OKLAHOMA
State Department
of Health

Delivery via email to: cdaves@lanemgmt.com; shellydrywater@gmail.com

June 14, 2023

License Number: AL2102

Mr. Casey Daves, Administrator
Lane Assisted Living Of Pryor
1300 Damon Drive
Pryor, OK 74361

RE: Survey Event ID: U3DC11

Dear Mr. Daves:

Enclosed is a report of the inspection with a complaint investigation conducted at your Assisted Living Center on **June 8, 2023.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Lane Assisted Living of Pryor**
Address: **1300 Damon Drive**
City, State, Zip: **Pryor, OK, 74361**
Provider #: **AL2120**
Complaint #: **OK00059722**
Investigation Dates: **06/07/23 through 06/08/23**

ALLEGATION

1. The center failed to assess, monitor and intervene for a resident fall with head injury.

An unannounced on-site investigation was initiated 06/07/2023 at 2:08 p.m.

A sample of seven 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 made upon entry and at other various times throughout the survey. Residents were observed for any outward indications of injuries that could be related to falls. Resident use areas including common areas and resident rooms were observed for safety issues. Staff were observed as they interacted with residents.

Resident records were reviewed for documentation of incidents of falls and other events which would have required the staff to assess, monitor and intervene. Center policy and procedures were reviewed. Staff training records were reviewed.

Residents were interviewed related to the staffs' general performance, adequate staffing, and of incidents that would have required the staff to assess, monitor and intervene.

Staff members were interviewed related to adequate staffing, employee training, and incidents where injuries had occurred.

Deficient practice was not cited. See the Statement of Deficiencies, Form 2567, for details.

Thank you for bringing your concerns to our attention.

Eric R. Ward Digitally signed by Eric R. Ward Date: 2023.06.09 09:27:34 -05'00'

Eric R. Ward, MPA BSN RN

Date report completed: 06/09/2023

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
	AL2102	A. BUILDING: _____ B. WING _____	C 06/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANE ASSISTED LIVING OF PRYOR	1300 DAMON DRIVE PRYOR, OK 74361

(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 06/07/23 through 06/08/23. A complaint investigation (#OK00059722) was conducted in conjunction with the survey. No deficiencies were cited.	C 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE