OKLAHOMA
State Department
of Health

Delivery via email to: FountainED@silverpointsenior.com

December 7, 2022

License Number: AL5537

Ms. Kristel Brewer, Administrator
Fountainbrook Assisted Living And Memory Support
11510 Se 15th Street
Midwest City, OK 73130

RE: Survey Event ID: 4RZY11

Dear Ms. Brewer:

On **December 5, 2022**, agents from our office concluded a State Licensure survey with a complaint investigation 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 December 5, 2022.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Fountainbrook AL and MC**
Address: **11510 SE 15th Street**
City, State, Zip: **Midwest City, OK 73130**
Provider #: **AL5537**
Complaint #: **OK00059799**
Investigation Date(s): **11/29/22 – 12/01/22, and 12/05/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure residents were not neglected.	**US**
2. The center failed to ensure medications were administered as ordered by the physician.	**US**
3. The center failed to provide timely incontinent care, answer call lights in a timely manner and ensure residents were assisted to bed.	**US**

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

An unannounced on-site investigation was initiated on 11/29/2022 at 9:40 a.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:

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

An investigation specific to monitored blood pressure was conducted.

Resident records, physician orders, medication administration records, and hospital records were reviewed.

No resident was observed in distress, at the time of the survey.

No resident complained about not having their blood pressure monitored or their physician ordered blood pressure medications being given as ordered.

At the time of the survey, there was no deficient practice related to neglect.

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

An investigation specific to medication administration was conducted.

Resident records, physician orders, and medication administration records were reviewed.

Residents received their medications as ordered by the physician, during the survey.

No resident complained about not receiving their physician ordered medications.

At the time of the survey, there was no deficient practice related to medications administered as ordered by the physician.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to call lights, assistance with activities of daily living, and care plans was conducted.

Call light records and care plans were reviewed.

At the time of the survey, call lights were observed to be answered in a timely manner. Residents were observed to be clean. The center had a pleasant smell.

No resident complained about not receiving incontinent care in a timely manner, their call light not being answered in a timely manner or being assisted or assisted to bed.

At the time of the survey, there was no deficient related to incontinent care, call lights, or assistance to bed.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1-#3. 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.

Melissa Swaim RN

Date report completed: 12/06/2022

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
	AL5537	A. BUILDING: _____ B. WING _____	C 12/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINBROOK ASSISTED LIVING AND MEMORY S	11510 SE 15TH STREET MIDWEST CITY, OK 73130

(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
N 000	Initial Comments A relicensure survey was conducted from 11/29/22 through 12/01/22 and 12/05/22. A complaint investigation (#OK00059799) was conducted in conjunction with the survey. Listed below are abbreviations that will be used throughout this document. CMA-certified medication aide LTCA-long term care aide	N 000		
N1105 SS=E	310:677-11-1 (a)(1)(2)(3) General Requirements - LTC (a) The facility shall: (1) Complete a performance review of every nurse aide at least once every twelve (12) months and provide two (2) hours of inservice training specific to their job assignment each month. (2) Have in-service education generally supervised by a registered nurse who has at least two years nursing experience with at least one (1) year of which shall be in the provision of long term care services. (3) Ensure that each nurse aide certification is current and not expired. This REQUIREMENT is not met as evidenced by:	N1105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5537	A. BUILDING: _____ B. WING _____	C 12/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINBROOK ASSISTED LIVING AND MEMORY S	11510 SE 15TH STREET MIDWEST CITY, OK 73130

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N1105	Continued From page 1 Based on record review and interview, the center failed to ensure a performance reviews of every nurse aide at least once every twelve months for 14 (LTCA #2, #3, #5, #6, #10, #11, #13, #17-#19, #23-#25, and #30) of 31 long term aide's employed at the center. Findings: During skills competency review with the Administrator, LTCA #2 (hired 10/01/20), LTCA #3 (hired 09/01/21), LTCA #5 (hired 10/19/19), LTCA #6 (hired 09/13/21), LTCA #10 (hired 06/25/21), LTCA #11 (hired 01/31/16), LTCA #13 (hired 11/17/21), LTCA #17 (hired 10/14/21), LTCA #18 (hired 04/08/20), LTCA #19 (hired 01/31/16), LTCA #23 (hired 08/23/21), LTCA #24 (hired 03/23/20), LTCA #25 (hired 11/12/21), and LTCA #30 (hired 03/11/19) had not had their skills performance reviews completed. On 12/05/22 at 1:40 p.m., the Administrator stated annual LTCA competency reviews had not been completed by a licensed health professional.	N1105		
N1442 SS=E	310:677-13-7 (c) Skills And Functions (c) Skills review. The facility, center or home shall validate certified medication aide skills before the certified medication aide performs medication administration. The certified medication aides' skills shall be reviewed annually for performance competency.	N1442		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5537	A. BUILDING: _____ B. WING _____	C 12/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINBROOK ASSISTED LIVING AND MEMORY S	11510 SE 15TH STREET MIDWEST CITY, OK 73130

(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
N1442	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to ensure a. Certified medication aides skills were validated before the CMA performed medication administration for 3 (CMA #4, #6, and #10) of 3 newly hired CMA's; and b . Reviewed annually for skills performance competency for 7 (CMA #2, #3, #5, #7, #8, #9 and #11) of 10 CMA's employed at the center. Findings: a. During CMA skills review with the Administrator, CMA #4 (hired 09/13/22), CMA #6 (hired 03/02/22) and CMA #10 (hired 04/29/22) had not had their skills validated before they performed medication administration. b. During CMA skill review for annual competencies with the Administrator, CMA #2 (hired 10/01/20), CMA #3 (hired 09/01/21), CMA #5 (hired 01/31/16), CMA #7 (hired 04/08/20), CMA #8 (hired 01/31/16), CMA #9 (hired 08/23/21), and CMA #11 (hired 03/11/19) had not had their annual skill performance competency reviewed. On 12/05/22 at 1:40 p.m., the Administrator stated competency reviews had not been completed prior to newly hired CMA's performed medication administration by a licensed health professional. They also stated annual competency reviews had not been completed by a licensed health professional.	N1442		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5537	A. BUILDING: _____ B. WING _____	C 12/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINBROOK ASSISTED LIVING AND MEMORY S	11510 SE 15TH STREET MIDWEST CITY, OK 73130

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C 000	INITIAL COMMENTS A relicensure survey was conducted from 11/29/22 through 12/01/22 and 12/05/22. A complaint investigation (#OK00059799) was conducted in conjunction with the survey. Listed below are abbreviations that will be used throughout this document. CMA-certified medication aide LTCA-long term care aide	C 000		

OKLAHOMA
State Department
of Health

Delivery via email to: FountainED@silverpointsenior.com

December 20, 2022

License Number: AL5537
Survey Event ID: 4RZY11

Ms. Kristel Brewer, Administrator
Fountainbrook Assisted Living and Memory Support
11510 Se 15th Street
Midwest City, OK 73130

Dear Ms. Brewer:

On **December 5, 2022,** a Relicensure survey and a Complaint investigation were conducted at your Assisted Living Center. 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 **December 17, 2022**.

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
Digitally signed by Tempal Killman
Date: 2022.12.20 10:22:19 -06'00'

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 12/19/2022** **Facility Name:** FountainBrook Assisted Living and Memory Support **License Number:** AL5537 **Survey Event ID:** 4RZY11 **Date Survey Completed: 12/9/2022**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: N1105	Based on: record review and interview, the center failed to ensure a performance reviews of every nurse aide at least once every twelve months for 14 (LTCA #2, #3, #5, #6, #10, #11, #13, #17-#19, #23-#25, and #30) of 31 long term aide's employed at the center

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: To remain in compliance with all Federal and State regulations, the community has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the Center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by 12/19/20222

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?	All current LTCA skills competencies will be completed on or before 12/19/2022 by licensed health professional.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	An audit of of employee files was conducted and those employees with out of date competencies was identified, and skills competencies were completed prior to 12/19/2022
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?	Skill Compentiences was added to new hire checklist. Skill Competencies will be completed on or before yearly anniversary. No Employee will be released to work until Skill Compentiency is completed.
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 c. How monitoring records will be kept to evidence the correction.	Enter methods to ensure corrections are sustained: Resident Care Coordinator and/or Business Office Manager will prepare a monthly list of Skill Competencies due and give to Licensed Health Professional to complete. Business Office Manager will audit employee files by the 10th of the month to ensure required documentation is present. Executive Director will audit employee files quarterly and present findings to QA Committee.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	12/17/2022
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Kristel A. Brewer, LPN, ED OAC 310:663-25-4(F)			**Date 12/19/2022**
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.			

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 12/19/2022** **Facility Name:** Fountain Brook Assisted Living and Memory Support **License Number:** AL5537 **Survey Event ID:** 4RZY11 **Date Survey Completed: 12/9/2022**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: N1442	Based on: . Certified medication aides skills were validated before the CMA performed medication administration for 3 (CMA #4, #6, and #10) of 3 newly hired CMA's; and b . Reviewed annually for skills performance competency for 7 (CMA #2, #3, #5, #7, #8, #9 and #11) of 10 CMA's employed at the center.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: To remain in compliance with all Federal and State regulations, the community has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the Center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by 12/19/2022

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?	All current Certified Medication Aides' skills competencies will be completed on or before 12/19/22 by licensed health professional.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	An audit of of employee files was conducted and those employees with out of date competencies was identified, and skills competencies were completed prior to 12/19/2022
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?	Skill Compentiences was added to new hire checklist. Skill Competencies will be completed on or before yearly anniversary. No employee will be released to work until Skill Compentiency is completed.
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 c. How monitoring records will be kept to evidence the correction.	Resident Care Coordinator and/or Business Office Manager will prepare a monthly list of Skill Competencies due and give to Licensed Health Professional to complete. Business Office Manager will audit employee files by the 10th of the month to ensure required documentation is present. Executive Director will audit employee files quarterly and present findings to QA Committee.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	12/17/2022
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Kristel A. Brewer, LPN, ED OAC 310:663-25-4(F)			**Date 12/19/2022**
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.			

OKLAHOMA
State Department
of Health

Delivery via email to: FountainED@silverpointsenior.com

February 14, 2023

License Number: AL5537

Ms. Kristel Brewer, Administrator
Fountainbrook Assisted Living And Memory Support
11510 Se 15th Street
Midwest City, OK 73130

RE: Survey Event 4RZY12

Dear Ms. Brewer:

On **February 13, 2023,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **December 5, 2022,** have now been corrected effective **December 17, 2022.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

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
	AL5537	A. BUILDING: _____ B. WING _____	R-C 02/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINBROOK ASSISTED LIVING AND MEMORY S	11510 SE 15TH STREET MIDWEST CITY, OK 73130

(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
{N 000}	Initial Comments An offsite paper followup was conducted on 02/13/23. All citations from the 12/05/22 survey have been cleared.	{N 000}		
{C 000}	INITIAL COMMENTS An offsite paper followup was conducted on 02/13/23. All citations from the 12/05/22 survey have been cleared.	{C 000}		

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