OKLAHOMA
State Department
of Health

Delivery via email to: Gsanders@belfairseniorliving.com

November 16, 2022

License Number: AL6304

Mrs. Gay Sanders, Administrator/Executive Director
Belfair Of Shawnee
1723 N Airport Drive
Shawnee, OK 74804

Survey Event ID: 9LSF11

Dear Mrs. Sanders:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **November 3, 2022**. 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

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: **Belfair of Shawnee**
Address: **1723 N. Airport Drive**
City, State, Zip: **Shawnee, OK 74804**
Provider #: **AL6304**
Complaint #: **OK00059701**
Investigation Date(s): **11/02-11/03/2022**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure food was cooked at approved temperatures.	**US**
2. The center failed to ensure residents were not physically, verbally, or psychosocially abused.	**US**
3. The center failed to ensure they did not accept residents who require a higher level of care.	**US**
4. The center failed to ensure residents were provided timely incontinent care.	**US**
5. The facility failed to ensure staff were qualified to care for dependent residents.	**US**

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

An unannounced on-site investigation was initiated 11/03/2022 at 9:55 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 Centers for Medicare and Medicaid Services (CMS) 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 cooked to approved temperatures was conducted.

Observations were made in the kitchen with dietary staff concerning food temperatures and palatable foods. Food was tested in steamtable and resulted 160 degrees.

A test tray was requested from kitchen supervisor, which was appetizing, flavorful and checked for appropriate temperatures resulting at 135 degrees.

There was no deficient practice related dietary services.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to physical, verbal, and psychosocial abuse was conducted.

Observations were made of staff interacting and assisting with residents.

Residents and family members stated staff were nice and helpful.

Staff stated they had been through in-services and training for abuse, neglect, and dementia care.

Record review documented in-service for abuse and neglect.

There was no deficient practice related to physical, verbal, or psychosocial abuse.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to accepting residents requiring a higher level of care was conducted.

Observations were made of staff providing care in accordance with the resident assessments.

Residents and family stated they were provided assistance as needed.

Staff stated they provided care as needed to the residents.

Review of resident contracts documented the facility was providing appropriate care to residents.

There was no deficient practice related to the residents not being provided a higher level of care.

Allegation #4: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to residents being provided timely incontinent care was conducted.

Observations were made of staff providing timely incontinent care and obtaining vital signs as needed.

Family members stated that the residents were provided care and monitoring as needed.

Record review documented that staff were monitoring vitals signs and providing incontinent care to residents.

There was no deficient practice related to timely incontinent care being provided.

Allegation #5: Deficient practice was unsubstantiated related to this allegation.

An investigation related to facility having qualified staff was conducted.

Staff stated that they were required to maintain their certifications for employment at the facility.

Record review documented that all staff had a license or certification as required by the State of Oklahoma.

Determination Summary and Follow-Up Action:

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 federal/state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies, Form 2567.

Deficient practice was unsubstantiated for allegation #1, 2, 3, 4, and #5. 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 federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Sherry McKee, LPN

Date report completed: 11/10/2022

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
	AL6304	A. BUILDING: _____ B. WING _____	C 11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELFAIR OF SHAWNEE	1723 N AIRPORT DRIVE 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
C 000	INITIAL COMMENTS A complaint investigation (#OK00059701) was conducted from 11/02/22 through 11/03/22. No deficiencies were cited.	C 000		

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