OKLAHOMA
State Department of Health

Delivery via email to: arichards@brookdale.com

November 7, 2025

License Number: AL6601

Ms. Alyssa Richards, Administrator
Brookdale Claremore
1605 North Highway 88
Claremore, OK 74017

RE: Survey Event ID: BEVZ11

Dear Ms. Richards:

Enclosed is a report of the inspection with complaint investigations conducted at your Assisted Living Center on **November 3, 2025.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Brookdale Claremore
Address: 1605 N. Highway 88
City, State, Zip: Claremore, OK 74017
Provider #: AL6601
Complaint #: OK00078734
Investigation Dates: 10/30/25 through 11/03/25

ALLEGATIONS
The center failed to assess, monitor and intervene in a timely manner for a change in condition
The center failed to have and/or implement an effective infection control program to prevent the spread of infection
The center failed to ensure a noise free, comfortable and home like environment and failed to ensure the size of resident rooms according to the contact and or marketing information

An unannounced on-site investigation was initiated 10/30/2025 at 9:30 a.m.

A sample of 10 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident hallways were observed for staff assistance with resident care needs and the presence of foul odors.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past facility staffing schedules were reviewed for staffing patterns and compared to the State mandated staffing requirements. Grievance reports were reviewed. Staff training records related to staffing were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records and Activities of Daily Living (ADL) sheets were reviewed.

Residents were interviewed regarding if they felt their care needs were being met. Staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care

The attached State form, Statement of Deficiencies, 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: 11/04/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Brookdale Claremore
Address: 1605 N. Highway 88
City, State, Zip: Claremore, OK 74017
Provider #: AL6601
Complaint #: OK00079963
Investigation Dates: 10/30/25 through 11/03/25

ALLEGATION
The facility failed to ensure a quiet, comfortable and home like environment.

An unannounced on-site investigation was initiated 10/30/2025 at 9:30 a.m.

A sample of 10 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident hallways were observed for staff assistance with resident care needs and the presence of foul odors.

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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 11/03/2025

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 A relicensure survey with complaints (#OK00078734 and #OK00079963) was conducted on 10/30/25 and 11/03/25. No deficiencies were cited. Facility Census: 50	C 000		

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