OKLAHOMA
State Department
of Health

Delivery via email to: samghosn@gmail.com; angela1.chateau@gmail.com

January 7, 2025

License Number: AL1604

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

Survey Event ID: CMD011

Dear Mr. Ghosn:

On **January 3, 2025,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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 Services**, then **click on Long Term Care**. 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 will be completed for each violation; and
(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 calendar days from receipt of the State Form deficiency statement. 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, conducted in a face to face, or a virtual 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:

- 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.

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: **Brookridge Retirement Community**
Address: **7802 Quanah Parker Trailway**
City, State, Zip: **Lawton, OK 73505**
Provider #: **AL1604**
Complaint #: **OK00073741**
Investigation Date(s): **01/03/25**

ALLEGATION(S)
The facility failed to maintain an effective pest control plan.

An unannounced on-site investigation was initiated 01/03/2025 at 8:39 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 kitchen tour was conducted upon entrance at 8:44 a.m. There were max catch strips in place with dead cock roaches observed on them. A live cock roach was observed in the kitchen prep area. Kitchen staff were observed in the kitchen without hair nets preparing meals. Blue powder was observed along the base boards in the kitchen area.

A policy and procedure for pest control was reviewed. The residency agreement was reviewed. The pest control documentation was reviewed.

Residents and caregivers were interviewed related to food quality, service, and pest control. Maintenance was interviewed related to pest control records.

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: 01/06/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Brookridge Retirement Community**
Address: **7802 Quanah Parker Trailway**
City, State, Zip: **Lawton, OK 73505**
Provider #: **AL1604**
Complaint #: **OK00073801**
Investigation Date(s): **01/03/25**

ALLEGATION(S)
The home failed to provide a homelike environment free of pests/roaches.

An unannounced on-site investigation was initiated 01/03/2025 at 8:39 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 kitchen tour was conducted upon entrance at 8:44 a.m. There were max catch strips in place with dead cock roaches observed on them. A live cock roach was observed in the kitchen prep area. Kitchen staff were observed in the kitchen without hair nets preparing meals. Blue powder was observed along the base boards in the kitchen area.

A policy and procedure for pest control was reviewed. The residency agreement was reviewed. The pest control documentation was reviewed.

Residents and caregivers were interviewed related to food quality, service, and pest control. Maintenance was interviewed related to pest control records.

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: 01/06/2025

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 _____	C 01/03/2025

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 Complaint investigations (#OK00073801 and #OK00073741) were conducted on 01/03/25. Facility Census: 62	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview, the center failed to ensure the kitchen was maintained to promote food safety and sanitation. The director of nursing identified 62 residents who resided in the center. Findings: On 01/03/25 at 8:44 a.m., a tour of the kitchen was conducted. The following observations were made: a. a staff member preparing the lunch meal was without a hair net, b. a small black trash can had thick dried food particles in the bottom of the can, c. the shield around the serving table had dried food particles, d. six pies covered with plastic wrap were without a date/label in the refrigerator, and	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKRIDGE RETIREMENT COMMUNITY	7802 QUANAH PARKER TRAILWAY LAWTON, OK 73505

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C 391	Continued From page 1 e. a large trash can without a lid with garbage was next to the food prep area. On 01/03/25 at 9:05 a.m., the dietary supervisor was asked why the staff were not wearing hair nets. They stated, "We don't have hair nets because the truck had not come in." They were asked what they used for hair nets this morning to prepare breakfast. They stated, "We didn't have any. We were out yesterday. Waiting on the truck." On 01/03/25 at 9:25 a.m., a small black trash can was observed in the kitchen area with the bottom covered with thick dried food particles. The shield covering the front of the serving line table was covered with dried food particles. The dietary supervisor was asked about the trash can and the shield. They stated the trash can was just dirty and reported they cleaned the shield a couple of days ago. They stated to do it right someone would need to remove it. On 01/03/25 at 9:34 a.m., the cook was asked if they had a lid to cover the trash can. They stated they had a lid, but they did not cover the trash can. A lid was not observed. On 01/03/25 at 9:35 a.m., the cook was asked about the six pies in the refrigerator not labeled or dated. They stated normally they dated them.	C 391		
C1304 SS=D	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.	C1304		

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 _____	C 01/03/2025

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
C1304	Continued From page 2	C1304		

This REQUIREMENT is not met as evidenced by:
Based on observation, record review, and interview, the center failed to maintain an effective pest control program to maintain a comfortable environment per contracted services.

The director of nursing identified 62 residents who resided in the center.

Findings:

An undated "Community Residency Agreement", read in part, "Every resident has the right to: A safe, healthful, and decent living environment, as well as considerate and respectful care that recognizes the dignity and individuality of the resident."

A "Pest Control Policy and Procedure", dated 04/01/24, read in parts, "The Administrator of [name withheld], has been assigned the responsibility of administering the IPM [integrated pest management] program for [name withheld], and shall designate a facility staff member who

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 _____	C 01/03/2025

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
C1304	Continued From page 3 duties include...Maintain records to meet the requirements of regulatory agencies." A "Pest/Rodent Treatment Log", dated 07/26/24, documented roaches in the kitchen/dining. It documented to continue monitoring pest/rodent problems throughout facility on a weekly basis. This was the last recorded documentation for pest control. On 01/03/25 at 8:44 a.m., a live cockroach was observed crawling under kitchen prep area and one dead cockroach was observed outside the bathroom door in the kitchen area. On 01/03/25 at 9:35 a.m., the dietary aide was asked if they had seen cockroaches this morning. They stated, "Yes." They stated they seen them back by the toaster and as soon as the lights were turned on. On 01/03/25 at 10:33 a.m., maintenance was notified via telephone. They stated they treated the facility Monday through Thursday for cockroaches and did not maintain any documentation as to the treatment used or effectiveness.	C1304		

OKLAHOMA
State Department
of Health

Delivery via email to: samghosn@gmail.com; angela1.chateau@gmail.com; lisa.brookridge@gmail.com

January 16, 2025

License Number: AL1604

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

Survey Event ID: CMD011

Dear Mr. Ghosn:

On **January 3, 2025,** a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. **Our acceptance does not absolve the facility's** responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **February 14, 2025**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office 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

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1-15-2025

Facility Name: Brookridge Retirment Community

License Number: AL1604

Survey Event ID: CMD011

Date Survey Completed: 1-03-202

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391	Based on: the center failed to A)ensure hair nets were worn by kitchen staff. B)small trash can with food particles. C) shield around serving table dried food particals. D) pies unlabed /undated in refrigerator. E) large trash can without lid

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Dietary inservice 1-14-25 on wearing hair nets in the kitchen, always covering, dating and labeling all food in refrigerators, cleaning schedule for dietary aides,small dirty trash can thrown away, new large trash can with flapping lid in place
OSDH Response: Element accepted Yes No	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Maintaining regular in-services bi-weekly with dietary staff and ensure proper documentation of training is complete
OSDH Response: Element accepted Yes No	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	New cleaning log and schedules were created and will be monitored by Dietary Supervisor. Dietary Supervisor will monitor that all policy and procedures are being implemented and all logs are being completed.
OSDH Response: Element accepted Yes No	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Kitchen cook supervisor and Dietary Supervisor will hold each other and their staff accountable on maintaining and implementing policies in accordance with CH257 relating to food service. Dietary supervisor and cook supervisor will monitor all dietary staff to make sure all logs are being completed. A copy of the logs will be provided and reviewed at Q&A quarterly Q&A notes will ensure they are being addressed
OSDH Response: Element accepted Yes No	
5. On what date will corrective action be completed?	2-14-25
OSDH Response: Element accepted Yes No	

Administrator's Signature EAm Lhosp **Date** 1-14-2025

OAC 310:663-25-4(f)

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date		**Submitted by**	

Items Below Are For OSDH Use Only

Plan of Correction: Acceptable Unacceptable Date: Surveyor:

OKLAHOMA State Department of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1-15-2025

Facility Name: Brookridge Retirment Community

License Number: AL1604

Survey Event ID: CMD011

Date Survey Completed: 1-03-202

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1304	Based on: observation, record review and interview the center failed to manintain an effective pest control program and naintain a comfortable envirnment per contracted services.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Maintance in-service 1-14-25 on policey and procedures, keep a pest control log no less than weekly documentation.
OSDH Response: Element accepted Yes No	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All staff was educated on monitoring and reporting all pest sightings to Maintance so the issue can be addressed immeditaly.
OSDH Response: Element accepted Yes No	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	New log was created to show date, time, location, what was used, effective or not and whom. Log is to be updated no less than weekly. Treatments are in place and have been effective as of 1-15-25
OSDH Response: Element accepted Yes No	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Maintance Supervisor will maintain date, time, location, what was used, effective or not and by whom log for pest treatment. Maintance Supervisor will monitor and stay in compliance with pest control policy. Pest control will be addressed with each Q&A quarterly meeting and ensure Maintance Supervisor is keeping up with policy and documentation of pest free enviroment.
OSDH Response: Element accepted Yes No	
5. On what date will corrective action be completed?	2-14-25
OSDH Response: Element accepted Yes No	

Administrator's Signature OAC 310:663-25-4(F) SAM Ghosn **Date** 1-14-2025

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date		**Submitted by**	

Items Below Are For OSDH Use Only

Plan of Correction: Acceptable Unacceptable Date: Surveyor:

IN-SERVICE SIGN IN FORM

DATE 1-14-25 Policy + Procedures

TOPICE Kitchen + Maintance Hairnet Cleaning Schedule, Fridg food labeling, Pest Control

SIGNATURE [signature] Bobby Nance maint

Lisa Miller, RN, DON

x Dalton McKinney

Mary Thompson

Rose Anna Tsotigh

Janice Longhorn

Daishnea Hutchinson

[signature]

Alicia Hernandez

[signature]

BROOKRIDGE
Retirement Community

Printed Name: _____

Employee Hygiene

I. **Hand Hygiene** – Food Employees shall keep their fingernails trimmed, filed and maintained so the edges and surfaces are cleanable and not rough. All food employees must maintain the following;
   a. Unless wearing intact gloves in good repair, a Food Employee may not wear fingernail polish or artificial fingernails when working with exposed food.
   b. Expect for a plan ring such as a wedding band, while preparing food, Food Employees may not wear jewelry including medical information jewelry on their arms or hands.

II. **Clean Clothing** – Food employees shall wear clean outer clothing to prevent contamination of food, equipment, utensils, linens, and single service and single use articles.

III. **Eating, Drinking, or using Tobacco** – Expect as specified in (b) of this section
   a. An employee shall eat, drink, or use any form of tobacco only in designated areas where the contamination of exposed food, clean equipment, utensils, linens, unwrapped single serve and single use articles, or other items needing protection.
   b. A Food Employee may drink from a closed beverage container if the container is handled to prevent contamination of the following;
      i. The Employees hands
      ii. The container
      iii. Exposed food, clean equipment, utensils, linens, unwrapped single serve and single use articles, or other items needing

IV. **Hair Nets** – all Food Employees must maintain the following at all times when preparing food items;
   a. Wear hair restraints such as hats, hair coverings or net, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens, and unwrapped single service and single use articles.

V. **Illness** – Employees must report any of the following symptoms to the person in charge;
   a. Vomiting/Diarrhea
   b. Jaundice
   c. Sore throat with fever
   d. Persistent sneezing, coughing or runny nose that causes discharge from the eyes, nose or mouth
   e. A lesion containing pus such as a boil or infected wound that is open or draining on any part of the body

Employee Signature: _____

Supervisor Signature: _____

Procedure Title: **Cleaning**

Procedure:

1. All equipment, food contact surfaces and utensils shall be cleaned:
   a. Each time there is a use with a different type of raw animal product.
   b. Each time there is a change from working with raw foods to ready to eat foods.
   c. Between uses with fruits and vegetables and raw animal products.
   d. Whenever contamination may have occurred.
2. Surfaces must be cleaned with a sanitizing agent/solution. Chlorine, iodine or quarternary ammonium compounds are approved sanitizing agents.
3. All food surfaces will be cleaned at the end of each food preparation session.
4. Grid panels in the fire suppression hood over the stove will be removed and run through the dish machine once a month.
5. Rubber mats on the floor in the kitchen must be cleaned daily.
6. The floor of the kitchen must be cleaned daily and after each spill or contamination.
7. Refrigerator units must be cleaned monthly.
8. Wall surfaces that become splattered during the food preparation process must be cleaned daily.
9. Walk-in refrigerators and freezers must be cleaned quarterly or more often if needed.
10. Waste receptacles should be cleaned and disinfected weekly.
11. Documentation of cleaning must be maintained.

Related Policy

- Food Safety/Infection Control

Approval date		Review date		Review date	
Review date		Review date		Review date	
Review date		Review date		Review date	

BROOKRIDGE
Retirement Community

Printed Name: _____

Kitchen Cleaning

I. All equipment, food contact surfaces and utensils must be cleaned as the following:
   a. Each time there is a use with a different type of raw animal product
   b. Each time there is a change from working with raw foods to ready to eat foods
   c. Between uses with fruits and vegetables and raw animal products
   d. Whenever contamination occurs

II. Surfaces must be cleaned with a sanitizing agent/solution. The following are approved sanitizing agents:
   a. Chlorine
   b. Iodine
   c. Quaternary ammonium compounds

III. All food surfaces/equipment/utensils will be cleaned at the end of each preparation session.

IV. Grid panels in the fire suppression hood over the stove will be removed and run through the dish machine once a month

V. Rubber mats on the floor in the kitchen must be cleaned daily

VI. The floor of the kitchen, food storage areas, washing room floors, and all food floor services areas must be cleaned daily and after each spill or contamination.

VII. Refrigerator/Freezer units must be cleaned monthly or if contamination occurs.

VIII. Wall surfaces that become splatter during food preparation process must be cleaned daily

IX. Waste receptacles should be cleaned and disinfected weekly, all trash receptacles will keep lids on at all times.

X. Dishwashing area is to be clean and sanitized daily after each use of the area, to include countertops, washing machine, to include clean plate/cup/utensil storage area will be free of any contamination and food debris.

XI. Documentation of cleaning must be maintained.

Employee Signature: _____

Supervisor Signature: _____

Assisted Living
350

C-

Procedure Title: **Storage of Refrigerated and Dry Foods**

Procedure:

1. Fresh fruits, vegetables, eggs, cheeses and other perishable items will be stored in refrigeration of 41 degrees F or lower.
2. Food being returned to storage after cooking or preparation must be covered.
3. Raw meat is never to be stored above cooked foods, fruits, or vegetables.
4. All containers must be labeled with the contents and date food item was placed in storage.
5. Previously cooked foods can be held in refrigeration of 41 degrees F or lower for up to 7 days and then must be discarded.
6. Food items that remain sealed from the supplier may be held until the expiration date if unopened.
7. All dry foods must be dated and stored in a temperature controlled environment. The storage areas should be dry, dark, and at a 70 degree temperature. The area must be kept free of any infestations
8. There will be a rotation system for the storage of dry foods. New supplies are to be placed behind the old so that the old is used first. This prevents foods from reaching their expiration dates and ensures that the food is as fresh as possible.

Related Policy

- Food Safety/Infection Control

Approval date		Review date		Review date	
Review date		Review date		Review date	
Review date		Review date		Review date	

BROOKRIDGE
Retirement Community

Printed Name: _____

Storage of Refrigerated and Dry Foods

I. Fresh fruit, vegetables, eggs, cheese and other perishable items will be stored in refrigeration of 41 degrees F or lower, upon arrival of these items they must;
   a. Fresh fruits/vegetables are to be washed before storage
   b. Shell eggs must be received clean and sound and free of damage
   c. All egg products, fluid milk, dry milk and milk products must be pasteurized

II. Food being returned to storage after cooking or preparation must be properly cooled from heat and must be properly covered.

III. Raw meat is never to be stored above cooked foods, fruits or vegetables. It must be stored on the bottom shelf and to defrost in a pan or storage container that will collect all expelled juices/blood.

IV. All containers/food items must be labeled of its contents and date food item was placed in storage.

V. Previously cooked foods can be held in refrigeration of 41 degrees F or lower and up to 7 days and then must be discarded.
   a. Must contain a date of best used by

VI. Food items that remain sealed from the supplier may be held until the expiration date if unopened.
   a. Frozen foods are to be obtain frozen and free of evidence of previous temperature abuse.
   b. Food packages shall be in good condition and protect the integrity of its contents

VII. All dry foods must be dated and stored in a temperature-controlled environment. The storage areas should be dry, dark and at a 70-degree temperature. The area must be kept free of any infestations.

VIII. There will be a rotation system for storage of dry foods. New supplies are to be placed behind the old so that the old is used first. This prevents foods from reaching their expiration dates and ensures that the food is as fresh as possible.

Employee Signature: _____

Supervisor Signature: _____

Monthly Cleaning Schedule

Month Of _____ Year _____

Equipment	Date	Date	Date	Date	Date	Initials
Dairy Fridge						
Defrost Fridge #1						
Defrost Fridge #2						
Misc. Fridge						
Produce Fridge #1						
Produce Fridge #2						
Freezer #1						
Freezer #2						
Freezer #3						
Salad/Drink/Daily Fridge						
Storage Fridge						
Storage Freezer						
Dry Food Storage						
Storage Bins/Containers						
Cereal Containers						
Coffee Machine						
Ice Box Machine						
Vent Hood						
Walls						
Baseboards						
Under/Behind all Equip.						

Supervisor Signature: _____

*** All Contaminations/Food Debris MUST be Cleaned Daily

*** Check all Labels – please report if any are damaged or needs replaced. Report any changes to new/moved food for new/correct labels to be made.

*** Inspect all areas of any damages or in need of repair – report it!!.

4/1/2024

Daily Cleaning Schedule

Week Of: _____

Equipment	Sat.	Sunday	Monday	Tuesday	Wed.	Thurs.	Friday	Initial
Food Prep Areas								
Microwaves								
Toasters								
Flat Tops								
Food Line Table								
Dishwashing Area								
Walls								
Rubber Mats								
Floors								
Push Carts								

Supervisor Signature: _____

*** All Contaminations/Food Debris MUST be Cleaned Daily

Weekly Cleaning Schedule

Month of _____ Year _____

Equipment	Week 1	Week 2	Week 3	Week 4	Week 5	Initials
Salad/Drink/Daily Fridge						
Warmers						
Trash Cans/Lids						
Walls						
Baseboards						
Floors						
Clean Storage Areas						
Date & unbox off truck						

Supervisor Signature: _____

*** All Contaminations/Food Debris MUST be Cleaned Daily

Weekly Cleaning Schedule

Month of _____ Year _____

Equipment	Week 1	Week 2	Week 3	Week 4	Week 5	Initials
Salad/Drink Refrigerator						
Warmers						
Trash Cans/Lids						
Walls						
Baseboards						
Floors						
Clean Storage Areas						

Supervisor Signature: _____

*** All Contaminations/Food Debris MUST be Cleaned Daily

BROOKRIDGE

Printed Name: _____

Pest Control Policy and Procedure

I. **POLICY** – It is the policy of Brookridge Inc., that unwanted pest will be managed by all facility personnel utilizing the following Integrated Pest Management (IMP) procedures.

II. **OPERATIONAL RESOPONSIBILITY** – The Administrator of Brookridge Inc., has been assigned the responsibility of administering the IPM program for Brookridge Inc., and shall designate a facility staff member who duties include:

a. Develop, maintain and make available references to best IPM practice.
b. Serve as the facilities resource for IPM techniques and application procedures.
c. Promote IPM practices and review departmental plans for compliance with facility policy.
d. Maintain records to meet the requirements of regulatory agencies.

III. **PROCEDURE** – the following IPM criteria must be applied to all facility pest situations when selecting treatment tactics and developing pest management strategies:

** DETERMINE PEST THRESHOLD LEVEL.
** **BASED ONE THE PEST THRESHOLD LEVEL, SELESCT A TREATMENT THAT IS:**
a. Least hazardous to human health;
b. Least damaging to the environment;
c. Effective at controlling the target pest;
d. Has minimal negative impacts to non-target organisms;
e. Within available resources

Each application of pesticide shall provide a legible record of application and related Material Safety Data Sheets (MSDS) for all pesticides used in the facility to the appropriate departmental IPM liaison(s). These records shall include:

a. Targeted pest;
b. Time, date, location and climatic conditions of the application;
c. Type and quantity and concentration of pesticides used.

Employee Signature: _____

Supervisor Signature: _____

Maintenace Pest Control Spray Log

Date/ Time	Location/ What was used	Effective or Not	Initials

OKLAHOMA
State Department
of Health

Delivery via email to: samghosn@gmail.com; angela1.chateau@gmail.com; lisa.brookridge@gmail.com

February 20, 2025

License Number: AL1604

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

Survey Event ID: CMD012

Dear Mr. Ghosn:

On **February 14, 2025,** an offsite/paper complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **January 3, 2025,** have now been corrected effective **February 14, 2025.**

If you have any questions concerning the information in this letter, please contact 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

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 _____	R-C 02/14/2025

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 An offsite/paper revisit was conducted on 02/14/25. The facility was in substantial compliance.	{C 000}		

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