OKLAHOMA
State Department
of Health

Delivery via email to: admin@westbrookgardens.com

August 8, 2022

License Number: AL4401
Survey Event ID: VKHU11

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

Dear Ms. Perry:

Enclosed is a report of the complaint investigation conducted at your Adult Day Care facility on **July 27, 2022.** 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: 2022.08.08 14:17:27 -05'00'

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

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Westbrook Gardens SLC**
Address: **1215 Westbrook BLVD**
City, State, Zip: **Purcell, Ok**
Provider #: **AL4401**
Complaint #: **OK000059234**
Investigation Date(s): **07/27/2022**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to provide an effective pest control program.	**US**

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

An unannounced on-site investigation was initiated 07/27/2022 at 12:00 p.m.

A sample of three 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 Centers for Medicare and Medicaid Services (CMS) 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.

An investigation specific to pest control was conducted. Upon entrance to the facility and during the investigation, the residents were observed in their rooms, dining room, and day areas. No pest was observed at any time during the survey.

Staff and residents were interviewed and report no concerns with pests, stating they had no issues with pests.

Clinical records and pests control logs were reviewed. The facility had been treated monthly and more times as needed to treat for pest including roaches and bed bugs.

At the time of the survey no deficient practice was cited.

Determination Summary and Follow-Up Action:
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 federal/state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies, Form 2567.

Deficient practice was unsubstantiated for allegation OK000059234. 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 federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Sherry McKee, LPN

Date report completed: 08/01/2022

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 _____	07/27/2022

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 A complaint investigation (#OK00059234) was conducted from 07/27/22 through 07/27/22. No deficiencies were cited.	C 000		

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