Oklahoma State Department of Health
Creating a State of Health

August 29, 2019

License Number: AL5510

Ms. Emily Cook, Administrator
Brookdale Oklahoma City Southwest
10001 South May Avenue
Oklahoma City, OK 73159

Survey Event ID: 33TN11

Dear Ms. Cook:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 21, 2019.** 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) 271-6868.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Brookdale Oklahoma City Southwest**
Address: **10001 South May Avenue**
City, State, Zip: **Oklahoma City, OK 73159**
Provider #: **AL5510**
Complaint #: **#OK00054037**
Investigation Date(s): **08/21/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to have and/or implement their abuse policy	**US**
2. The center failed to provide care and services according to residents' contracts.	**US**

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

An unannounced on-site investigation was initiated on Tuesday, August 21, 2018 at 9:25 a.m.

A sample of three residents including any identified residents was selected for the investigation based on the concerns relevant to the allegations.

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 Description of Significant Findings Related to Each Allegation is Provided Below:

An incident of potential abuse was investigated related to the relationship of one man's involvement with two separate women identified in the allegation.

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

All three residents identified in the allegation are located on separate halls within the center. A female resident in the center identified a male resident as her companion. The Power of Attorney (POA) for both residents was aware a relationship existed between these two residents. The female resident's POA stated she had not identified a problem with the companionship between the two residents. She stated she was OK with her mother having a relationship. The male resident's POA stated she had not identified a concern between the two residents.

A nursing staff note documented a different female resident recently lost her husband a few months ago and was seeking companionship with the same male resident. The families were both aware and both residents had been redirected when getting too close. A staff member knew they were to keep these two residents separate if they got too close.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation related to assistance with personal hygiene and laundry services not being provided.

Upon entrance to the apartment, clean towels were folded and stacked neatly on the resident's bed. The resident was asked about his laundry. He stated the center did laundry once a week and folded it like that nice and neat. The resident could not locate his laundry basket. The staff located his empty clothes basket in his closet and he put the basket in his bathroom and he placed the clothes from the floor into the laundry basket. The administrator was asked about laundry. She stated the center had a recent remodel and at times they did get behind on some of the laundry. She stated she had complaints about the laundry from various family members and recently hired two persons for laundry and housekeeping services. The resident's laundry day was scheduled for Tuesday mornings and delivered back to the resident on Wednesday, August 21, 2019 as scheduled. The resident voiced no complaints about services provided by the center.

The resident was sitting in a chair with clean clothes on and no detectable odors. The weekly shower schedule indicated the resident showered on Tuesdays and Thursdays. The center typically did not document if the showers were completed or not however, on August 20, 2019 his shower was documented by a staff member. He was asked about his showers. He stated the center wanted to help him with a shower so he let them, but stated he could do his own shower.

Two other resident's apartments were viewed for dirty laundry and no excessive amounts of dirty laundry were observed.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1 and #2. 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 state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Julie Edmiaston RN BSN 8/26/19

Julie Edmiaston RN, BSN

Date report completed: 08/26/2019

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
	AL5510	A. BUILDING _____ B. WING _____	08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE OKLAHOMA CITY SOUTHWEST	10001 SOUTH MAY AVENUE OKLAHOMA CITY, OK 73159

(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 On 08/21/19 an abbreviated survey to investigate complaint #OK00054037 was conducted. Census was 30. No deficient practice was cited.	C 000		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL5510	BROOKDALE OKLAHOMA CITY SOUTHWEST

Type of Survey (select all that apply)

[3] [ ] [ ] [ ] [ ]

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

[ ] [ ] [ ] [ ] [ ]

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID 1. 30875	08/21/2019	08/21/2019	0.50	0.00	7.00	0.00	1.50	4.00
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13.								
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Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

AUG 3 0 2019