OKLAHOMA
State Department of Health

Delivery via email to: bdaniel@mrhcok.com; bethany_d@mrhcok.com

August 17, 2023

License Number: AL6101

Ms. Bethany Daniel, Administrator
Van Buren House Assisted Living
1500 East Van Buren
McAlester, OK 74501

Survey Event ID: NW5H11

Dear Ms. Daniel:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 2, 2023**. 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 Analyst
Oklahoma State Department of Health

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INVESTIGATIVE REPORT

Facility: **Van Buren House Assisted Living**
Address: **1500 East Van Buren**
City, State, Zip: **McAlester, OK 74501, Pittsburg**
Provider #: **AL6101**
Complaint #: **OK00061080**
Investigation Date(s): **August 2, 2023**

ALLEGATION(S)

The center failed to maintain air conditioning throughout in good working condition.
The center failed to maintain toilets in good working order.
The center failed to ensure residents' food preferences were honored.

An unannounced on-site investigation was initiated on 08/02/23 at 9:30 a.m.

A sample of eight residents, including any identified residents, 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 Summary of Complaint Investigation:

An investigation specific to ensuring air conditioning and toilets were in working order, and residents' food preferences were honored was conducted.

Upon entrance and throughout the investigation temperatures were taken in hallways, common areas, and resident apartments. Toilets were tested by flushing them in public restrooms and resident apartments.

Residents were interviewed and reported having working toilets and air conditioning. Residents also reported their food preferences were honored. Residents reported being comfortable in the facility and in common areas.

Family members were interviewed and reported there were no problems with air conditioning in the resident rooms or toilets working properly. Family members reported knowledge of resident food preferences being honored.

Staff were interviewed and reported working toilets and air conditioning in resident rooms. Staff reported knowledge regarding honoring residents' food preferences.

Administration was interviewed and reported air conditioning and toilets in residents' rooms were in working order and there was a plan in place to address air conditioning in common areas and hallways. Administration reported knowledge regarding honoring residents' food preferences.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 08/11/2023

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
	AL6101	A. BUILDING: _____ B. WING _____	C 08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VAN BUREN HOUSE ASSISTED LIVING	1500 EAST VAN BUREN MCALESTER, OK 74501

(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 (#OK00061080) was conducted on 08/02/23. No deficiencies were cited.	C 000		

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