



Delivery via email to: FountainED@silverpointsenior.com

March 29, 2024

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: 011011

Dear Ms. Brewer:

On **March 20, 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 **March 20, 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: IDRCoordinator@health.ok.gov

Or mail 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,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FOUNTAINBROOK ASSISTED LIVING AND MEMORY §		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 000	INITIAL COMMENTS A relicensure survey was conducted from 03/18/24 through 03/20/24. Facility Census: 76 The following abbreviations will be used throught out this document: CMA- certified medication aide MG- milligram RN- registered nurse	C 000		
C 542 SS=E	310:663-5-4(b) CONDUCT OF ASSESSMENT (b) All assessments must be coordinated and signed by a registered nurse or the resident's personal physician. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure resident assessments were coordinated and signed by a registered nurse, or the resident's physician for five (#2, 3, 5, 8, and #9) of 10 sampled residents whose assessments were reviewed. The Executive Director identified 76 residents resided in the facility. Findings: 1. Resident #3 was admitted to the facility on 11/26/22. Resident #3's annual resident assessment, dated 12/26/23, did not document the assessment had	C 542		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FOUNTAINBROOK ASSISTED LIVING AND MEMORY §		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 542	Continued From page 1 been coordinated and signed by an RN or the Resident's physician. 2. Resident #2 was admitted to the facility on 12/21/23. Resident #2's preadmission resident assessment, dated 12/21/23, did not document the assessment had been coordinated and signed by an RN or the Resident's physician. Resident #2's 14 day resident assessment, dated 12/27/23, did not document the assessment had been coordinated and signed by an RN or the Resident's physician. 3. Resident #5 was admitted to the facility on 12/28/23. Resident #5's preadmission resident assessment, dated 12/28/23, did not document the assessment had been coordinated and signed by an RN or the Resident's physician. Resident #5's 14 day resident assessment, dated 01/11/24, did not document the assessment had been coordinated and signed by an RN or the Resident's physician. 4. Resident #8 was admitted to the facility on 01/04/24. Resident #8's preadmission resident assessment, dated 01/04/24, did not document the assessment had been coordinated and signed by an RN or the Resident's physician. Resident #8's 14 day resident assessment, dated 01/18/24, did not document the assessment had been coordinated and signed by an RN or the	C 542		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FOUNTAINBROOK ASSISTED LIVING AND MEMORY §		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 542	Continued From page 2 Resident's physician. 5. Resident #9 was admitted to the facility on 01/04/24. Resident #9's preadmission resident assessment, dated 01/04/24, did not document the assessment had been coordinated and signed by an RN or the Resident's physician. Resident #9's 14 day resident assessment, dated 01/18/24, did not document the assessment had been coordinated and signed by an RN or the Resident's physician. On 03/20/24 at 10:16 a.m., the Executive Director stated there was no RN or resident physician signatures for any of the assessments mentioned.	C 542		
C 543 SS=E	310:663-5-4(c) CONDUCT OF ASSESSMENT (c) The assisted living center shall ensure that each comprehensive assessment includes a personal interview between the resident and the person completing the form. If the resident is mentally impaired, the assisted living center shall include in the interview at least one (1) of the persons listed in (d)(2) and (d)(3) of this section. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to conduct a personal interview between the resident and/or the resident's representative for five (#2, 3, 6, 8, and #9) of 10 sampled	C 543		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FOUNTAINBROOK ASSISTED LIVING AND MEMORY §		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 543	Continued From page 3 residents whose assessments were reviewed. The Executive Director identified 76 residents resided in the facility. Findings: 1. Resident #3 was admitted to the facility on 11/26/22. Resident #3's annual resident assessment, dated 12/26/23, did not document a personal interview between the Resident and/or the Resident's representative. 2. Resident #6 was admitted to the facility on 06/21/23. Resident #6's preadmission resident assessment, dated 06/21/23, did not document a personal interview between the Resident and/or the Resident's representative. 3. Resident #2 was admitted to the facility on 12/21/23. Resident #2's preadmission resident assessment, dated 12/21/23, did not document a personal interview between the Resident and/or the Resident's representative. Resident #2's 14 day resident assessment, dated 12/27/23, did not document a personal interview between the Resident and/or the Resident's representative. 4. Resident #8 was admitted to the facility on 01/04/24. Resident #8's preadmission resident assessment,	C 543		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FOUNTAINBROOK ASSISTED LIVING AND MEMORY §		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C 543	Continued From page 4 dated 01/04/24, did not document a personal interview between the Resident and/or the Resident's representative. Resident #8's 14 day resident assessment, dated 01/18/24, did not document a personal interview between the Resident and/or the Resident's representative. 5. Resident #9 was admitted to the facility on 01/04/24. Resident #9's preadmission resident assessment, dated 01/04/24, did not document a personal interview between the Resident and/or the Resident's representative. Resident #9's 14 day resident assessment, dated 01/18/24, did not document a personal interview between the Resident and/or the Resident's representative. On 03/20/24 at 10:17 a.m., the Executive Director stated there was no signature for the resident or resident representative interview on all the assessments mentioned. They stated the assessments were supposed to be signed.	C 543		
C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FOUNTAINBROOK ASSISTED LIVING AND MEMORY §		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 5 consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure expired medications were removed from circulation for one (#5) of eight sampled residents observed during medication pass. The Executive Director identified 76 residents resided in the facility. Findings:	C1505		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FOUNTAINBROOK ASSISTED LIVING AND MEMORY §		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1505	Continued From page 6 An undated "Expired Medications" facility policy, read in part, "Expired medication will not be given to any resident or responsible party, nor retained in the community..." Resident #5 had diagnoses which included positional vertigo and dizziness. A physician's order, dated 03/04/24, documented meclizine 12.5 mg take one tablet by mouth three times daily. On 03/18/24 at 11:44 a.m., CMA #1 put a pill of meclizine 12.5 mg in a medication cup and handed the medication bottle to the surveyor. The label on the meclizine bottle documented an expiration date of 02/01/24. On 03/18/24 at 11:46 a.m., CMA #1 stated the meclizine was expired on 02/01/24. CMA #1 retrieved a new bottle of meclizine 12.5 mg to administer to Resident #5. On 03/18/24 at 11:56 a.m., CMA #1 stated they were not aware the medication was expired and needed to pay attention to expiration dates.	C1505		
C1972 SS=D	310:663-19-4(c) POLICIES (c) The assisted living center shall provide staff, within ninety (90) days of employment, training in the identification of abuse and neglect of residents and misappropriation of resident property and the facility's policies and procedures concerning the same. Verification of the provision of training shall be written, signed by staff attending and retained in the personnel files.	C1972		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5537	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/20/2024
NAME OF PROVIDER OR SUPPLIER FOUNTAINBROOK ASSISTED LIVING AND MEMORY §		STREET ADDRESS, CITY, STATE, ZIP CODE 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
C1972	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff were provided abuse training within 90 days of employment for one (server #1) of five employee files reviewed. The Executive Director identified 76 residents resided in the facility. Findings: An undated "Abuse Prevention Policy", read in part, "...Give each new staff member an orientation and annual training which shall include a review of abuse, neglect, and exploitation policies and the Resident's Bill of Rights..." Server #1 had a start date of 12/01/23. There was no documentation server #1 had received abuse training. On 03/18/24 at 3:53 p.m., the Executive Director stated Server #1 had not completed abuse training. They stated abuse training was completed upon hire and periodically during staff meetings.	C1972		

Delivery via email to: FountainED@silverpointsenior.com

April 12, 2024

License Number: AL5537

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

RE: Survey Event 0I1011

Dear Ms. Brewer:

On **March 20, 2024**, agents from our office completed an Assisted Living Center Licensure survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **C1972 - Policies:** Section 2 of the plan of correction documents employees without signed policy will have it completed on or before **June 1, 2024**. This date occurs after the listed completion date of **April 20, 2024**.

Please provide a new plan of correction with amendments as soon as possible.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C542		Based on: This Rule is not met as evidenced by: C 542 Based on record review and interview, the facility failed to ensure resident assessments were coordinated and signed by a registered nurse, or the resident's physician for five (#2, 3, 5, 8, and #9) of 10 sampled residents whose assessments were reviewed. The Executive Director identified 76 residents resided in the facility.	
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 6/12024			
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?		Current residents assessments will be reviewed for RN/Physician signature. Will obtain needed signatures.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		RN consultant will be in th Community at least monthly to sign all assessments. In the absence of RN consultant assessments will be sent to resident's PCP for needed signature.	
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?		Audit will be conducted monthly by Community's Health and Wellness team and issues are documented and addressed as needed.	
OSDH Response: Element accepted Yes ☐ No ☐			
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings.	
a. How the correction will be evaluated for effectiveness;		Enter methods to evaluate for effectiveness:	
b. How the correction will be incorporated into the center's quality assurance system; and		Enter methods to incorporate into QA system:	
c. How monitoring records will be kept to evidence the correction.		Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.](#)

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C543		Based on: record review and interview, the facility failed to conduct a personal interview between the resident and/or the resident's representative for five (#2, 3, 6, 8, and #9) of 10 sampled residents whose assessments were reviewed. The Executive Director identified 76 residents resided in the facility.	
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 6/12/2024			
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?		Current residents assessments will be reviewed for the resident and/or resident's representatives for evidence of personal interviews. Will obtain needed signatures.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		Instant Inservice attended by HWD on 4/1/2024 regarding the importance of timely documentation/signatures r/t internal and external assessments on all residents. All items will be corrected to ensure residents will be accurately assessed for their needs.	
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?		Audit will be conducted monthly by Community's Health and Wellness team and issues are documented and addressed as needed.	
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.		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.](#)

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C1505	Based on: observation, record review, and interview, the facility failed to ensure expired medications were removed from circulation for one (#5) of eight sampled residents observed during medication pass. The Executive Director identified 76 residents resided in the facility.		
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 6/12/2024			
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?	Medication carts will have on random cart audits by CMA's. Community Health and Wellness team will conduct weekly medication cart audits. Any expired medication discovered will be taken off of cart immediately and replaced.		
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All items will be corrected to ensure resident's are receiving adequate and appropriate medical care..		
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?	Audit will be conducted weekly by Community's Health and Wellness team and issues are documented and addressed as needed.		
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.	Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:		
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?	3/21/2023		
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED			Date 4/10/2024
OAC 310:663-25-4(F) 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: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C1972		Based on: This Rule is not met as evidenced by:Based on record review and interview, the facilityfailed to ensure staff were provided abusetraining within 90 days of employment for one(server #1) of five employee files reviewed.The Executive Director identified 76 residentsresided in the facility.Findings:An undated "Abuse Prevention Policy",	
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 6/12024			
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 employees will have a signed Abuse and Neglect policy in their employee file on or before 4/202024	
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 employee files was conducted and those employees without signed policy will be be completed on or before 6/1/2024	
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?		The company's Abuse and Neglect policy was added to the new hire packet. An updated policy will be signed by employee on or before their yearly anniversary.	
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.		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.](#)

Delivery via email to: FountainED@silverpointsenior.com

April 29, 2024

License Number: AL5537

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

RE: Survey Event 011011

Dear Ms. Brewer:

On **March 20, 2024**, agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your amended plan of correction for these deficiencies. The amended plan of correction you submitted is not acceptable for the following reasons:

- **The correction dates are unacceptably long for items:** According to #5 (Alleged Completion Date) on all tags, the latest date of compliance is **April 20, 2024**. However, in the comment section of all tags, it says:

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 **6/12/2024**

We need clarification as to what is the actual alleged date of compliance - We need this paragraph corrected or removed.

- **C1505** - The proposed actions for correction of *C1505* is rejected because the alleged completion date, **March 21, 2024**, does not take into account monitoring corrections to ensure the compliance is "achieved and sustained," as required by Oklahoma Administrative Code (OAC) 310:663-25-4(b)(c).

Please provide a new plan of correction for this survey with amendments as soon as possible.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C542		Based on: This Rule is not met as evidenced by: C 542 Based on record review and interview, the facility failed to ensure resident assessments were coordinated and signed by a registered nurse, or the resident's physician for five (#2, 3, 5, 8, and #9) of 10 sampled residents whose assessments were reviewed. The Executive Director identified 76 residents resided in the facility.	
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 6/12024			
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?		Current residents assessments will be reviewed for RN/Physician signature. Will obtain needed signatures.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		RN consultant will be in th Community at least monthly to sign all assessments. In the absence of RN consultant assessments will be sent to resident's PCP for needed signature.	
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?		Audit will be conducted monthly by Community's Health and Wellness team and issues are documented and addressed as needed.	
OSDH Response: Element accepted Yes ☐ No ☐			
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings.	
a. How the correction will be evaluated for effectiveness;		Enter methods to evaluate for effectiveness:	
b. How the correction will be incorporated into the center's quality assurance system; and		Enter methods to incorporate into QA system:	
c. How monitoring records will be kept to evidence the correction.		Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C543		Based on: record review and interview, the facility failed to conduct a personal interview between the resident and/or the resident's representative for five (#2, 3, 6, 8, and #9) of 10 sampled residents whose assessments were reviewed. The Executive Director identified 76 residents resided in the facility.	
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 6/12/2024			
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?		Current residents assessments will be reviewed for the resident and/or resident's representatives for evidence of personal interviews. Will obtain needed signatures.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		Instant Inservice attended by HWD on 4/1/2024 regarding the importance of timely documentation/signatures r/t internal and external assessments on all residents. All items will be corrected to ensure residents will be accurately assessed for their needs.	
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?		Audit will be conducted monthly by Community's Health and Wellness team and issues are documented and addressed as needed.	
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.		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.](#)

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C1505	Based on: observation, record review, and interview, the facility failed to ensure expired medications were removed from circulation for one (#5) of eight sampled residents observed during medication pass. The Executive Director identified 76 residents resided in the facility.		
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 6/12/2024			
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?		Medication carts will have on random cart audits by CMA's. Community Health and Wellness team will conduct weekly medication cart audits. Any expired medication discovered will be taken off of cart immediately and replaced.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		All items will be corrected to ensure resident's are receiving adequate and appropriate medical care..	
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?		Audit will be conducted weekly by Community's Health and Wellness team and issues are documented and addressed as needed.	
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.		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		3/21/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED			Date 4/10/2024
OAC 310:663-25-4(F) 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: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C1972		Based on: This Rule is not met as evidenced by:Based on record review and interview, the facilityfailed to ensure staff were provided abusetraining within 90 days of employment for one(server #1) of five employee files reviewed.The Executive Director identified 76 residentsresided in the facility.Findings:An undated "Abuse Prevention Policy",	
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 6/12024			
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 employees will have a signed Abuse and Neglect policy in their employee file on or before 4/202024	
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 employee files was conducted and those employees without signed policy will be be completed on or before 4/20/2024	
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?		The company's Abuse and Neglect policy was added to the new hire packet. An updated policy will be signed by employee on or before their yearly anniversary.	
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.		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.](#)

Delivery via email to: FountainED@silverpointsenior.com

May 16, 2024

License Number: AL5537

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

RE: Survey Event 0I1011

Dear Ms. Brewer:

On **March 20, 2024**, agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **The correction dates are unacceptably long for item C1505:** The correction of June 15, 2024, is unacceptable.

**Correction dates shall not exceed sixty (60) days from receipt of violation. OAC 310:675-17-3.*

Please provide an amended plan of correction as soon as possible.

Respectfully,



Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C542		Based on: This Rule is not met as evidenced by: C 542 Based on record review and interview, the facility failed to ensure resident assessments were coordinated and signed by a registered nurse, or the resident's physician for five (#2, 3, 5, 8, and #9) of 10 sampled residents whose assessments were reviewed. The Executive Director identified 76 residents resided in the facility.	
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 4/20/2024			
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?		Current residents assessments will be reviewed for RN/Physician signature. Will obtain needed signatures.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		RN consultant will be in th Community at least monthly to sign all assessments. In the absence of RN consultant assessments will be sent to resident's PCP for needed signature.	
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?		Audit will be conducted monthly by Community's Health and Wellness team and issues are documented and addressed as needed.	
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.		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C543		Based on: record review and interview, the facility failed to conduct a personal interview between the resident and/or the resident's representative for five (#2, 3, 6, 8, and #9) of 10 sampled residents whose assessments were reviewed. The Executive Director identified 76 residents resided in the facility.	
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 4/20/2024			
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?		Current residents assessments will be reviewed for the resident and/or resident's representatives for evidence of personal interviews. Will obtain needed signatures.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		Instant Inservice attended by HWD on 4/1/2024 regarding the importance of timely documentation/signatures r/t internal and external assessments on all residents. All items will be corrected to ensure residents will be accurately assessed for their needs.	
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?		Audit will be conducted monthly by Community's Health and Wellness team and issues are documented and addressed as needed.	
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.		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.](#)

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C1505	Based on: observation, record review, and interview, the facility failed to ensure expired medications were removed from circulation for one (#5) of eight sampled residents observed during medication pass. The Executive Director identified 76 residents resided in the facility.		
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 6/15/2024			
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?		Medication carts will have on random cart audits by CMA's. Community Health and Wellness team will conduct weekly medication cart audits. Any expired medication discovered will be taken off of cart immediately and replaced.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		All items will be corrected to ensure resident's are receiving adequate and appropriate medical care..	
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?		Audit will be conducted weekly by Community's Health and Wellness team and issues are documented and addressed as needed.	
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.		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		6/15/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.](#)

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C1972		Based on: This Rule is not met as evidenced by:Based on record review and interview, the facilityfailed to ensure staff were provided abusetraining within 90 days of employment for one(server #1) of five employee files reviewed.The Executive Director identified 76 residentsresided in the facility.Findings:An undated "Abuse Prevention Policy",	
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 4/20/2024			
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 employees will have a signed Abuse and Neglect policy in their employee file on or before 4/20/2024	
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 employee files was conducted and those employees without signed policy will be be completed on or before 4/20/2024	
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?		The company's Abuse and Neglect policy was added to the new hire packet. An updated policy will be signed by employee on or before their yearly anniversary.	
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.		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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.](#)

Delivery via email to: FountainED@silverpointsenior.com

May 22, 2024

License Number: AL5537

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

RE: Survey Event 011011

Dear Ms. Brewer:

On **March 20, 2024**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your third amended plan of correction for these deficiencies and it 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 **May 20, 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,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 4/10/2024		
	Facility Name: Fountain Brook Assisted Living and Memory Support		
	License Number: AL5537		
	Survey Event ID: 0i1011		
Date Survey Completed: 3/20/2024			
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C542		Based on: This Rule is not met as evidenced by: C 542 Based on record review and interview, the facility failed to ensure resident assessments were coordinated and signed by a registered nurse, or the resident's physician for five (#2, 3, 5, 8, and #9) of 10 sampled residents whose assessments were reviewed. The Executive Director identified 76 residents resided in the facility.	
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 4/20/2024			
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?		Current residents assessments will be reviewed for RN/Physician signature. Will obtain needed signatures.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		RN consultant will be in th Community at least monthly to sign all assessments. In the absence of RN consultant assessments will be sent to resident's PCP for needed signature.	
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?		Audit will be conducted monthly by Community's Health and Wellness team and issues are documented and addressed as needed.	
OSDH Response: Element accepted Yes ☐ No ☐			
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:		Ongoing audits will continue to ensure all areas of concern are addressed. Results of monthly audits will be reviewed at Quality Assurance Meetings.	
a. How the correction will be evaluated for effectiveness;		Enter methods to evaluate for effectiveness:	
b. How the correction will be incorporated into the center's quality assurance system; and		Enter methods to incorporate into QA system:	
c. How monitoring records will be kept to evidence the correction.		Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		4/20/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Kristel A. Brewer, LPN ED OAC 310:663-25-4(F)			Date 4/10/2024
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			