
Delivery via email to: leah@thebrentwoods seniorliving.com

February 29, 2024

License Number: AL1601

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

Survey Event ID: N8XO11

Dear Ms. Bell:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 15, 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,



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

Enclosure

INVESTIGATIVE REPORT

Facility: The Brentwood Senior Living
Address: 6920 West Lee
City, State, Zip: Lawton, OK 73505
Provider #: AL1601
Complaint #: OK00062135
Investigation Date(s): 02/15/24

ALLEGATION(S)

The center failed to assess, monitor and intervene for a resident with a change in condition and provide adequate staff to assess a resident in distress.

The center failed to ensure they did not admit residents above the level of care and services the center is able to provide.
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The center failed to provide adequate housekeeping services.
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The center failed to ensure adequate staff to provide care for dependent residents.

An unannounced on-site investigation was initiated 02/15/2024 at 10:00 a.m.

A sample of three 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 center was conducted upon entrance and throughout the investigation. Residents were observed during meal times and for assistance with eating as needed. Residents were observed while participating in activities, while receiving assistance from staff members with activities of daily living, and during medication administration. Residents were observed for monitoring and assessment with intervention as necessary. Housekeeping staff were observed on all halls and common areas. Dependent residents were observed for appropriate care provided.

Clinical records were reviewed for physician orders, care plans, therapeutic diets, and assessments. Progress notes and provider summaries were reviewed. Resident contracts and agreements were reviewed. Incident reports were reviewed for investigations and appropriate interventions. Staffing records and schedules were reviewed. Policies and procedures were reviewed.

Numerous residents, including sampled residents, reported no complaints or concerns related to the care provided. Residents reported they received the level of care they required to meet their personal needs. Dependent residents were interviewed regarding care provided and adequate staffing. Residents and family members were interviewed regarding housekeeping services. Facility staff were interviewed regarding outside services provided for residents as required. Staff reported a process for assessing residents prior to admission to the facility to determine the level of care required.

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: 02/16/2024

INVESTIGATIVE REPORT

Facility: The Brentwood Senior Living
Address: 6920 West Lee
City, State, Zip: Lawton, OK 73505
Provider #: AL1601
Complaint #: OK00062320
Investigation Date(s): 02/15/24

ALLEGATION(S)
The center failed to establish procedures to ensure water was available to essential areas when there was a loss of normal water supply and failed to ensure comfortable room temperatures according to residents' preference and State Law.
The center failed to ensure fluids were provided according to residents' preference.
The center failed to ensure a water outage was reported to the Oklahoma State Department of Health according to State Law.

An unannounced on-site investigation was initiated 02/15/2024 at 10:00 a.m.

A sample of three 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 center was conducted upon entrance and throughout the investigation. Residents were observed during meals, while participating in activities, while receiving assistance from staff members with activities of daily living, and during medication administration. Residents were observed for availability of fluids, ice, and hydration needs.

Clinical records were reviewed for physician orders, care plans, and assessments. Progress notes and provider summaries were reviewed. Resident contracts and agreements were reviewed. Incident reports were reviewed for investigations, appropriate interventions, and reporting as required. Policies and procedures were reviewed. Maintenance records were reviewed.

Numerous residents, including sampled residents, reported no complaints or concerns related to the care provided. Residents reported they received the level of care they required to meet their personal needs. Residents and families were interviewed related to water supply, outages, and accommodations provided during incidents related to outages. Staff reported an understanding of how and when to report utility outages.

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: 02/16/2024

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 02/15/2024
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 Complaint investigations (#OK00062135 and #OK00062320) were conducted on 02/15/24. No deficiencies were cited. Facility Census: 38	C 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE