OKLAHOMA
State Department
of Health

Delivery via email to: ldimonico@brookdale.com

July 25, 2024

License Number: AL5506

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

RE: Survey Event ID: KB9K11

Dear Ms. Dimonico:

On **June 25, 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 **June 25, 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:

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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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 _____	06/25/2024

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 from 06/24/24 through 06/25/24. Facility Census: 61 Listed below are abbreviations that will be used throughout this document. Dx - diagnosis FSBS - fingerstick/blood sugar HWD - Health & Wellness Director Inj - injection MD - physician mg - milligrams mL, ml - milliliters po - by mouth PRN, prn - as needed Q6H - every six hours Qd - every day RN - Registered Nurse Sub. - subcutaneous tabs - tablets	C 000		
C5010 SS=D	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act. B. Residents of an assisted living center may receive hospice home services under the provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted	C5010		

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C5010	Continued From page 1 living center from receiving such services from any person who is exempt from the provisions of the Home Care Act. D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to coordinate the care provided by third-party provider for one (#2) of four sampled residents receiving Hospice services. The Health and Wellness Director identified 61 residents resided in the facility. There were 16 residents who received services from third-party providers. Findings: Resident #2 received daily skilled nurse visits from [Name Deleted] for hospice care and insulin administration. Admission order, written by facility MD on 04/03/24, read in parts, " ...Levemir Inj Flexpen	C5010		

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C5010	Continued From page 2 100/ml 25 units Qd sub. diabetes ..." Verbal Order, given by [Name Deleted] MD on 04/03/24, read in parts, " ...Facility staff to check FSBS once daily at night and PRN ...Levemir 100 units/mL ...Inject 20 units subcutaneous once a day for hyperglycemia ..." 'Home Health/Hospice/Third Party Provider Collaboration Notes', dated 04/09/24, 04/10/24, 04/11/24 and 04/12/24, documented Resident #2 was given 25 units of Levemir insulin daily by the skilled nurse from [Name Deleted], and there was no documentation facility staff checked Resident #2's FSBS as ordered. Telephone Order, given by [Name Deleted] MD on 04/07/24, read in parts, " ...Tylenol 325mg 2 tabs po Q6H prn Dx: pain/fever. Preparation H Suppository insert 1 rectally daily for 5 days then daily prn ..." There was no documentation on the May 2024 or June 2024 MAR or physician's orders the above orders for Tylenol nor Preparation H had been added to Resident #2's medication regimen. On 06/24/24 at 2:49 p.m., the HWD was asked how care received through third-party providers was coordinated. They stated all persons providing care reported to [HWD] after each visit and completed a third-party provider form that are reviewed by them and kept in their office. The HWD was asked if they had reviewed the documents for Resident #2 listed above. They stated they were not sure. On 06/25/24 at 12:04 p.m., RN #1 was asked to review the facility MD orders and the third-party MD orders for Resident #2 mentioned above. After reviewing the documents, RN #1 stated it	C5010		

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C5010	Continued From page 3 was the responsibility of the HWD to ensure coordination of care with third-party providers by reviewing interim orders, making sure they are added to the resident's medication regimen, and reviewing third-party documentation. RN #1 acknowledged this had not been done.	C5010		

OKLAHOMA
State Department
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Delivery via email to: ldimonico@brookdale.com

August 14, 2024

License Number: AL5506

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

RE: Survey Event KB9K11

Dear Ms. Dimonico:

On **June 25, 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 will be corrected and you will be in substantial compliance by **August 26, 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

BROOKDALE
EDMOND DANFORTH
SENIOR LIVING SOLUTIONS
ALL THE PLACES LIFE CAN GO ®

August 7, 2024

Oklahoma State Department of Health
Protected Health Services
Long Term Care Service

Via: Email
Event ID KB9K11

Attached please find the Plan of Correction for Brookdale Edmond Danforth for the survey dated June 25, 2024. I have attached the plan of correction for tag number C5010. We plan on having our corrections in place & ready for your review on August 26. 2024. If you have any questions I can be reached at 405-245-1577 or emailed at Ldimonico@brookdale.com.

Sincerely,

Lisa DiMonico

Lisa DiMonico
Executive Director
Brookdale Edmond Danforth

116 West Danforth Road
Edmond, OK 73003
Phone (405) 330-9100
brookdale.com

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 7/26/2024** **Facility Name:** Brookdale Edmond Danforth **License Number:** AL 5506 **Survey Event ID:** KB9K11 **Date Survey Completed: 6/25/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C5010	Based on: record review & & interview, the facility failed to coordinate the care provided by third party provider for one of four sampled residents receiving hospce care.The following is the plan of correction for brookdale Edmond Danforth regarding the the statement of defieciencies dated 6/25/24. The plan of correction is not to be construed as an admission of agreement with the findings & conclusions in the state defiencies, or any related sanction orfine. Rather, it is submitted asconfirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, wehave outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, not have we identified mitigating factors. We remain committed to the delivery of qualityhealth care services and will continue to make changes & improvement to satisfy the objective. PLEASE change the census at the time of survey from 61 to 31.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

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?	The HWD or deighnee will be responsible for reviewing third party notes & matching them with the residents orders.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The HWD or designee will review all third party plan of care with hospice & home health to make sure orders are correct for resident #2 who was effected. For all 16 residents on home health & hospice services all orders/ plan of care will be monitored and matched to ensure we have the correct physician orders.
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?	I have put a note where the third party communication forms are that instruct everyone where to put the forms once they are completed. HWD or designee to review plan of care when resident is recertified, will document in Point Click Care any changesreguarding resident care.
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	The ED or designee will meet weekly with the HWD or designee weekly for one monthe then monthly for three months. Area Nurse Manager or designee will review the progress completed by the ED & HWD. The progress will be added/reviewed on our monthly QA meetings for August, September & October.

c. How monitoring records will be kept to evidence the correction.	The HWD will keep a notebook in her office that will keep track of any changes for three months (August,September & October 2024). We will also have notes in Pont Click Care & QA notes.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/26/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Lisa DiMonico OAC 310:663-25-4(F)	**Date 8/7/2024**

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.

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OKLAHOMA
State Department of Health

Delivery via email to: ldimonico@brookdale.com

September 5, 2024

License Number: AL5506

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

RE: Survey Event KB9K12

Dear Ms. Dimonico:

On **September 4, 2024,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **June 25, 2024,** have now been corrected effective **August 26, 2024.**

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

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

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{C 000}	INITIAL COMMENTS On 09/04/24, an offsite/revisit was conducted. The deficiencies from 06/25/24 were cleared.	{C 000}		

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