Oklahoma State Department of Health
Creating a State of Health

August 15, 2019

License Number: AL6601

Ms. Johanna "renee" Hoback, Administrator
Brookdale Claremore
1605 North Highway 88
Claremore, OK 74017

Survey Event ID: 0I6P11

Dear Ms. Hoback:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 6, 2019**. 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,

Sue Davis
Long Term Care Enforcement Coordinator
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Brookdale Claremore**
Address: **1605 North Highway 88**
City, State, Zip: **Claremore, OK, 74017**
Provider #: **AL 6601**
Complaint #: **OK00053760**
Investigation Date(s): **08/05/19 and 08/06/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide adequate and appropriate medical care.	US

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

An unannounced on-site investigation was initiated on Monday, August 5, 2019 at 3:03 p.m.

A sample of four 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 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 was conducted specific to employee administered physician ordered medications.

An observation was made of an employee in the assisted living medication room as she counted and documented recently delivered medications and amounts on each resident's medication receipt log. Observations were made of the medications in the two medication carts, and the medication room of the residents' overflow medications. No problem was identified with an excess of medications. Also, observations were conducted of two medication employees who conducted a change of shift narcotic count; and the on-coming medication employee began her 4:00 p.m. medication pass.

Interviews conducted with two residents, who were alert, oriented to person, place, and date, revealed they received their medication everyday just as each of their physicians had ordered. Both residents stated they had no concerns about the deliverance of their medications. Interviews conducted with three medication employees and one management employee revealed all residents received their medications as their physician had prescribed; with the exception of one incident that happened and was reported on 04/23/19. The center completed a thorough investigation, reported the incident to the Oklahoma State Department of Health, and that employee involved had been terminated and reported to the appropriate registry. The interviews with the medication employees also disclosed residents' medications were reordered when they were down to about 10 days left of each. The medication employees reported that some families brought in their residents' medications, sometimes in 90 day supplies, and that is when they would have a large amount of medications available. All three medication employees denied that any resident had an over-abundance of medications.

A review of the sampled residents' medication administration records revealed daily blocks had been initialed to indicate the medications had been administered. An exception was when a resident went on frequent home visits with their medications. A review of an incident report documented the center had completed a thorough investigation after a family member had made an allegation of neglect regarding medications were not administered as the physician ordered. The center unsubstantiated the allegation of neglect of medication administration, reported it to the Oklahoma State Department of Health, and provided in-services to the medication employees on abuse, neglect, misappropriation, resident rights, and medication administration.

The allegation that employees did not administer medications as residents' physicians ordered was unsubstantiated.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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

Date report completed: 08/08/2019

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
	AL6601	A. BUILDING: _____ B. WING _____	C 08/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE CLAREMORE	1605 NORTH HIGHWAY 88 CLAREMORE, OK 74017

(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 08/05/19 and 08/06/19 to investigate complaint #OK00053760. Current census was 64. No deficient practice was cited.	C 000		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL6601	BROOKDALE CLAREMORE

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	08/05/2019	08/06/2019	0.50	0.00	4.50	0.50	2.25	1.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
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

AUG 19 2019