OKLAHOMA
State Department
of Health

Delivery via email to: stephanie.promisecare@gmail.com

December 10, 2021

License Number: AL1604

Mr. Sam Ghosn, Administrator
Brookridge Retirement Community
7802 Quanah Parker Trailway
Lawton, OK 73505

Survey Event ID: Z3S311

Dear Mr. Ghosn:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 2, 2021**. 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: 2021.12.10 14:41:38 -06'00'

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

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Brookridge Retirement Community**
Address: **7802 Quanah Parker Trailway**
City, State, Zip: **Lawton, OK 73505**
Provider #: **AL1604**
Complaint #: **OK00057629**
Investigation Date(s): **12/02/21**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to have adequate PPE for Covid-19	**US**

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

An unannounced on-site investigation was initiated on 12/02/2021 at 2:20 p.m.

A sample of three 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.

Upon entrance to the center a tour was conducted. The nurse's office was stocked with one full case of 500 KN95 masks, two boxes {400 each} surgical mask, and three boxes {100 each} of gloves in her office. The two medication carts located throughout the center were stocked with gloves. A storage room at the center was stocked with supplies and an inventory was taken. The center had four cases of small gloves, seven cases of extra-large gloves, and four cases of medium gloves {each case had 1,000 gloves}. The center had four large boxes of goggles, cases of gowns of various sizes, and numerous sanitizer devices ready to be installed. The Administrator was notified and he reported the center had PPE {personal protective equipment} and access to various other places where he could obtain and/or borrow supplies if needed.

The LPN {licensed practical nurse} reported she had no positive Covid residents currently at the center. Several staff were interviewed and reported they had PPE and had access to PPE if needed. Residents interviewed voiced no concerns related to care/PPE. One resident reported she previously had Covid and had been vaccinated and had her booster.

The center's records indicated they monitored for Covid related symptoms and currently had no residents with symptoms. The records indicated residents were offered and received Covid vaccinations.

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

Date report completed: 12/03/2021

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
	AL1604	A. BUILDING: _____ B. WING _____	12/02/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKRIDGE RETIREMENT COMMUNITY	7802 QUANAH PARKER TRAILWAY 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 complaint investigation (#OK00057629) was conducted on 12/02/21. No deficiencies were cited.	C 000		

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