OKLAHOMA
State Department
of Health

**Delivery via email to:** araines1@brookdale.com

March 22, 2022

License Number: AL6001

Ms. Amanda Rains, Administrator
Brookdale Stillwater
1616 East McElroy Road
Stillwater, OK 74075

**Survey Event ID: Z3B211**

Dear Ms. Rains:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 15, 2022**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Sincerely,

Lisa Calvin

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

Oklahoma State
Department of Health

# INVESTIGATIVE REPORT
# LICENSURE

**Facility:** **Brookdale Stillwater**
**Address:** **1616 East McElroy Road**
**City, State, Zip:** **Stillwater, OK, 74075**
**Provider #:** **AL6001**
**Complaint #:** **OK00056027**
**Investigation Date(s):** **03/15/22**

| ALLEGATION(S) | S = SUBSTANTIATED<br>US = UNSUBSTANTIATED |
|---|---|
| 1. The home failed to ensure medications were administered as ordered. | **US** |
| 2. The facility failed to provide care and services according to residents' contracts. | **US** |

☐ **Violations unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Tuesday, March 15, 2022 at 12:15 p.m.

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

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

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

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

An investigation specific to medication administration was conducted.

The staff were observed during a medication administration pass and based on the physician's order, the staff administered the correct medication and correct dose of medication at the correct time. The staff who administered the medication observed the resident swallow the medication. No medications were left at the bedside.

The medication staff were able to identify the facility's procedure for medication changes.

The residents did not have complaints related to medication administration.

Physician's orders, laboratory results, medication administration records, and medication error reports were reviewed.

No deficient practice was found related to medication administration at the time of the survey.

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

An investigation specific to providing care according to the resident's contract was conducted.

The facility was clean and without odor. The residents were observed to be clean and well groomed.

The staff stated the rooms were cleaned one to three times a week.

The residents stated their rooms were cleaned weekly, and showers were given twice a week. The residents had no complaints related to care provided by the facility or the cleanliness of their rooms.

Task sheets, contracts, service plans, and progress notes were reviewed.

No deficient practice was found related to contracted services at the time of the survey.

**Determination Summary and Follow-Up Action:**

Deficient practice was unsubstantiated for allegation #1 and #2. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Billie Seeman

Billie Seeman, RN, CHFS

Date report completed: 03/16/2022

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 |
|---|---|---|---|
| | AL6001 | A. BUILDING: _____ B. WING _____ | C 03/15/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BROOKDALE STILLWATER | 1616 EAST MCELROY ROAD STILLWATER, OK 74075 |

| (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<br><br>A complaint investigation (#OK00056027) was conducted on 03/15/22. No deficiencies were cited. | C 000 | | |

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