OKLAHOMA
State Department
of Health

Delivery via email to: linda.climer@comanchenation.com

September 26, 2024

License Number: AL1605

Ms. Linda Climer, Administrator
Edith Kassanavoid Gordon Assisted Living Center
1001 Se 36 Street
Lawton, OK 73501

Survey Event ID: 9OHN11

Dear Ms. Climer:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 23, 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Edith Kassanavoid Gordon Assisted Living Center**
Address: **1001 SE 36 Street**
City, State, Zip: **Lawton, OK 73501**
Provider #: **AL1605**
Complaint #: **OK00062096**
Investigation Date(s): **09/23/24**

ALLEGATION(S)
The center failed to ensure sufficient portion size, nutritious meals, and follow menus as posted.
The center failed to ensure resident contracts were followed.

An unannounced on-site investigation was initiated 09/23/2024 at 11:30 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 was conducted upon entrance to the center, to include the kitchen. Staff were observed throughout the center, transporting residents to the dining area for lunch. The staff were observed in the kitchen area with hair nets preparing meals and assisting residents with drinks. The menu was observed and the lunch was prepared in accordance with the menu. A sample tray was requested and the food was nutritious, hot, and served according to the menu. Residents were observed ordering alternate choices. Staff were observed preparing and cutting up meat per resident request.

Resident contracts were reviewed. Resident assessments, care plans, and menus were reviewed. Resident council meeting minutes were reviewed. Marketing materials were reviewed.

Residents were interviewed and voiced no complaints related to portion sizes. Residents voiced they were allowed to order alternate choices and the food was nutritious. Residents and staff voiced no complaints related to the food. Staff reported the employees usually ate lunch at the center.

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

OKLAHOMA
State Department
of Health

Date report completed: 09/24/2024

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
	AL1605	A. BUILDING: _____ B. WING _____	C 09/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDITH KASSANAVOID GORDON ASSISTED LI\	1001 SE 36 STREET LAWTON, OK 73501

(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 (#OK00062096) was conducted on 09/23/24. No deficiencies were cited. Census: 6	C 000		

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