OKLAHOMA
State Department
of Health

Delivery via email to: Lisa Dimonico <ldimonico@brookdale.com>

December 23, 2024

License Number: AL5506

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

Survey Event ID: TRFY11

Dear Ms. Dimonico:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 19, 2024**. 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.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Brookdale Edmond Danforth**
Address: **116 West Danforth**
City, State, Zip: **Edmond, Ok, 73003**
Facility ID: **AL5506**
Complaint #: **OK00073834**
Investigation Date(s): **12/19/24**

ALLEGATION
The center failed to provide adequate supervision to prevent elopement.

An unannounced on-site investigation was initiated 12/19/2024 at 8:43 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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:
A tour of the facility was conducted upon entrance, and at other various times throughout the survey. Six exit doors were identified with exit signs next to them describing how to exit if needed because they are emergency exits. Fire Marshall report was reviewed stating there were no violations on their check on 10/02/24. An email to OSDH from the Fire Marshall documented that the doors were once again checked for problems on 12/10/24, and none were identified.

Resident records including resident care contracts, diagnoses, and living level of care records. Facility policies and procedures on elopement and facility-initiated discharges were reviewed.

Residents were interviewed related to appropriateness of staff interactions with them, and the timeliness of staff in responding to call lights. Staff members were interviewed regarding the facility policies on elopement and call light response expectations.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 12/19/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Brookdale Edmond Danforth**
Address: **116 West Danforth**
City, State, Zip: **Edmond, Ok, 73003**
Facility ID: **AL5506**
Complaint #: **OK00074508**
Investigation Date(s): **12/19/24**

ALLEGATION
The center failed to ensure a working call system for resident to communicate their needs to the nursing staff.

An unannounced on-site investigation was initiated 12/19/2024 at 8:43 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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:
A tour of the facility was conducted upon entrance, and at other various times throughout the survey. Six exit doors were identified with exit signs next to them describing how to exit if needed because they are emergency exits. Fire Marshall report was reviewed stating there were no violations on their check on 10/02/24. An email to OSDH from the Fire Marshall documented that the doors were once again checked for problems on 12/10/24, and none were identified. Staff were observed answering their phone that is attached to call lights and doorbell timely to respond to needs. Call light was pulled in a resident room and staff response was within 2 minutes.

Resident records including resident care contracts, diagnoses, and living level of care records. There was no call light policy.

Residents were interviewed related to appropriateness of staff interactions with them, and the timeliness of staff in responding to call lights. Staff members were interviewed regarding the facility policies on call light response expectations. They are expected to answer within 15 minutes.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 12/19/2024

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 12/19/2024

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 Complaint investigations (#OK00073834 and #OK00074508) were conducted on 12/19/24. No deficiencies were cited. Facility Census: 29	C 000		

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