OKLAHOMA
State Department
of Health

Delivery via email to: ldimonico@brookdale.com

May 25, 2023

License Number: AL5506

Ms. Lisa Dimonico, Administrator
Brookdale Edmond Danforth
116 West Danforth
Edmond, OK 73003

RE: Survey Event ID: TGNX11

Dear Ms. Dimonico:

Enclosed is a report of the inspection in conjunction with a complaint investigation conducted at your Assisted Living Center on **May 23, 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,

Katie Stagner

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Brookdale Edmond Danforth**
Address: **116 W Danforth**
City, State, Zip: **Edmond, OK 73003**
Provider #: **AL5506**
Complaint #: **OK00060671**
Investigation Date(s): **05/22/23 05/23/23**

ALLEGATION(S)

1. The facility failed to ensure the right to self-administer medications.
2. The facility failed to ensure accurate assessments upon admission.
3. The facility failed to ensure adequate staff to meet the needs of the residents.
4. The facility failed to ensure residents received assistance with activities of daily living in a timely manner.

An unannounced on-site investigation was initiated 05/22/2023 at 2:17 p.m.

A sample of 1 resident, including any identified residents, 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 Summary of Complaint Investigation:

An investigation related to assessments, physician notes, physician orders, medication administration records, care plans, contracts and self-administration assessments was conducted.

A tour of the center was conducted.

Residents were observed receiving care, medications, and meals.

Residents stated they received their physician ordered medications from medication staff.
Residents stated they received assistance with activities of daily living and care from the direct care staff. They also received their meals from staff.

Staff stated there were no residents at the center who self-administered medications. They stated they provided assistance with daily activities and they provided incontinent care every two hours and helped with meals.

It was documented the resident had not passed the self-medication assessment on 05/12/23 conducted by the center's registered nurse at the physician's request.

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

Thank you for bringing your concerns to our attention.

Franklin Calvin

Date report completed: 05/24/2023

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
	AL5506	A. BUILDING: _____ B. WING _____	C 05/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE EDMOND DANFORTH	116 WEST DANFORTH EDMOND, OK 73003

(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 05/22/23 and 05/23/23. A complaint investigation (#OK00060671) was conducted in conjunction with the survey. No deficiencies were cited.	C 000		

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