OKLAHOMA
State Department
of Health

Delivery via email to: Kbaker@fellowshiphome.com

May 2, 2024

License Number: AL4702

Mr. Kory Baker, Administrator
Fairview Fellowship Home Assisted Living
600 Legion Drive
Fairview, OK 73737

RE: Survey Event ID: ZQK511

Dear Mr. Baker:

On **April 30, 2024**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **April 30, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written 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 (attached). 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 and monitoring will be completed for each violation;
(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 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: IDRCoordinator@health.ok.gov

Or by mail 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,

Tempal Killman

Tempal Killman, Enforcement Analyst
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
	AL4702	A. BUILDING: _____ B. WING _____	04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW FELLOWSHIP HOME ASSISTED LIVING	600 LEGION DRIVE FAIRVIEW, OK 73737

(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 from 04/29/25 through 04/30/24. Facility Census: 11	C 000		
C 711 SS=F	310:663-7-1(a) GENERAL REQUIREMENTS (a) Each assisted living center shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21. This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure an annual fire inspection was completed. The Administrator identified 11 Residents resided in the facility. Findings: A document titled "Annual Fire /Life Safety Inspection Walkthrough" ,dated 9/1/22, read in part,"...[Name of company withheld]...Date: 9/1/22...fire alarms system annually inspected on	C 711		

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C 711	Continued From page 1 9/2022...Fire Sprinkler system was annually inspected 7/2022...Kitchen Hood Suppression system was biannually inspected 3/2022...' On 04/29/24 at 10:01 a.m., the Administrator stated that they had not had a fire marshal inspection since 09/01/22 due to forgetting to schedule it. They brought the last annual inspection dated 09/01/22. The Administrator stated the center did not have a policy on annual fire inspections being completed.	C 711		

OKLAHOMA
State Department
of Health

Delivery via email to: Kbaker@fellowshiphome.com

May 9, 2024

License Number: AL4702

Mr. Kory Baker, Administrator
Fairview Fellowship Home Assisted Living
600 Legion Drive
Fairview, OK 73737

RE: Survey Event ZQK511

Dear Mr. Baker:

On **April 30, 2024**, a Licensure inspection was conducted at your Assisted Living Center facility. 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 have been corrected and you were in substantial compliance by **May 7, 2024**.

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,

Tempal Killman

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

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW FELLOWSHIP HOME ASSISTED LIVING	600 LEGION DRIVE FAIRVIEW, OK 73737

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5/7/2024

FAIRVIEW
Fellowship Home
605 East State Road • Fairview, Oklahoma
(580) 227-3783

1. Fairview Fellowship Home Assisted Living will have scheduled and performed a annual fire protection/life safety inspection every 12 months or before.

Kory Baker

Administrator

Kory Baker

FLORIAN
PROTECTIVE SERVICES, LLC

6608 North Western Ave., Suite 277, Oklahoma City, OK 73116
Phone (405) 312-7250
astuckey@florianprotective.com

Annual Fire Protection/Life Safety Inspection Walkthrough

Occupant Name: Fairview Fellowship Home Assisted Living Center Occupant Class: Institutional Group I-1 Date: 5/6/2024

Street Address: 605 E. State Road, Fairview, OK 73737

Business Owner or Manager: Kory Baker; kbaker@fellowshiphome.com Business Phone: 580-227-3783

Inspection Status:
☒ Approved ☐ Disapproved.

Fire Code	Fire Code Remarks	Date Corrected
NFPA 72	Fire Alarm System was annually inspected on 8/2023	
NFPA 13	Fire Sprinkler system was annually inspected on 3/2024	
NFPA 17A	Kitchen Hood Suppression System was biannually inspected on 3/2024, next inspection is scheduled.	

1) Building Exterior

Yes	No	N/A	
☐	☒	☐	Address numbers are posted, contrast with the background, are at least 5 inches tall and visible from the road.
☐	☐	☒	Fire lane signs are posted for driveways and access roads less than 34 feet wide.
☐	☐	☒	Gas meters and attached piping are protected from vehicular damage by concrete or steel posts.
☒	☐	☐	There is a 3-foot clearance around all fire hydrants.
☒	☐	☐	Dumpster or trash containers are least 5 feet from building openings or roof overhangs.

2) Building Interior

Yes	No	N/A	
☒	☐	☐	All exit doors are free of obstructions and unlocked during business hours.
☒	☐	☐	Aisles and exit paths are at least 36 inches wide when storage and or equipment are on one side.
☒	☐	☐	Aisles and exits are free of storage or obstructions.
☒	☐	☐	Exit signs and emergency lights are operational with primary and emergency power supplies.
☒	☐	☐	Each floor has one fire extinguisher for every 3,000 square feet.
☒	☐	☐	Fire extinguishers have been inspected and tagged by a licensed contractor within the last 12 months.
☒	☐	☐	Combustible materials are not stored in exit paths, under stairs, under floors, above ceilings, or in mechanical rooms.
☒	☐	☐	Storage is maintained at least 2 feet from the ceiling.
☒	☐	☐	A clear space of 30 inches is maintained in front of all electrical panels.
☒	☐	☐	Extension cords are not used in place of permanent wiring.
☒	☐	☐	There are no multi-plugs adapters. Listed power taps or trip outlets with over-current protection are used.
☒	☐	☐	Signs identifying electrical rooms, mechanical rooms, and roof access are installed.
☒	☐	☐	Fire alarm control panels and fire sprinkler valve locations are identified.
☒	☐	☐	Fire-resistive construction such as drywall is free of holes and maintained in good condition.
☒	☐	☐	Fire doors are not propped or blocked open and are self-closing or self-latching.
☒	☐	☐	Lint traps and areas behind clothes dryers are free of lint buildup and other combustible debris.

3) Commercial Fire Alarm System

Yes	No	N/A	
☒	☐	☐	Fire alarm systems are inspected annually by a licensed Fire Alarm Contractor.
☐	☒	☐	Copy of system instruction manuals on site.
☒	☐	☐	The batteries have no corrosion, damage, or leakage noted.
☒	☐	☐	The Primary Power Supply dedicated branch circuit and connections were mechanically protected.
☒	☐	☐	The circuit disconnecting means had a red marking and was identified as "Fire Alarm Circuit"
☒	☐	☐	The location of the circuit disconnecting means was identified at the fire alarm control unit.
☒	☐	☐	The panel is in a system normal condition.
☒	☐	☐	The system is being monitored for alarm, supervisory, and trouble signals

4) Fire Alarm Tagging Requirements per the Oklahoma Department of Labor:

a) Green Sticker: The green sticker shall be made from water durable material and permanently affixed to the door of the fire alarm panel. The green sticker shall be affixed at the time of annual inspection. The sticker shall be completed with waterproof ink. The following additional requirements shall apply to the use of the Green Sticker:

The sticker shall bear the following information:

☒ DO NOT REMOVE BY ORDER OF THE FIRE CODE OFFICIAL
☒ The Contractor's Name
☒ The Contractor's Complete Address
☒ The Contractor's Phone Number
☒ The Contractor's Oklahoma State License Number
☒ The applicable version of NFPA 72 which the system was installed under
☒ The date of installation
☒ The technician's name responsible for installation
☒ The name of the AHJ

5) Commercial Fire Sprinkler System

Yes	No	N/A	
☒	☐	☐	Fire Sprinkler systems are inspected annually by a licensed Fire Suppression Contractor.
☒	☐	☐	Sprinkler Valves have an unobstructed clear space of at least 3 feet.
☐	☐	☒	Copy of system instruction manuals on site.
☒	☐	☐	Proper signage for Control Valve, Riser Valves, Hydraulic Calculations, FDC
☒	☐	☐	Extra sprinkler heads are correct head wrench for each sprinkler head type in cabinet in riser rooms.
☒	☐	☐	FDC readily accessible and free from obstructions
☒	☐	☐	FDC caps securely in place
☒	☐	☐	Sprinkler Heads free from coatings not applied by manufacturer.
☒	☐	☐	Escutcheon plates installed.

6) Fire Alarm Tagging Requirements per the Oklahoma Department of Labor:

a) Green Sticker: The green sticker shall be made from water durable material and permanently affixed to the riser of the fire protection system. The green sticker shall be affixed at the time of annual inspection. The sticker shall be completed with waterproof ink. The following additional requirements shall apply to the use of the Green Sticker:

The sticker shall bear the following information:

☒ DO NOT REMOVE BY ORDER OF THE FIRE CODE OFFICIAL
☒ The Contractor's Name
☐ The Contractor's Complete Address
☒ The Contractor's Phone Number
☒ The Contractor's Oklahoma State License Number
☒ The applicable version of NFPA 72 which the system was installed under.
☒ The date of installation
☒ The technician's name responsible for installation
☒ The name of the AHJ

7) Kitchen Hood Suppression System

☒ Kitchen Fire Suppression Systems are inspected every six months by a licensed Fire Suppression Contractor and is tagged by the licensed Fire Suppression Contractor.

Inspection by Florian Protective Services, LLC shall not relieve the applicant of the responsibility of compliance with all applicable codes and standards. Fire protection system code and standard requirements not necessarily noted on the plans, in the review letter, or noted during the inspections are still required to be provided and installed so that the fire protection systems are installed in full compliance with all codes and standards. If there are any questions or concerns, please contact me at the above listed number.

Sincerely,

Adam Stuckey

OKLAHOMA
State Department
of Health

Delivery via email to: Kbaker@fellowshiphome.com

May 15, 2024

License Number: AL4702

Mr. Kory Baker, Administrator
Fairview Fellowship Home Assisted Living
600 Legion Drive
Fairview, OK 73737

RE: Survey Event ZQK512

Dear Mr. Baker:

On **May 14, 2024,** an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **April 30, 2024,** have now been corrected effective **May 7, 2024.**

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

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
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
	AL4702	A. BUILDING: _____ B. WING _____	R 05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRVIEW FELLOWSHIP HOME ASSISTED LIVING	600 LEGION DRIVE FAIRVIEW, OK 73737

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 05/14/24. 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