia will not be admitted to the facility. ~ Elopement assessment to be completed upon admission, and every quarter and as needed. ~ Any resident that elopes will be immediately assessed and care plan updated with interventions. ~ Any report of elopement an immediate investigation will begin by ED/DON, Incident report will be done and verified by ED/DON and report sent to OSDH. ~ DON will complete current residents' assessment yearly and on change in condition." The inservice records documented all staff were serviced by 08/28/23 at 4 p.m. On 08/30/23 at 10:00 a.m., interviews were	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 13 conducted with facility staff regarding education and in-service training pertaining to the immediate jeopardy plan of removal. Staff reported they had been in-serviced and were able to verbalize understanding of the information and training provided. The facility provided documentation to show Resident #9 was receiving one on one supervision during the day time and 30 minute checks while resident was sleeping. Door codes were checked and had been changed. Resident assessments had been completed. Resident education related to not letting other residents out the door was completed. The immediacy was lifted, effective 08/29/23 at 5:25 p.m., when all elements of the plan of removal had been implemented. The deficient practice remained at no actual harm with the potential for more than minimal harm. Based on interview and record review, the facility failed to have adequate supervision and failed to put interventions in place for elopements for two (#2 and #9) of two sampled residents reviewed for elopement. The "Assisted Living Resident Condition and Care Overview" report, dated 08/20/23, documented 50 residents resided in the facility with 12 having a diagnosis of dementia/Alzheimer's Disease. Findings: The "Elopement" policy and procedures, not dated, read in part, "...Missing Person ...Service plans will reflect interventions for resident safety...Routine safety checks will be made by staff...Missing Resident b. Administrator is	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 14 immediately notified...Missing Person - If Resident is Found b. Conduct assessment to identify possible injuries. d. Notify physician. e. Notify the resident's responsible party. f. Complete an incident report and notify licensing agency per licensing requirement. 6. Missing Person- When Resident Returns to Community a. Obtain updated medical evaluation from hospital or doctor's office. c. Maintain resident behavior monitoring for identification of any triggers. d. Complete resident record documentation. e. Update service plan and resident summary to reflect potential elopement. f. Inservice care staff...Evaluate the community's continued ability to meet the resident's needs. Responsible party will be kept informed..." 1. Resident #9 had diagnoses which included dementia, CVA, DM, and COPD. The resident's annual assessment, dated 12/06/21, documented the resident was oriented x to person and place, was confused at times, and judgement was poor. The resident's annual assessment had not been updated in December of 2022. An "Incident/Occurrence Report", for Resident #9, dated 06/24/23 at 7:05 p.m., documented a staff member brought Resident #9 back into the center. The report documented another resident had opened the activities door and Resident #9 exited the center. The report documented they would document the resident's whereabouts hourly. The resident's service plan was dated 12/06/21. It did not reflect the resident's current status. The clinical record was reviewed. There was no	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 15 documentation of interventions put in place. The service plan had not been updated to reflect the elopement. No elopement assessment was found. On 08/24/23 at 1:00 p.m., CNA #2 reported the resident was let out by another resident. They stated when they realized they were missing, they started looking for them. CNA #2 stated they found the resident out front in the parking lot and brought them back in. On 08/24/23 at 1:30 p.m., the DON reviewed the resident's service plan. The service plan documented the resident was mildly confused, required minimum assist with their ADL's, and needed cueing to use their walker/cane. The DON reported the resident did not have an accurate care plan. They reported the resident was significantly confused, needed maximum assist with their ADL's, and they used a wheel chair. They reported they had not been marked for elopement or behaviors. They reported they did not have an elopement assessment. They reviewed the nursing notes and reported there was no hourly documentation for the resident on 06/24/23 nor any day since then. On 08/24/23 at 2:07 p.m., the administrator reported they did not investigate this elopement nor did they in-service staff. 2. Resident #2 had diagnoses which included dementia/Alzheimer's disease, COPD, and ESRD. The resident's annual assessment, dated 12/30/22, documented the resident was oriented to person and place, was forgetful, judgement was fair, and mental health as Alzheimer's	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 16 disease. The care plan, dated 01/13/23, documented the resident had Alzheimer's disease and was on hospice. The care plan had not been updated with the 06/29/23 elopement. The clinical record was reviewed. There was no documentation of interventions put in place for the 06/29/23 elopement. No elopement assessment was found. There was no incident report for this elopement. On 08/20/23 at 3:15 p.m., the resident's family member reported the resident eloped on 06/29/23. They reported they were informed of the incident by a another resident's sitter. They were informed when the staff found the resident, they were all hot and sweaty. They reported no staff called them about the elopement. On 08/24/23 at 12:20 p.m., the activities director reported they were in the dining room on 06/29/23 and had just finished activities with the residents. They reported they looked out the window and saw Resident #2 passing by. They ran down the main hall to the resident's hall, went out the door, and the resident was just starting to sit down on a bench behind the building. The activity director stated the resident was somewhat sweaty and were by themselves. They reported after they brought them back in to their room, they told the nursing staff what had happened. They didn't write an incident report, they thought the nursing staff would do that. They talked to the administrator the next day. They reported to their knowledge no one did an investigation to find out how the resident eloped. On 08/24/23 at 2:07 p.m., the administrator	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 17 reported they did not have an investigation for the 06/29/23 elopement for this resident. The administrator stated the activities director told them about the elopement the next morning at stand up. They reported they did not get a statement from them about what had happened. They reported they were under the impression if they were still on facility property it was not an elopement. No incident report or in-services were completed at that time.	C1505		
C1912 SS=D	310:663-19-1(b) INCIDENTS REQUIRING REPORT (b) Each continuum of care facility and assisted living center shall prepare a written incident report for the following incidents: (1) allegations and incidents of resident abuse; (2) allegations and incidents of resident neglect; (3) allegations and incidents of misappropriation of resident's property; (4) accidental fires and fires not planned or supervised by facility staff, occurring on the licensed real estate; (5) storm damage resulting in relocation of a resident from a currently assigned room; (6) deaths by unusual occurrence, including accidental deaths or deaths other than by natural causes; (7) residents missing from the assisted living center upon determination by the assisted living center that the resident is missing; (8) utility failure for more than 4 hours; (9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, head injury or require treatment at a hospital; (10) reportable diseases and injuries as	C1912		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1912	Continued From page 18 specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting); and, (11) situations arising where a criminal act is suspected. Such situations shall also be reported to local law enforcement. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the center failed to notify family/responsible party of an elopement for one (#2) of two sampled residents and failed to report elopements to the OSDH for two (#2 and #9) of two sampled residents reviewed for elopements. The "Assisted Living Resident Condition and Care Overview" report, dated 08/20/23, documented 50 residents resided in the center. Findings. The center's "Incident Reports" policy, not dated, read in part, "...Injury and unusual incidents will be reported in compliance with state regulatory requirements...The unusual incident form is used to document and report any incident which is a threat to a resident's health, safety, welfare, or rights. This includes, but it not limited to occurrences such as...Any incident that threatens	C1912		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1912	Continued From page 19 the health, welfare, or safety of the resident...Incidents are reported to the resident's responsible party. Document the date and time the report was made to the family/responsible party in the narrative charting section..." 1. On 08/24/23 at 12:20 p.m., the activities director reported they were in the dining room on 06/29/23 and had just finished activities with the residents. They reported they looked out the window and saw Resident #2 passing by. They stated they ran down the main hall to the resident's hall, went out the door, and the resident was just starting to sit down on a bench behind the building. They stated the resident was somewhat sweaty. They stated the resident was by themselves. They reported after they brought them back in to their room. They told the nursing staff what had happened. On 08/24/23 at 2:07 p.m., the administrator was asked if they notified Resident #2's family member of the elopement. They stated, "No." 2. An "Incident/Occurrence Report", for Resident #9, dated 06/24/23 at 7:05 p.m., documented, staff member brought Resident #9 back into the center. The report documented another resident had opened the activities door and Resident #9 exited the center. The report documented they would document whereabouts hourly. On 08/24/23 at 2:07 p.m., the administrator was asked if they reported Resident #2 and #9's elopements to the OSDH. They stated, "No."	C1912		
C1972 SS=E	310:663-19-4(c) POLICIES (c) The assisted living center shall provide staff,	C1972		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1972	Continued From page 20 within ninety (90) days of employment, training in the identification of abuse and neglect of residents and misappropriation of resident property and the facility's policies and procedures concerning the same. Verification of the provision of training shall be written, signed by staff attending and retained in the personnel files. This Rule is not met as evidenced by: Based on record review and interview, the center failed to provide two CNAs (#2 and #4) with abuse and neglect training within 90 days of hire. The "Assisted Living Resident Condition and Care Overview" report, dated 08/20/23, documented 50 residents resided in the center. Findings: The "Abuse, Fraud, and Wrongdoing" policy, not dated, read in part, "...All staff will receive training on elder abuse incidence, signs and symptoms, and reporting requirements..." Employee records documented the following: a. CNA #2 hire date: 05/01/23, b. CNA #3 hire date: 05/11/23, and c. CNA #4 hire date: 05/26/23. There was no documentation in the employee records of abuse prevention training. On 08/23/23 at 3:00 p.m., the administrator was asked about abuse training within 90 days of hire for CNA #2, #3, and #4. They stated they were	C1972		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 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	
C1972	Continued From page 21 not aware of or had any documentation related to abuse training for CNA #2, 3 or #4.	C1972			
C5010 SS=E	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act. B. Residents of an assisted living center may receive hospice home services under the provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act. D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident.	C5010			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C5010	Continued From page 22 This Rule is not met as evidenced by: Based on record review and interview, the center failed to coordinate services and have a third-party provider plan of care available for three (#6, 8, and #10) of five sampled residents reviewed for hospice/ home health services. The "Assisted Living Resident Condition and Care Overview" report, dated 08/20/23, documented 25 residents received home health services and 13 residents received hospice services. Findings: 1. The home health certification and plan of care for Resident #6, certification period 08/18/23 through 10/16/23, documented the principal diagnosis was malignant neoplasm of gallbladder. The plan documented other diagnosis included secondary malignant neoplasm of gall bladder. The plan documented to use aseptic technique, SN to insert 18 Fr/5 ml Coude catheter to gravity drainage system q month and as needed for occlusion, dislodgement or malfunction of catheter. The home health certification and plan of care was faxed to the center on 08/24/23. On 08/24/23 at 10:40 a.m., the DON was asked if the care plan was an accurate reflection of Res #6 related to ADL's. They stated, "Not now, he needs assistance." The DON reported home health bathed the resident. They were asked about the urinary catheter. They stated, "What catheter?" They sent the ACMA to check on that and they reported the resident had a urinary catheter. 2. The recertification plan of care for Res #8,	C5010		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C5010	Continued From page 23 benefit period 08/29/23 through 10/27/23, documented diagnoses included cerebral infarction, hypertension, and chronic atrial fibrillation. The recertification plan of care was faxed on 08/24/23 to the center. On 08/24/23 at 11:08 a.m., the DON was asked about Res #8's plan of care. They stated the resident required assistance with dressing. They were asked if the plan of care was an accurate reflection of the resident's care. They stated, "No, not at all." 3. The RN recertification assessment for Resident #10, dated 08/14/23, documented diagnoses which included senile degeneration of brain and dementia without behavioral disturbance. The recertification was faxed on 08/24/23 to the center. An RN recertification assessment, dated 08/14/23, read in part, "...Patient notably weak upon x2 assist to stand - education provided to facility staff. Patient with shearing painful; educated staff to apply barrier cream after every change and as needed and offload (heels) when sitting..." On 08/28/23 at 11:35 a.m., the DON was asked about Res #10's shearing and offloading their heels. They stated they would check. At that time an observation was made of the resident with the DON. Res #10 and staff reported they put zinc oxide on after they changed them. The DON offloaded Res #10's heels with a pillow before exiting the room. On 08/28/23 at 12:56 p.m., the DON was asked how they coordinated care with home health/hospice services. They stated the majority	C5010		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/30/2023
NAME OF PROVIDER OR SUPPLIER THE BRENTWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C5010	Continued From page 24 of residents were on home health when they started [July 2023]. They stated if they changed medications, the home health agency would come and tell her. They were asked about Res #10's shearing. They stated they did go and assess the resident. They were asked if they documented that in the clinical records. They stated they did not document that. They stated the resident had redness and it was not open, it was like a diaper rash. They were asked about offloading the resident's heels. They stated they had informed the staff to offload their heels. They reported they were going to start care plan meetings with the home health agencies. They were asked how they knew if Res #6's catheter had been changed. They stated they would call the agency and get that information for the last three months.	C5010		
C6000 SS=E	63 OS 1-1947(F) Criminal History Background Check (F) Except as otherwise provided in subsection L of this section, an employer shall not employ, independently contract with, or grant privileges to, an individual who regularly has direct patient access to service recipients of the employer until the employer conducts a registry screening and criminal history record check in compliance with subsection I of this section. This subsection and subsection D of this section shall not apply to the following: 1. An individual who is employed by, under independent contract to, or granted clinical privileges with, an employer on or before November 1, 2012. An individual who is exempt under this subsection is not limited to working within the employer with which he or she is	C6000		