OKLAHOMA
State Department
of Health

Delivery via email to: Admin@westbrookgardens.com; holly@nscsolutions.net

October 19, 2021

License Number: AL4401

Ms. Holly Mattingly, Administrator
Westbrook Gardens SLC
1215 Westbrook Blvd
Purcell, OK 73080

Survey Event ID: 1E6K11

Dear Ms. Mattingly:

On **October 6, 2021,** 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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.

OKLAHOMA
State Department
of Health

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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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

OKLAHOMA
State Department
of Health

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.

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2021.10.19 11:35:20 -05'00'

Katie Stagner, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Westbrook Gardens slc**
Address: **1215 Westbrook Blvd**
City, State, Zip: **Purcell, OK 73080**
Provider #: **AL4401**
Complaint #: **OK00057776**
Investigation Date(s): **10/05/21, 10/06/21**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure residents were treated with dignity and respect and failed to provide services as outlined in center advertisements.	S

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

An unannounced on-site investigation was initiated on 10/05/2021 at 9:48 a.m.

A sample of 4 residents including any identified resident(s), was selected for the investigation based on the concerns relevant to the allegation(s).

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 substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1511 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Thank you for bringing these concerns to our attention.

Melissa Swaim RN

Melissa Swaim RN

Date report completed: 10/08/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL4401	A. BUILDING: _____ B. WING _____	10/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK GARDENS SLC	1215 WESTBROOK BLVD PURCELL, OK 73080

(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 abbreviated survey was conducted 10/05/21 and 10/06/21 to investigate complaint #OK00057776.	C 000		
C1511 SS=E	310:663-15-1 & 63 OS 1-1918(B)(11) RESIDENT RIGHTS - Respect/Services Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(11) (11) Every resident shall have the right to receive courteous and respectful care and treatment and a written statement of the services provided by the facility, including those required to be offered on an as-needed basis, and a statement of related charges, including any costs for services not covered under Medicare or Medicaid, or not covered by the facility's basic per diem rate. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure resident preferences were honored concerning dining	C1511		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL4401	A. BUILDING: _____ B. WING _____	10/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK GARDENS SLC	1215 WESTBROOK BLVD PURCELL, OK 73080

(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
C1511	Continued From page 1	C1511		

services with the option of taking snacks back to their rooms for four (#1, 2, 3, and #4) of four residents who preferred to take food to their rooms after the dining meal.

The facility administrator identified 40 residents who resided in the facility.

Findings:

The Res handbook, dated 08/2018, read in part, "...We recognize that meal times are an important time during the day to socialize with other residents and therefore discourage residents from eating meals in their apartments...We encourage residents to purchase their favorite snacks and drinks and keep in their apartment..."

On 10/05/21 at 10:20 a.m., two cognitive residents (Res) were interviewed. Res #4 and Res #2 were asked if he/she could bring snacks to his/her room from the facility café. Res #4 stated she could not. She stated she could have snacks as long as she had purchased the snacks. Res #2 stated he/she could not bring snacks from the dining room to his/her room, but he/she could have snacks in the room purchased outside the facility.

At 11:10 a.m., Res #1 stated, the community manager told him/her they could not take food back to his/her room from the dining room.

At 11:31 a.m., housekeeper #1 was asked if residents could bring food to their rooms from the facility café. She stated the Res can not bring food to their rooms from the cafe.

At 12:00 p.m., the meal service was observed. No Res was observed taking any food from the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL4401	A. BUILDING: _____ B. WING _____	10/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK GARDENS SLC	1215 WESTBROOK BLVD PURCELL, OK 73080

(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
C1511	Continued From page 2 dining room to their apartment. At 3:02 p.m., Res #3 stated she was recently told she could not bring any food item to her room from the dining room. She stated, she would like to eat half a sandwich at lunch and bring the other half back to the room. She stated, "I hate that." She stated, she would eat the other half of the sandwich in the evening. At 4:09 p.m., the administrator stated the staff do not have access to the kitchen after the evening meal. The staff had access to juice, but no food. She stated they stopped letting Res take cartons of yogurt back to their rooms, but the Res could eat yogurt in the dining room. On 10/06/21 at 10:12 a.m., the dietary supervisor was asked about the Res taking food from the dining room after meal service or for snacks. She stated, not any longer. She stated, she did not think it's an option. It used to be.	C1511		

OKLAHOMA
State Department
of Health

Delivery via email to: holly@nscsolutions.net

October 25, 2021

License Number: AL4401

Ms. Holly Mattingly, Administrator
Westbrook Gardens Slc
1215 Westbrook Blvd
Purcell, OK 73080

Survey Event ID: 1E6K11

Dear Ms. Mattingly:

On **October 6, 2021,** 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 **October 19, 2021**.

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.

Sincerely,

Tempal Killman

Digitally signed by Tempal Killman
Date: 2021.10.25 11:55:57 -05'00'

Tempal Killman, Administrative Assistant
Long Term Care | Enforcement Division
Oklahoma State Department of Health

enc

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
	AL4401	A. BUILDING: _____ B. WING _____	10/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK GARDENS SLC	1215 WESTBROOK BLVD PURCELL, OK 73080

(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 abbreviated survey was conducted 10/05/21 and 10/06/21 to investigate complaint #OK00057776.	C 000		
C1511 SS=E	310:663-15-1 & 63 OS 1-1918(B)(11) RESIDENT RIGHTS - Respect/Services Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(11) (11) Every resident shall have the right to receive courteous and respectful care and treatment and a written statement of the services provided by the facility, including those required to be offered on an as-needed basis, and a statement of related charges, including any costs for services not covered under Medicare or Medicaid, or not covered by the facility's basic per diem rate. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure resident preferences were honored concerning dining	C1511		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL4401	A. BUILDING: _____ B. WING _____	10/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK GARDENS SLC	1215 WESTBROOK BLVD PURCELL, OK 73080

(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
C1511	Continued From page 1 services with the option of taking snacks back to their rooms for four (#1, 2, 3, and #4) of four residents who preferred to take food to their rooms after the dining meal. The facility administrator identified 40 residents who resided in the facility. Findings: The Res handbook, dated 08/2018, read in part, "...We recognize that meal times are an important time during the day to socialize with other residents and therefore discourage residents from eating meals in their apartments...We encourage residents to purchase their favorite snacks and drinks and keep in their apartment..." On 10/05/21 at 10:20 a.m., two cognitive residents (Res) were interviewed. Res #4 and Res #2 were asked if he/she could bring snacks to his/her room from the facility café. Res #4 stated she could not. She stated she could have snacks as long as she had purchased the snacks. Res #2 stated he/she could not bring snacks from the dining room to his/her room, but he/she could have snacks in the room purchased outside the facility. At 11:10 a.m., Res #1 stated, the community manager told him/her they could not take food back to his/her room from the dining room. At 11:31 a.m., housekeeper #1 was asked if residents could bring food to their rooms from the facility café. She stated the Res can not bring food to their rooms from the cafe. At 12:00 p.m., the meal service was observed. No Res was observed taking any food from the	C1511		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL4401	A. BUILDING: _____ B. WING _____	10/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK GARDENS SLC	1215 WESTBROOK BLVD PURCELL, OK 73080

(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
C1511	Continued From page 2 dining room to their apartment. At 3:02 p.m., Res #3 stated she was recently told she could not bring any food item to her room from the dining room. She stated, she would like to eat half a sandwich at lunch and bring the other half back to the room. She stated, "I hate that." She stated, she would eat the other half of the sandwich in the evening. At 4:09 p.m., the administrator stated the staff do not have access to the kitchen after the evening meal. The staff had access to juice, but no food. She stated they stopped letting Res take cartons of yogurt back to their rooms, but the Res could eat yogurt in the dining room. On 10/06/21 at 10:12 a.m., the dietary supervisor was asked about the Res taking food from the dining room after meal service or for snacks. She stated, not any longer. She stated, she did not think it's an option. It used to be.	C1511		

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 10/22/2021** **Facility Name:** WESTBROOK GARDENS SLC **License Number:** AL4401-4401 **Survey Event ID:** 1E6K11 **Date Survey Completed: 10/6/2021**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1511	Based on: observation, interview and record review, the facility failed to ensure residents preferences were honored concerning dining services with the option of taking snacks back to their rooms for four of four residents who preferred to take food to their rooms after the dining meal.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: All 40 residents could have been affected by this alleged practice although only four (4) were.

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?	Staff were inserviced on 10-7-21 informing them residents may take snacks and/or food items back to their apartments. (See attached inservice sheet)
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 residents had the potential to be affected by the deficient practice
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?	Immediate measures were put into place regarding taking snacks/food back to their apartments on 10-6-21. Residents and staff informed verbally. On 10-19-21 a formal letter was handed to each resident informing them of being able to take snacks/food back to their apartment. (See attached) Administration P&P #29 i. (See attached) was updated to reflect the housekeeper checking refrigerators weekly to ensure no expired food or drink items remain. Any ongoing issues with expired items will be addressed with the resident and/or family members.
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.	Ongoing monitoring will be done by the Administrator or designee. It will be documented on the QA and Resdident Council meeting notes throughout 2021 and as needed for compliance. Mealtimes will be monitored periodically to ensure compliance. This practice will be discussed at the next QA meeting and as needed thereafter. Documented meeting minutes from both QA and Resident Council will be kept.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	10/19/2021

OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. Kelly McCullough, Adm OAC 310:663-25-4(F)			**Date 10/22/2021**
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	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.			

Employee In-service

HK - Check res. fridge weekly when cleaning

TITLE: Food Service - Re: snacks (yogurt)

INSTRUCTOR: Holly Mattingly, Rn. Adm.

Date: 10/7/21

Time Started: 3p

Time Ended: 3:20p

Hm Rn Adm

Sandy Cox

Sally Perry

Amber

Rose Trejo

Laura

Cassandra Parker

Patricia Powell

Susan Depp

Shawna Williams

Trejo

Please see attached material.

Adm R&P #29 - Housekeeping (1pg)
Summary

ADMINISTRATION POLICY #29

Policy Title: **Housekeeping Service**

Purpose: To establish standards of cleanliness and consistency in the way in which apartments and common areas are maintained.

Procedure:

1. Apartments will be cleaned weekly, unless otherwise noted in a resident's care plan. Services not identified in the care plan should not be performed without permission from the Administrator.

2. Weekly housekeeping and laundry of linens are included in the basic level of care.

3. If a resident chooses they may do their own housekeeping or the family may complete this task.
4. Residents routinely needing daily support with tidying, making beds, emptying trash, etc… need to be assessed for a level of care change and/or appropriate placement.

5. A housekeeping schedule will be maintained and will identify the day and type of cleaning to be performed.

6. Staff members will be trained in the following:
   a. all housekeeping procedures
   b. use, storage and labeling of all cleaning supplies (i.e. OSHA and MSDS requirements) hard surfaces will be cleaned with an EPA registered products will be used
   c. fire, safety hazards and heath concerns to be reported
   d. safety precautions
   e. resident preferences
   f. Public and staff restrooms and hard surface, high contact areas in common spaces will be cleaned and disinfected daily
   g. Resident apartments will be cleaned and disinfected weekly. One hall per day is cleaned, door knobs will be cleaned and disinfected each week or more often if needed. (outbreak of COVID-19, Flu or gastro-intestinal virus)
   h. After a resident vacates an apartment it will be thoroughly cleaned and disinfected and locked
   i. Housekeeping will check resident refrigerators on a weekly basis when cleaning to ensure expired food/drink items are thrown out. If an on-going issue persist he/she will report to the Administrator so it can be addressed with the resident and family.

Westbrook Gardens
SENIOR LIVING COMMUNITY

October 19, 2021

Dear Residents,

Please be aware that you can request snacks from the kitchen at any time between 7:30am and 5:45pm. Drinks such as coffee, tea and juices are always available. Snacks may vary in variety, type and based on availability. You may take these snacks back to your apartment if you choose.

During your weekly housekeeping, the housekeeper will check all refrigerators for any expired items. Expired items will be thrown out to prevent any foodborne illness.

If you have any questions please contact Holly Mattingly, RN, Administrator and/or Sally Perry, Community Manager at the front office or call 405-527-1365.

Thank you for your cooperation.

Sincerely,

Holly Mattingly, RN

Holly Mattingly, RN
Administrator

1215 Westbrook Boulevard • Purcell, Oklahoma 73080 • Tel: (405) 527-1365 • Fax: (405) 527-3024 • www.westbrookgardensslc.com

OKLAHOMA
State Department
of Health

Delivery via email to: admin@westbrookgardens.com

January 24, 2022

License Number: AL4401

Ms. Sally Perry, Administrator
Westbrook Gardens SLC
1215 Westbrook Blvd
Purcell, OK 73080

Survey Event ID: 1E6K12

Dear Ms. Perry:

On **January 14, 2022,** 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 **October 6, 2021,** have now been corrected effective **October 19, 2021.**

If you have any questions concerning the information in this letter, please contact the Enforcement Coordinator at (405) 426-8200.

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2022.01.24 08:33:02 -06'00'

Katie Stagner, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

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
	AL4401	A. BUILDING: _____ B. WING _____	R 01/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK GARDENS SLC	1215 WESTBROOK BLVD PURCELL, OK 73080

(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 01/14/22. 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