Oklahoma State Department of Health
Creating a State of Health

February 18, 2020

License Number: AL6102

Mr. Robert Samples, Administrator
Belfair Of McAlester
802 Windsong Way
McAlester, OK 74501

Survey Event ID: QKN011

Dear Mr. Samples:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 3, 2020**. 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) 271-6868.

Sincerely,

Katie Stagner

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Belfair of McAlester**
Address: **802 Windsong Way**
City, State, Zip: **McAlester, OK, 74501**
Provider #: **AL6102**
Complaint #: **OK000054975**
Investigation Date(s): **02/03/2020**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure food was prepared in a sanitary manner.	US

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

An unannounced on-site investigation was initiated on Monday, February 3, 2020 at 10:40 a.m.

A sample of four residents including any identified resident, was selected for the investigation based on the concerns relevant to the allegation.

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 food preparation, kitchen sanitation, and equipment was conducted.

Observations were made in the dining room, hallways, and kitchen multiple times during the survey and there were no odors of feces or sewer gas present. The kitchen and equipment were clean, with specific attention given to the food steamer, which had recently been re-plumbed by a local plumber. An outside pipe extended from the building into the ground, with no steam or odors observed around or near it.

Residents were observed as they ate their lunch meal in the dining room. All of the residents present stated they received good food, and none of them had experienced any foul tasting food or odors in the dining room. A test plate of the lunch meal was requested and received after the last resident plate had been served. The meal of chicken nuggets, tator tots, and canned peach slices was fresh and tasty. No foul tastes or odors were detected.

Four samples residents were privately interviewed regarding their dining experiences and meals they received. All four were extremely happy with the food provided. All of them denied any foul smells in the hallways or dining rooms, and stated they had never had any stomach problems or taken stomach medications since they moved into the center.

Interviews were conducted with four employees who all denied fecal smells in the dining room and hallways. They also stated no resident had been sick due to unsanitary food preparation. Three of the employees stated that the center was made aware of an issue with the plumbing of the food steamer in the kitchen, but it was repaired by a local licensed plumber within 24 hours of notification, and then re-inspected by the local city building/mechanical inspector. They also reported the center had not received any violations from the local or state inspectors, since the building had passed all inspections upon purchase in November of 2018. The employees stated no employee had made any attempt to plumb the steamer since the opening of the center until they were notified just a couple of weeks previously, and that is when a licensed plumber completed a revision of the drainage pipe.

Records were submitted and reviewed from the local city building/mechanical inspector and a state field inspector from the State of Oklahoma Construction Industries Board. Before and after pictures of the steamer drain pipe revision were also submitted and reviewed.

January 2020 medication administration records for all of the current residents were reviewed and none of the residents were on or had been prescribed Zantac (used to treat and prevent ulcers in the stomach and intestines) for stomach problems.

At the time of the investigation, there was no deficient practice in food preparation, kitchen sanitation, or equipment.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation enter number. 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.

Marie Remer, RN, CHFS IV

Date report completed: 02/04/2020

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
	AL6102	A. BUILDING: _____ B. WING _____	02/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELFAIR OF MCALESTER	802 WINDSONG WAY 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 An abbreviated survey was conducted on 02/03/20 to investigate complaint #OK00054975. Current census was 30. No deficient practice was cited.	C 000		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL6102	BELFAIR OF MCALESTER

Type of Survey (select all that apply)

3								

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID 1. 25837	02/03/2020	02/03/2020	0.50	0.00	6.00	0.00	4.25	1.50
2.								
3.								
4.								
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9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

FEB 19 2020