OKLAHOMA
State Department
of Health

Delivery via email to: arains1@brookdale.com

May 18, 2022

License Number: AL6001

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

Survey Event ID: UY4T11

Dear Ms. Rains:

On **May 10, 2022,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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 will be completed for each violation; and
(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 Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Brookdale Stillwater**
Address: **1616 E McElroy Road**
City, State, Zip: **Stillwater, OK 74075**
Provider #: **AL6001**
Complaint #: **OK00058699**
Investigation Date(s): **05/09/22 and 05/10/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure medications were administered as ordered by the physician.	S

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

An unannounced on-site investigation was initiated on 05/09/2022 at 12:30 p.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 substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1505 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Thank you for bringing these concerns to our attention.

Melissa Swaim

Melissa Swaim RN

Date report completed: 05/13/2022

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 05/10/2022

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 A complaint investigation (#OK00058699) was conducted 05/09/22 and 05/10/22. Listed below are abbreviations and definitions used throughout this document. LPN-licensed practical nurse mg-milligrams MAR-medication administration record PCC-point click care PT/INR-prothrombin time test (PT) measures the time it takes for a clot to form in a blood sample. International normalized ratio (INR) is a type of calculation based on PT test results. Rytary-a Parkinson's disease medication. Warfarin (Coumadin)-blood thinner-it can treat and prevent blood clots.	C 000		
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 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	C1505		

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C1505	Continued From page 1 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 record review, and interview the center failed to ensure medication was administered according to physician orders for one (#1) of three sampled residents who were reviewed for the administration of medications. Findings: A medication administration error policy, dated 12/2020, read in part, "...policy overview...the administrator...should report a medication error to the client and/or the legally responsible party and physician as as practical. Types of medication administration errors include...incorrect dose...missed dose...policy detail...for incorrect medication, time, dose, or route...the person performing the medication administration or treatments should...notify the supervisor...the supervisor...should notify the physician...complete the incident report...the supervisor should notify	C1505		

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C1505	Continued From page 2 the legally responsible party...document the initial incident, as well as follow-up on the departmental paperwork and investigation..." Resident #1 admitted to the center 07/19/21 with diagnoses to include chronic atrial fibrillation and Parkinson's disease. Resident #1 had a form with (name-deleted) hospital anticoagulation clinic, dated 07/08/21, read in part, "...the clinic will only call you with your INR results once every 6 months as long as your INR remains therapeutic (within your target range) or any time your INR is out of range..."in range means no change" and will will remain on your current warfarin dose unless otherwise instructed by the anticoagulation clinic..." Anticoagulation clinic orders, dated 03/23/22, read in part, "...current INR 2.2...Warfarin (Coumadin) dose as follows: 1.5 mg, Monday, Wednesday, Friday, 3 mg, Sunday, Tuesday, Thursday, Saturday...signed by (name-deleted) RN for Dr. (name-deleted.)...redraw PT/INR: 4-6 (04/06/22)..." noted by employee #1 however, during the electronic transcription by employee #1 had failed to click on Saturday for administration of Warfarin 3 mg dose. The MAR dated Saturday, March 26, 2022 and again Saturday, April 2, 2022, documented the 3 mg dose of Warfarin (Coumadin) was not administered as ordered. The MAR dated Friday, April 8, 2022 documented a 1.5 mg dose of Warfarin (Coumadin) given rather than the 3 mg dose ordered. A progress note, dated 04/08/22, read in part, "...it was brought to my attention by daughter and	C1505		

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C1505	Continued From page 3	C1505		

(former/name-deleted), med aide that Warfarin dose was "wrong" on the MAR. Upon looking at the order in the chart (4/6/22) and in PCC as of 3/23/22: the Saturday doses were missing and the 1.5 mg was put in on Friday's instead of 3 mg. Reviewed this with the daughter at her request. Place a call to report the error and missed doses. Spoke with (name-delete) about the situation and was instructed to resume following the order for 04/06/22 and still check PT/INR on 4/13/22 as scheduled..."

The anticoagulant clinic was notified 04/08/22 who stated to continue the orders as dated on 03/23/22 and to check the INR as scheduled 04/13/22.

A progress note, dated 04/21/22, read in part, "...witnessed daughter speaking with (employee #1) concerning an almost medication error...the resident didn't take the wrong medication... (Resident #1) told (employee #1) it wasn't the right medication. (Employee #1) double checked and realized it was the wrong medication. (Employee #1) corrected error...gave correct medication..."

On 05/10/22 at 10:26 a.m., interviewed LPN #2 via phone about the progress note dated 04/08/22. LPN #2 stated she was told by the daughter and medication aide the warfarin on the MAR was not correct. LPN #2 notified the anticoagulation clinic and was told to continue the orders as written 04/06/22 and to recheck the PT/INR as scheduled on 04/13/22. LPN #2 was asked if the physician had been notified. She stated, "No."

At 10:56 a.m., LPN #1 was asked about the changes in the Warfarin (Coumadin) orders. LPN

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C1505	Continued From page 4 #1 stated the Coumadin changes with each coag draw (bloodwork, PT/INR blood test.) LPN #1 stated the nurses update the MAR with the medication changes. At 11:02 a.m., LPN #1 was asked about the medication error policy. LPN #1 stated they do medication error education with staff and counseling. LPN #1 stated medication errors were not kept in a binder or an incident report, but medication errors were kept in individual employee records. At 12:15 p.m. the only documentation provided from the personnel record was an inservice training about medication and treatments. At 1:23 p.m., the Coumadin orders dated 03/23/22 and 04/06/22 were reviewed with the Administrator. The administrator stated the resident missed two 3 mg doses of Coumadin because they were left off the MAR. At 1:41 p.m., the Administrator was asked about the residents medications (nasal wash and Rytary) 04/21/22. The Administrator stated the resident had told employee #1 it was the wrong medication. Employee #1 checked the MAR and corrected herself. The Administrator stated employee #1 had passed few medications since then.	C1505		

OKLAHOMA
State Department
of Health

Delivery via email to: araines1@brookdale.com

June 7, 2022

License Number: AL6001

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

Survey Event ID: UY4T11

Dear Ms. Rains:

On **May 10, 2022,** a complaint investigation was 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 will be corrected and you will be in substantial compliance by **July 1, 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: 2022.06.07 15:36:37 -05'00'

Tempal Killman, Administrative Assistant
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: 6/2/2022** **Facility Name:** Brookdale Stillwater **License Number:** AL6001 **Survey Event ID:** UY4T11 **Date Survey Completed: 5/10/2022**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: Enter ID Prefix Tag from Column X4 on STATE FORM.	Based on: The plan of correction is not To be constructed as admissionOf or agreement with the findingsAnd conclusions of the statementOf deficiencies, or (if applicable),The administrative sanctions imposedOn the community. Rather, it is Submitted as confirmation of our Ongoing efforts to comply with asStatutory and regulatory requirementsIn this document, we have outlinedSpecifications in response to each Allegation or finding. We have not Presented all contrary, factual orLegal arguments, nor have weIdentified all mitigating factors.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Associate that was identified to have the medication errors is no longer working for Brookdale Stillwater.

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?	Resident #1 was identified to have medication errors and improper administration of her medication. ED, HWD, RN and or designee will complete a random audit of resident medications orders along with Coumadin orders.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	1. Other residents could have been effected but none were identified.
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?	Random review of medication orders for accuracy, Coumadin orders are to be placed on count sheets along with two nurses to verify accuracy of Coumadin orders. In-service to be completed on resident rights and medication administration.
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.	Demonstration of medication administration to be done randomly with med aides, Coumadin medication will be put on a count sheet and new Coumadin orders will be reviewed by two nurses after the entry into medication system for accuracy. Continued compliance will be monitored by ED, HWD, HWC, RN and or designee during morning stand up, review of medication administration compliance by HWD, HWC and/or designee, and during quarterly 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?		7/1/2022	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature **Amanda Rains** OAC 310:663-25-4(F)			**Date 6/2/2022**
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: araines1@brookdale.com

January 12, 2023

License Number: AL6001

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

Survey Event ID: UY4T12

Dear Ms. Rains:

On **January 2, 2023,** an offsite/paper complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **May 10, 2022,** have now been corrected effective **July 1, 2022.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

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 _____	R-C 01/02/2023

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

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 01/02/2023. The facility was in substantial compliance.	{C 000}		

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