OKLAHOMA
State Department
of Health

Delivery via email to: sstewart42@brookdale.com

April 20, 2022

License Number: AL6301

Ms. Shelee Stewart, Administrator
Brookdale Shawnee
3947 North Kickapoo
Shawnee, OK 74804

RE: Survey Event ID: 2RDR11

Dear Ms. Stewart:

On **April 14, 2022**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on April 14, 2022.

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 (attached). 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 and monitoring will be completed for each violation;

(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 to 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6301	A. BUILDING: _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SHAWNEE	3947 NORTH KICKAPOO SHAWNEE, OK 74804

(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
N 000	Initial Comments A re-licensure survey was conducted 04/13/22 and 04/14/22. Listed below are abbreviations used throughout this document. CMA-certified medication aide LPN-licensed practical nurse LTCA-long term care aide	N 000		
N 110 SS=E	310:677-1-3 (b) Applicability An employer shall not use on a full-time, temporary, per diem, or other basis persons as nurse aides for more than 120 cumulative days unless the individual has completed a training and competency examination program approved by the Department and placed on the Nurse Aide Registry.	N 110		

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N 110	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the center failed to ensure one (employee #3) of fourteen LTCA completed a training and competency examination program approved by the Department and was placed on the Nurse Aide Registry. Findings: On 04/13/21 at 12:46 p.m., during employee record review with a LPN #2, the LPN was asked about the employee whose certification expired 03/31/22 (employee #3) and 02/28/22 (employee #2). LPN #2 stated employee #3 had provided direct care to residents since their certifications had expired.	N 110		
N1320 SS=E	310:677-13-1 (d) General Requirements - CMA A certified medication aide shall renew their certification every 12 months. Recertification requires the following: (1) Documentation of completion of at least eight (8) hours of continuing education within the previous twelve (12) months; (2) Current certification as a long term care aide, home health aide and developmentally disabled direct care aide; and (3) Current listing in the nurse aide registry.	N1320		

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N1320	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the center failed to ensure a CMA had a current and not expired certification for 2 (employee #1 and employee #2) of 7 CMAs who passed medications at the center. Findings: On 04/13/22 at 12:48 p.m. during employee record review with a LPN #2, the LPN was asked about the employees whose certification expired 01/31/21 (employee #1) and 02/28/22 (employee #2). LPN #2 stated both employees had been passing medications to residents since their certifications had expired.	N1320		
C 000	INITIAL COMMENTS A re-licensure survey was conducted 04/13/22 and 04/14/22.	C 000		

OKLAHOMA
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of Health

Delivery via email to: Shelee Stewart <sstewart42@brookdale.com>

April 28, 2022

Fac ID: AL6301
Survey Event ID: 2RDR11

Shelee Stewart, Executive Director/Administrator
Brookdale Shawnee
3947 North Kickapoo
Shawnee, OK 74804

Dear Ms. Stewart:

On **April 14, 2022**, agents from our office concluded an inspection at your facility. You were advised of the findings of that investigation in our notice of **April 20, 2022**.

The original Statement of Deficiencies/STATE FORM report has been revised during administrative review of this case and deficiencies were removed. A copy of the corrected STATE FORM report is included. Deficiencies identified during the investigation were affected by these corrections and a plan of correction is not required. The corrected STATE FORM report is being provided for your records and no additional action on your part is required at this time.

If we can be of any further assistance, please contact us at 405-426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

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C 000	INITIAL COMMENTS On 04/28/22, after administrative review the 2567 was admended. A re-licensure survey was conducted 04/13/22 and 04/14/22. No deficiencies were cited.	C 000		

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