OKLAHOMA
State Department
of Health

Delivery via email to: asfranklin@mrhcok.com

January 18, 2024

License Number: AL6102

Ms. Anna Franklin, Administrator
Belfair Of McAlester
802 Windsong Way
McAlester, OK 74501

Survey Event ID: IHP611

Dear Ms. Franklin:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 10, 2024**. 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.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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INVESTIGATIVE REPORT

Facility:
Address:
City, State, Zip:
Provider #:
Complaint #:
Investigation Date(s):

ALLEGATION(S)

The facility failed to ensure the right to personal privacy and a comfortable and homelike environment.

An unannounced on-site investigation was initiated on 01/10/2024 at 11:00 a.m.

A sample of three 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:

Upon entrance and throughout the investigation, residents were provided with privacy and a comfortable, homelike environment.

Residents were interviewed and reported being provided with privacy and feeling like the facility was comfortable and homelike. Staff were interviewed and report knowledge regarding providing residents with privacy and a comfortable, homelike environment.

Medical records were reviewed including, but not limited to, face sheets, diagnoses, medications, physician's orders, care plans, assessments, lab, legal documents, and home health documentation.

Facility records were reviewed including, but not limited to, state reportable incidents, grievances, policy and procedures, and resident contracts.

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: 01/10/2024

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 _____	C 01/10/2024

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 A complaint investigation (#OK00060678) was conducted on 01/10/24. No deficiencies were cited. Facility census: 53	C 000		

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