OKLAHOMA
State Department
of Health

Delivery via email to: ExecutiveDirector@AshbrookVillageok.com

June 2, 2022

License Number: AL6902

Mr. Terry Wilkerson, Administrator
Ashbrook Village
915 West Plato Road
Duncan, OK 73533

RE: Survey Event ID: BMRF11

Dear Mr. Wilkerson:

On **May 12, 2022**, agents from our office concluded a State Licensure survey with a complaint investigation 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 May 12, 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 at 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

INVESTIGATIVE REPORT

Facility: Ashbrook Village
Address: 915 West Plato Road
City, State, Zip: Duncan, Ok, 73533
Provider #: AL6902
Complaint #: OK00055756
Investigation Date(s): 05/10/22 through 05/12/22

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to administer medications safely and as prescribed.	**US**
2. The center failed to have and/or implement their abuse/neglect policy	**US**
3. The center failed to ensure only certified personnel administered medications.	**US**
4. The center failed to provide care according to care plans.	**US**

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

An unannounced on-site investigation was initiated on Tuesday, May 10, 2022 at 10:00 a.m.

A sample of three residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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 administering medications safely was conducted.

Sampled clinical records were reviewed for care plans, assessments, physician orders, medication administration reports, progress notes and activities of daily living (ADL) care. Grievance logs were reviewed and contained no complaints related to medication errors. Incident reports and in-services were reviewed.

One identified resident, who administered his own breathing treatments, had an incident report for an accident with a breathing machine. The physician was notified, no new orders were given. Staff had been in-serviced on safe medication administration.

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed to be clean and well-groomed. The facility was observed to be clean and without odors. Staff members were observed making frequent observations of residents in their rooms and in the common areas. Staff was observed passing medications safely. Narcotic counts were correct. One resident was observed administering her breathing treatment in a safe manner. All staff administering medications had proper qualifications.

Numerous residents were interviewed and reported their medications were administered in a safe manner and as ordered by the physician. Residents reported staff treated them with dignity and respect. Staff reported they were not aware of any unqualified staff passing medications. Staff reported in-services were routinely provided related to the administration of medications and resident rights.

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

An investigation specific to implementing the facility abuse policy was conducted.

Sampled clinical records were reviewed for care plans, assessments, physician orders, progress notes and ADL care. Grievance logs were reviewed and contained no complaints related to abuse. The facility resident council minutes were reviewed and documented no reports of abuse. Incident reports and in-services were reviewed.

Residents were observed to be clean and well-groomed. The facility was observed to be clean and without odors. Staff members were observed making frequent observations of residents in their rooms and in the common areas. Staff was observed interacting with residents in a respectful and dignified manner.

Numerous residents were interviewed and reported no concerns related to abuse of any kind. Residents reported staff treated them with dignity and respect. Residents stated they knew how to report abuse. Staff reported no knowledge of abuse toward residents. Staff reported in-services were routinely provided related to abuse training. Staff reported assistive devices were not utilized in the Assisted Living facility and residents were required to be independent or require minimal assistance.

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

An investigation specific to only qualified staff administering medications was conducted.

Sampled clinical records were reviewed for care plans, assessments, physician orders, medication administration records, progress notes, ADL care, and staffing qualifications. One staff had participated in the certification medication aide (CMA) waiver training program. Grievance logs and incident reports were reviewed.

Staff members were observed to make frequent observations of residents in their rooms and in common areas. Staff members were observed passing medications, assisting residents with activities of daily living, toileting, and with transferring as needed.

Residents reported the staff who passed medications were knowledgeable and well-trained. Residents reported they were treated with dignity and respect and were not aware of any untrained staff. Staff reported everyone in the facility had been trained according to state guidelines.

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

An investigation specific to providing care according to resident care plans was conducted.

Sampled clinical records were reviewed for care plans, assessments, physician orders, progress notes, and ADL care. Grievance logs and incident reports were reviewed. Care plans for the identified residents had been followed. Residents who had experienced falls had appropriate care plans in place.

Residents were observed in the common areas, in the dining room during meals, and in their rooms. Residents were observed to be clean and well-groomed. Residents reported they received good care and appropriate assistance as needed.

Staff members were observed to make frequent observations of residents in their rooms and in common areas. Staff was observed to treat residents with dignity and respect. Resident rooms were observed to be clean and without lingering odors. Staff were observed assisting residents with activities of daily living, toileting, and with moving about the facility as needed. No concerns were identified with staff not following the resident care plans.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1, 2, 3 and #4. 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.

Donna Ahlborn RN MSN CHFS

Donna Ahlborn RN MSN Clinical Health Facility Surveyor

Date report completed: 05/16/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6902	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBROOK VILLAGE	915 WEST PLATO ROAD DUNCAN, OK 73533

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C 000	INITIAL COMMENTS A relicensure survey was conducted from 05/09/22 through 05/12/22. Complaint investigation (#OK00055756) was conducted in conjunction with the survey. Listed below are abbreviations that will be used throughout this document: ED=Executive Director	C 000		
C 318 SS=E	310:663-3-2(b) ADMISSION CRITERIA (b) The assisted living center's admission criteria shall be included in the assisted living center's application for license and the resident service contract. This Rule is not met as evidenced by: Based on record review and interview, the center failed to include the admission criteria in the application for license for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 10:10 a.m., the ED was asked if resident #2, 3, and #4's contract contained a clear statement in regard to admission criteria. He stated, " no." He was asked if there was a part of the contract labeled admission criteria. He stated, "I am not seeing it." He reported he would need to contact the corporate office.	C 318		

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C 318	Continued From page 1 On 05/12/22 at 2:45 p.m., the ED stated he called the corporate office and they could not tell him anything about the various components of the contract at that time.	C 318		
C 322 SS=E	310:663-3-3(a)2 DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (2) nursing supervision during nursing intervention; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe nursing supervision during nursing intervention, as a component, of three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract contained information	C 322		

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C 322	Continued From page 2 related to nursing supervision during nursing intervention. He reported the contract did not document outside providers.	C 322		
C 323 SS=E	310:663-3-3(a)(3) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (3) intermittent or unscheduled nursing care as defined in this chapter; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe intermittent or unscheduled nursing care, as a component of the contract, for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract described the service to be provided related to intermittent or unscheduled nursing care. He reported the contract did not document outside providers.	C 323		

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C 324 SS=E	310:663-3-3(a)(4) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (4) medication administration; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe medication administration as a component of the contract for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract contained information related to medication administration. He reported the contract did not contain this information.	C 324		
C 325 SS=E	310:663-3-3(a)(5) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services:	C 325		

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C 325	Continued From page 4 (5) assistance with cognitive orientation; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe assistance with cognitive orientation, as a component of the contract, for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract contained information related to assistance with cognitive orientation. He reported the contract did not contain this information.	C 325		
C 326 SS=E	310:663-3-3(a)(6) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (6) any specialized service or unit for residents with Alzheimer's disease and related dementias, physical disabilities or other special needs that the facility	C 326		

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C 326	Continued From page 5 intends to market; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe any specialized service or unit for Alzheimer's disease and related dementia's, physical disabilities or other special needs that the facility intended to market, as a component of the contract, for three (#2, 3, and #4) of eight sampled resident contracts reviewed. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract contained information related to any specialized services. He stated, "no, we do not provide that."	C 326		
C 327 SS=E	310:663-3-3(a)(7) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (7) assistance with transfer or ambulation;	C 327		

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C 327	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe assistance with transfer or ambulation, as a component of the contract, for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 10:45 a.m., the ED was asked if the center's contract described the service to be provided in regard to assistance with transfers or ambulation. He reported the contract did not include this information. He was asked if he would admit a resident who required a two-person assist, three-person assist, or Hoyer lift assistance. He reported, no, normally they would not admit a resident who required this type of assistance.	C 327		
C1322 SS=E	310:663-13-2(2) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (2) admission criteria; This Rule is not met as evidenced by: Based on record review and interview, the center failed to include the admission criteria in the resident contract for three (#2, 3, and #4) of eight	C1322		

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C1322	Continued From page 7 sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 10:10 a.m., the ED was asked if resident #2, 3, and #4's contract contained a clear statement in regard to admission criteria. He stated, "no." He was asked if there was a part of the contract labeled, "admission criteria" and he reported there was not. The ED reported he would need to contact the corporate office. On 05/12/22 at 2:45 p.m., the ED stated he called the corporate office and they could not tell him anything about the various components of the contract at that time.	C1322		

OKLAHOMA
State Department
of Health

Delivery via email to: ashbrookvillageed@islllc.com

July 14, 2022

License Number: AL6902

Mr. Terry Wilkerson, Administrator
Ashbrook Village
915 West Plato Road
Duncan, OK 73533

Survey Event ID: BMRF11

Dear Mr. Wilkerson:

On **May 12, 2022,** a Relicensure survey and a complaint investigation were conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. **Our acceptance does not absolve the facility's** responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **July 27, 2022**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Digitally signed by Tempal Killman
Date: 2022.07.14 14:24:14 -05'00'

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

enc

Oklahoma State Department of Health

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C 000	INITIAL COMMENTS A relicensure survey was conducted from 05/09/22 through 05/12/22. Complaint investigation (#OK00055756) was conducted in conjunction with the survey. Listed below are abbreviations that will be used throughout this document: ED=Executive Director	C 000		
C 318 SS=E	310:663-3-2(b) ADMISSION CRITERIA (b) The assisted living center's admission criteria shall be included in the assisted living center's application for license and the resident service contract. This Rule is not met as evidenced by: Based on record review and interview, the center failed to include the admission criteria in the application for license for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 10:10 a.m., the ED was asked if resident #2, 3, and #4's contract contained a clear statement in regard to admission criteria. He stated, " no." He was asked if there was a part of the contract labeled admission criteria. He stated, "I am not seeing it." He reported he would need to contact the corporate office.	C 318	The community's resident service contract will be updated for residents 2, 3, and 4 to include the admission criteria in the agreement. Please see attached addendum H. All resident service agreements will be updated to include the admission criteria by July 27, 2022. ED will ensure that updated service contacts will include addendum H, upon admission.	07/27/2022

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

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ASHBROOK VILLAGE	915 WEST PLATO ROAD DUNCAN, OK 73533

(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 318	Continued From page 1 On 05/12/22 at 2:45 p.m., the ED stated he called the corporate office and they could not tell him anything about the various components of the contract at that time.	C 318		

C 322 SS=E	310:663-3-3(a)2 DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (2) nursing supervision during nursing intervention; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe nursing supervision during nursing intervention, as a component, of three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract contained information	C 322	The community's resident service contract will be updated for residents 2, 3, and 4 to include the nursing supervision during nursing intervention criteria in the agreement. Please see attached addendum H. All resident service agreements will be updated to include the nursing supervision during nursing intervention by July 27, 2022. ED will ensure that updated service contacts will include addendum H, upon admission.	07/27/02022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6902	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBROOK VILLAGE	915 WEST PLATO ROAD DUNCAN, OK 73533

(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 322	Continued From page 2 related to nursing supervision during nursing intervention. He reported the contract did not document outside providers.	C 322		

C 323 SS=E	310:663-3-3(a)(3) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (3) intermittent or unscheduled nursing care as defined in this chapter; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe intermittent or unscheduled nursing care, as a component of the contract, for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract described the service to be provided related to intermittent or unscheduled nursing care. He reported the contract did not document outside providers.	C 323	The community's resident service contract will be updated for residents 2, 3, and 4 to include the intermittent or unscheduled nursing care criteria in the agreement. Please see attached addendum H. All resident service agreements will be updated to include the intermittent or unscheduled nursing care by July 27, 2022. ED will ensure that updated service contacts will include addendum H, upon admission.	07/27/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6902	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBROOK VILLAGE	915 WEST PLATO ROAD DUNCAN, OK 73533

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C 324 SS=E	310:663-3-3(a)(4) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (4) medication administration; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe medication administration as a component of the contract for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract contained information related to medication administration. He reported the contract did not contain this information.	C 324	The community's resident service contract will be updated for residents 2, 3, and 4 to include the medication administration criteria in the agreement. Please see attached addendum H. All resident service agreements will be updated to include the medication administration by July 27, 2022. ED will ensure that updated service contacts will include addendum H, upon admission.	07/27/2022
C 325 SS=E	310:663-3-3(a)(5) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services:	C 325		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6902	A. BUILDING: _____ B. WING _____	C 05/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBROOK VILLAGE	915 WEST PLATO ROAD DUNCAN, OK 73533

(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 325	Continued From page 4 (5) assistance with cognitive orientation; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe assistance with cognitive orientation, as a component of the contract, for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract contained information related to assistance with cognitive orientation. He reported the contract did not contain this information.	C 325		
C 326 SS=E	310:663-3-3(a)(6) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (6) any specialized service or unit for residents with Alzheimer's disease and related dementias, physical disabilities or other special needs that the facility	C 326	The community's resident service contract will be updated for residents 2, 3, and 4 to include a description of services provided in the agreement. Please see attached addendum H. All resident service agreements will be updated to include a description of services provided by July 27, 2022. ED will ensure that updated service contacts will include addendum H, upon admission.	07/27/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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ASHBROOK VILLAGE	915 WEST PLATO ROAD DUNCAN, OK 73533

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C 326	Continued From page 5 intends to market; This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe any specialized service or unit for Alzheimer's disease and related dementia's, physical disabilities or other special needs that the facility intended to market, as a component of the contract, for three (#2, 3, and #4) of eight sampled resident contracts reviewed. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 2:45 p.m., the ED was asked if the center's contract contained information related to any specialized services. He stated, "no, we do not provide that."	C 326		
C 327 SS=E	310:663-3-3(a)(7) DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (7) assistance with transfer or ambulation;	C 327	The community's resident service contract will be updated for residents 2, 3, and 4 to include a description of services provided with respect to assistance with transfer or ambulation in the agreement. Please see attached addendum H. All resident service agreements will be updated to include a description of services provided with respect to assistance with transfer or ambulation by July 27, 2022. ED will ensure that updated service contacts will include addendum H, upon admission.	07/27/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 327	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the center failed to describe assistance with transfer or ambulation, as a component of the contract, for three (#2, 3, and #4) of eight sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 10:45 a.m., the ED was asked if the center's contract described the service to be provided in regard to assistance with transfers or ambulation. He reported the contract did not include this information. He was asked if he would admit a resident who required a two-person assist, three-person assist, or Hoyer lift assistance. He reported, no, normally they would not admit a resident who required this type of assistance.	C 327		
C1322 SS=E	310:663-13-2(2) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (2) admission criteria; This Rule is not met as evidenced by: Based on record review and interview, the center failed to include the admission criteria in the resident contract for three (#2, 3, and #4) of eight	C1322		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1322	Continued From page 7 sampled resident contracts. Findings: Resident #2's contract dated 11/18/21, resident #3's contract dated 09/20/21, and resident #4's contract dated 11/12/21 were reviewed. On 05/12/22 at 10:10 a.m., the ED was asked if resident #2, 3, and #4's contract contained a clear statement in regard to admission criteria. He stated, "no." He was asked if there was a part of the contract labeled, "admission criteria" and he reported there was not. The ED reported he would need to contact the corporate office. On 05/12/22 at 2:45 p.m., the ED stated he called the corporate office and they could not tell him anything about the various components of the contract at that time.	C1322	The community's resident service contract will be updated for residents 2, 3, and 4 to include the admission criteria. Please, see attached addendum H. All resident service agreements will be updated to include admission criteria by July 27, 2022. ED will ensure that updated service contacts will include addendum H, upon admission. 6/27/22 Tony Thomas, ED.	07/27/2022

Ashbrook Village
Assisted Living
Phone: (580) 252-8300
Fax: (580) 252-8302

Fax

To: Lisa Calvin, **Fax:** OSDH.LTCEnforcement@health.ok.gov

From: Terry Wilkerson, ED **Date:** 6/27/22

Re: Survey Event ID: BMRF11 **Pages:**

Cc:

☐ **Urgent** ☒ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Comments:

POC for ashbrook Village

Thank you,

Terry ED

Appendix H

ADMISSION AND RETENTION CRITERIA

Purpose:

To provide guidance to the staff in determining eligibility of a prospective resident for residency.

To provide guidance to the staff when a resident no longer meets eligibility requirements.

To provide information to individuals and their families as to eligibility and admission criteria.

This community is an Equal Housing Opportunity provider. Residency will not be denied to any person because of sex, race, disability, sexual orientation marital status, religion, or national origin.

ASSISTED LIVING CRITERIA

The assisted living component at ASHBROOK is not a locked community and residents are free to come and go as they please. Each prospective resident or existing resident:

a. Must be at least 62 years of age.
b. Needs for privacy or dignity can be met by staff.
c. Must have the financial resources to pay the determined fees.
d. Demonstrates ability to bear weight, transfer, and ambulate with staff assistance.
e. Must be capable of self-preservation with a verbal prompt or two-person physical assist to evacuate the home in an emergency. Assistive devices such as a walker are acceptable.
f. Can follow simple instructions and must be able to manage his/her activities of daily living with the assistance provided, coordinated, or arranged.
g. May have difficulty with orientation to time/place/person but does not wander or require a secured or specialized dementia care unit.
h. Having a colostomy, ileostomy, urinary catheter, oxygen or other medical need, including medication, must be compliant and capable of caring for that device or need him/herself or with the assistance of qualified staff or a resident-contracted agency/company.
i Exhibiting behavior problems disturbing to other residents or staff is inappropriate for this community.
j. Does not have a diagnosis of a mental psychosis, developmental disability, cognitive impairment, or mental retardation. Mild dementia, anxiety, and depression are acceptable diagnoses for admission.
k. Does not require a type of service for which the Community is not licensed, staffed, and/or certified.
l. Does not require 24-hour skilled nursing services for an extended period of time.
m. Does not endanger the safety or health of self or other individuals.
n. Does not require chemical or physical restraints other than in an emergency.
o. Must be free from communicable disease.
p. Has a personal physician or other authorized healthcare provider willing to provide ongoing medical supervision. This includes the provision of a completed physician plan of care,

current prescriptions and over the counter medications, which must be submitted prior to move-in.

q. Is compliant with ASHBROOK policies and procedures and federal and state rules and regulations.

r. If serviced by an outside agency, must notify the Director of Nursing and select a provider that meets ASHBROOK's criteria and complies with all applicable laws and regulations.

Final admission / retention determination regarding eligibility rests with the Executive Director. A service plan to meet the resident's needs will be developed for each resident and in consultation with the resident or legal representative. It will be updated periodically as required by law. If the resident's needs cannot be met with the services available, then the prospective resident will not qualify for residency nor the existing resident for continued residency.

When a resident no longer qualifies for residency, the Executive Director, or Nurse, along with any primary caregiver, will discuss with the resident and/or family, the challenges the Community is having in meeting the resident's needs. Although consultation with family members, the physician, and other health and social care providers will be utilized in assessing the Resident's ability to meet the above criteria, final determination rests with the Executive Director. Probationary residency can be utilized when there is some expectation of reversing the identified concerns.

ASHBROOK RESIDENTS MAY HAVE NONE, SOME, OR ALL OF THE FOLLOWING NEEDS:

a) **Assistance with Personal Care**

ASHBROOK employees or resident contracted (such as home health) Certified Nurse Aides will be available twenty-four hours each day to assist with residents' personal care and activities of daily living needs. These services will include all tasks that Certified Nurse Aides are trained and certified to perform in a health care environment. Services are likely to include delegated tasks by a licensed or registered nurse as regulated by the Oklahoma Board of Nursing.

1. Assistance with meals includes: reminders to attend all meals in the dining room, assistance with opening food and condiment containers, serving nutritional supplements, and additional assistance as allowed under statute and regulations of the Oklahoma State Department of Health.

2. Assistance with dressing includes help with set-up and additional assistance as allowed under statute and regulations of the Oklahoma State Department of Health.

3. Assistance with hygiene and showering includes set-up of a shower or bath and additional assistance as allowed under statute and regulations of the Oklahoma State Department of Health.

4. Assistance with toileting includes reminders to toilet, helping with set-up of incontinent supplies, and additional assistance as allowed under statute and regulations of the Oklahoma State Department of Health. Residents must be manageable and compliant with assistance and hygiene standards.

b) Nursing Supervision

ASHBROOK will accept for residency people who may require nursing supervision including: supervision of medication administration, supervision of ADL care, responding to emergencies, and coordinating care with a resident's physician and outside vendors. Nursing supervision will be provided by staff or outside agencies. A Registered Nurse, Registered Nurse Consultant, or a Licensed Practical Nurse will supervise certified nursing aides. Outside agencies such as home health or rehabilitation services will directly supervise their own staff.

c) **Intermittent or Unscheduled Nursing Care**

The prospective resident may require intermittent or unscheduled nursing care (i.e. nursing care and supervision less than 24 hours per day) including: glucose monitoring and insulin administration, oxygen administration oversight and assistance, nebulizer/updraft administration oversight/ assistance, simple wound management, intermittent catheterization for urine specimens, assistance or oversight of colostomy care, diabetic management, ostomy care, and injections. Home health agencies may provide some of these services as contracted by the resident. Certain items may be performed by the Community's nurse or staff as delegated by our nurse. ASHBROOK may have residents who are being served by a hospice agency. Our policy is that this would be appropriate so far as the resident's needs are being met. It is also our expectation that hospice care would be needed and provided on a short-term basis and not for on-going extended care.

d) **Medication Administration**

ASHBROOK will accept for residency people who require the ordering, storing, and administration of medication. As approved by the nurse, Executive Director, and the resident's physician, residents may self-administer medications that medication administration aides do not administer such as nose sprays, updrafts / nebulizers, inhalers, insulin, topicals, eye drops, etc. ASHBROOK staff are responsible for medication administration and will be Medication Administration Technicians or Certified Medication Assistants.

e) **Assistance with Transfer Ambulation**

ASHBROOK will accept for residency people who demonstrate the ability to bear weight and to transfer and ambulate with staff assistance. Residents must be capable of self-preservation with a verbal prompt or two-person physical assist to evacuate the home in an emergency. Individuals in motorized wheelchairs and scooters may be allowed under certain policies and procedures.

SERVICES AND ACCOMMODATIONS

Our services are offered in the spirit of our philosophy, which is to focus on assisting a resident to do as much for him/herself as he/she can, or cares to do. Service needs will be determined by a comprehensive assessment at the time of move-in (or within 1 4 days). In addition, ASHBROOK will coordinate rehabilitation and home health care services for some residents. All residents must

comply with federal and state laws and regulations and ASHBROOK policies and procedures. Non-compliant residents will be subject to termination of residency. We offer:

- Assistance with personal care
- Assistance with medication administration
- Twenty-four-hour access to caregiving to meet scheduled and unscheduled needs
- Nursing supervision.
- Intermittent or unscheduled nursing care
- Assistance with socialization
- Assistance with orientation
- Nurse consultant
- Coordination of care from outside agencies such as home health and hospice
- Three meals a day and snacks
- Special diets accommodated
- Registered dietitian consultant
- Personal and flat laundry services
- Housekeeping
- Coordination of local transportation to medical appointments
- Various activities and social opportunities

EXPLAINATION OF SERVICES PROVIDED OR ARRANGED BY ASHBROOK

Throughout this document the term "assist" is defined as "to give support, to aid, to give help." The term "assistance" is defined as "the act of assisting or the help supplied." The monthly charge will include meals and all assistance provided by the Community (as determined by the assessment) with personal care / activities of daily living (bathing, dressing, grooming, escorting, toileting, incontinence management, or redirecting). Available services provided, arranged, or coordinated are explained below.

Assistance with Personal Care:

This assistance is personalized to meet each resident's unique needs or desires. ASHBROOK will provide services ranging from stand-by oversight to hands-on caretaking with personal care such as grooming, dental hygiene, hair brushing, make-up application, bathing, and dressing.

Incontinence Care:

Includes reminding or assisting a resident every to four hours with toileting and provide assistance with personal hygiene and incontinence products. The resident is responsible for purchasing their own incontinence supplies. Residents must be compliant with assistance and hygiene standards to maintain residency.

Housekeeping:

A cleaning of private quarters weekly. The bed linen will be changed, bathroom and kitchen floors and sink / counter / shower will be disinfected, carpeting will be vacuumed, and light dusting. Additional services are available as identified during the assessment.

Laundry:

Personal clothing, towels, and bed sheets will be laundered once every week. Items will be returned to the resident folded or on hangers. It is expected that capable residents will put up their own laundry. Washers and dryers are provided free-of-charge for those residents wanting to do their own laundry.

Nursing Supervision:

Nursing supervision services include supervision of medication administration, supervision of ADL care, responding to emergencies, and coordinating care with a resident's physician and outside vendors. Nursing supervision will be provided by staff or outside agencies. A Registered Nurse, Registered Nurse Consultant, or a Licensed Practical Nurse will supervise certified nursing aides. Outside agencies such as home health or rehabilitation services will directly supervise their own staff but will coordinate services with the Community.

Intermittent or Unscheduled Nursing Care:

Skilled nursing care given by a Licensed Practical Nurse or Registered Nurse that is not required twenty-four (24) hours a day. Typically, these services include items such as the following: glucose monitoring and insulin administration, oxygen administration oversight and assistance, nebulizer/updraft administration oversight/assistance, simple wound management, intermittent catheterization for urine specimens, assistance or oversight of colostomy care, diabetic management, ostomy care, and injections. Home health agencies may provide some of these services as contracted by the resident. Certain items may be performed by the Community's nurse or staff as delegated by our nurse. ASHBROOK may have residents who are served by a hospice agency. Our policy is that this would be appropriate as long as the resident's needs are being met. It is also our expectation that hospice care would be needed and provided on a short-term basis and not for on-going extended care.

Medication Administration:

The ordering, storing, and administration of medications or the supervision / monitoring of residents who self-administer their medications. Medication Administration Technicians (MAT) or Certified

Medication Aide (CMA) staff are employed for this purpose. A Licensed Practical Nurse (LPN) or a Registered Nurse (RN) will oversee medication administration staff. RN and pharmacy consultants will audit medication administration services (including any residents who self-administer medications) and will routinely review relevant documentation. As approved by the nurse, Executive Director, and the resident's physician, residents may self-administer medications that medication administration aides do not administer such as nose sprays, updrafts / nebulizers, inhalers, insulin, topicals, eye drops, etc. These are the only types of items that residents will be allowed to self-administer. Unique exceptions must be approved by the Director of resident Services or Executive Director.

Cognitive Orientation:

May include employing interventions to re-orient a resident, divert attention to a more pleasant activity, and encourage socialization and participation in activities.

Transfer and Ambulation:

ASHBROOK will accept for residency people who require staff assistance to transfer and ambulate. Assistance may include up to two staff members assisting a resident to get up and around. Individuals in motorized wheelchairs and scooters may be allowed under certain policies and procedures.

Planned Programs for Socialization, Activities, and Exercise:

Includes encouraging a resident to take advantage of opportunities to be active with other people within the Community. This includes helping a resident re-establish routine in his or her life. Activities may inclue: exercise, curent events, excursions, parties, visitation, devotionals, etc. A calendar of events will be posted in the community. These activities are generally planned based on resident input and interest.

Provisions for Evacuation of the Building Structure and Staff to Meet the Needs of the Residents in Emergency Situations:

ASHBROOK has an Emergency Preparation Plan that outlines reactions to situations such as fire, flooding, ice storm, lost power, tornado, and earthquake. If feasible, ASHBROOK will first attempt to "shelter in place" before relocating residents to a secondary location. Adequate staff will be on duty to manage an evacuation if needed. Residents will be required to participate in fire /evacuation drills.

Eating Assistance:

May include the need to consistently encourage a resident to eat at meal and snack times. This may also include physical assistance with eating such as cutting up a resident 's food, spreading jam on toast, or offering food by fork / spoon for resident ingestion.

Home Health/Hospice Care (resident's responsibility for Payment):

ASHBROOK has several third-party vendors for residents to choose from to provide medical or supportive services to supplement ASHBROOK's services and accommodations. Preferred vendors have been oriented to ASHBROOK's policies and methods for coordination of care. The Executive

Director and Nurse must be aware of all home health services being provided and coordination must be arranged to make sure the resident's needs are being met and the resident still qualifies for residency. All outside care companies must be approved by the Executive Director prior to providing any service in the Community.

Transportation (resident's responsibility (or payment):

Families/responsible parties should provide as much transportation as possible, accompanying the resident to the doctor, etc. When the resident or family cannot provide transportation to doctor appointments, etc., ASHBROOK will arrange for transportation if asked to do so. A two-day notice is required for a staff escort. Routine shopping and transportation to local services will be provided by ASHBROOK. Transportation to appointments will be provided within a 15-mile radius.

Meals:

The dining room is open from approximately 7:30 am until 6:00 pm and residents are encouraged to eat at any time they prefer. It is requested that residents are seated by 5:30 pm for dinner. Another dinner option for those who may be out of the community or want to eat later in the evening is to order a " to-go" meal that will be prepared and waiting for the resident. The monthly rent includes three daily meals. Snacks are also available.

Special diets are provided for those who have a doctor's order for a special diet. Residents are encouraged to ask their physician for a "regular" diet so that they can easily order from the entire menu, which is all prepared to be low-sodium. Reduced sugar deserts and items are also always available. A licensed dietitian consultant is available to the Community and residents. Assisted living residents may keep personal snacks and food items in their apartment if the food is stored properly and cleanly.

Telephone Service (resident's responsibility for payment):

Residents are encouraged to have a private telephone line. A telephone is available for resident's use for local calls.

Cable Television Service (additional channels are resident's responsibility for payment):

The monthly rent includes basic cable television service. Additional premium channels can be purchased directly from the cable provider. Televisions in common areas are equipped with cable channels.

Utilities:

Electricity, natural gas, water, and trash services are included in the monthly rent.

Apartment Maintenance:

Residents will notify the management if something in their apartment needs repair. Residents are responsible for providing their own small appliances and items such as light bulbs and batteries.

Beauty Shop Services (resident's responsibility for payment):

A licensed beautician is available. Residents are responsible for scheduling their appointments. Residents will pay the beautician directly for beauty shop services or will arrange for payment.

Private Sitters (resident's responsibility for payment):

ASHBROOK is not designed to provide exclusive one-on-one care to residents. We respectfully recognize a resident's right to request and the family's right to provide that service. By state law, sitters/companions may not provide personal care unless they are certified and employed by a licensed home care or hospice agency. If there is an on-going need that cannot be met by the Community, the resident will be assessed as to the propriety of continued residency.

OKLAHOMA
State Department
of Health

Delivery via email to: ashbrookvillageed@islllc.com

December 20, 2022

License Number: AL6902

Mr. Terry Wilkerson, Administrator
Ashbrook Village
915 West Plato Road
Duncan, OK 73533

RE: Survey Event BMRF12

Dear Mr. Wilkerson:

On **December 14, 2022,** an offsite/paper revisit was conducted with your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your relicensure survey with complaints on **May 12, 2022,** have now been corrected effective **July 27, 2022.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

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
	AL6902	A. BUILDING: _____ B. WING _____	R-C 12/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHBROOK VILLAGE	915 WEST PLATO ROAD DUNCAN, OK 73533

(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 offsite/paper revisit was conduted on 12/14/22. The facility was in substantial compliance.	{C 000}		

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