OKLAHOMA
State Department
of Health

Delivery via email to: ashbrookvillageed@islllc.com

November 1, 2023

License Number: AL6902

Ms. Deandra Downer, Administrator
Ashbrook Village
915 West Plato Road
Duncan, OK 73533

RE: Survey Event ID: 5WWZ11

Dear Ms. Downer:

On **October 19, 2023**, 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 **October 19, 2023**.

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.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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 _____	10/19/2023

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
D 000	INITIAL COMMENTS A relicensure survey was conducted from 10/17/23 through 10/19/23.	D 000		
C 000	INITIAL COMMENTS A relicensure survey was conducted from 10/17/23 through 10/19/23.	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure dry goods were stored off the floor at least 6 inches to prevent contamination. The Executive Director reported 30 residents resided in the facility, of which 29 residents received food from the kitchen. Findings: The facility's "Contamination Prevention in Food Preparation and Storage" policy, dated 07/01/23, read in part "...Food must be stored, at a minimum, 6" above the floor..." On 10/17/23 at 3:45 p.m., a tour of the kitchen was conducted and a large open bag of oatmeal was observed setting on the floor, in the dry food storage room. On 10/18/23 at 11:42 a.m., the large opened bag	C 391		

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C 391	Continued From page 1 of oatmeal was observed setting on the floor, in the dry food storage room. On 10/18/23 at 2:05 p.m., the Culinary Director reported the bag of oatmeal should not be stored on the floor. The Culinary Director reported they had a plastic container for the oatmeal to be stored but had not had a chance to put in the container yet.	C 391		
C1302 SS=E	310:663-13-1(b) RESIDENT SERVICE CONTRACT (b) All rights, privileges and assurances guaranteed to residents under these rules or marketing materials are deemed incorporated in any contract between an assisted living center and a resident. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the resident's dining experience was provided as advertised in the marketing material. The Executive Director reported 30 residents resided in the facility, of which 29 residents received food from the kitchen. Findings:	C1302		

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ASHBROOK VILLAGE	915 WEST PLATO ROAD DUNCAN, OK 73533

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C1302	Continued From page 2 The facility's marketing brochure read in part, "...Elevate is an enhanced culinary experience...By creating meaningful connections through cuisine...Elevate transforms the dining experience into a culinary celebration that inspires the engagement of our residents, families and friends...Elevate is a culinary program that goes far beyond the industry's traditional culinary experience..." The facility's printed menu, dated 10/17/23, documented the dinner meal would be beef tips, gravy, mashed potatoes, cauliflower, and coconut cookies. On 10/17/23 at 3:45 p.m., the menu board on the wall of the facility's dining room documented the dinner meal was tacos, refried beans, and cherry pie. On 10/17/23 at 5:00 p.m., the dinner meal was observed to be one 3-inch corn tortilla shell with a small amount of meat in the middle. Around the plate was lettuce, cheese and diced tomatoes. The refried beans were observed in a two-ounce plastic container. A slice of cherry pie was served for dessert. On 10/18/23, the printed menu documented lunch was to be lemon pepper flounder, rice, green beans, and chocolate pudding. The dinner meal documented on the printed menu was to be turkey pot pie, biscuit, and chocolate chip cake. On 10/18/23 at 12:15 p.m., the lunch meal was observed and baked chicken was served in place of the flounder. The menu board in the dining room documented the dinner meal would be a hamburger and chips.	C1302		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C1302	Continued From page 3 On 10/18/23 at 2:05 p.m., the culinary director reported they had to make adjustments to the menu because corporate did the ordering and the facility received what the food supplier delivered. On 10/18/23 at 2:15 p.m., resident #7 reported they were not served big enough portions and if they asked for seconds, they had to wait until all residents had been served to make sure there were leftovers. Resident #7 reported residents had complained about portion sizes in the past and corporate sent a chef to train staff on how to cook the correct amount needed, as well as serving the correct portion sizes. Resident #7 reported the portion sizes got better for awhile but now it was getting bad again. The resident reported they were not able to have a menu because the kitchen never served what was scheduled. Resident #7 reported their family often brought food. On 10/18/23 at 2:28 p.m., family member #1 reported residents were given very small amounts of food for meals and the facility would not give out a printed menu to residents due to the menu not being followed. Family member #1 reported pork was served three times the previous week. Family member #1 reported the facility's oven was broken for several months so microwaved food was all that was served. Family member #1 reported one meal served included a half scoop of tuna salad and a slice of cantaloupe. On 10/19/23 at 10:27 a.m., an unnamed resident reported most of the complaints in resident council from other residents were related to the food they were served. The unnamed resident reported not much had been done about the food complaints. The unnamed resident reported they used to have two food delivery trucks a week and	C1302		

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 _____	10/19/2023

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

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C1302	Continued From page 4	C1302		

they went down to one a week to save money. The resident reported they run out of butter, sugar, potatoes, bread and other items needed to follow the menu. The unnamed resident reported being served pork 4-5 days in a row because that was what was available. The unnamed resident reported the dinner meal served on 10/17/23 was one child-size taco and the refried beans were served in a small little medicine size cup.

The printed menu documented the lunch meal for 10/19/23 was planned to be orange chicken, fried rice and cauliflower mix.

On 10/19/23 at 10:45 p.m., cook #2 reported the noon meal had been changed to spaghetti because no chicken had been thawed out. Cook #2 reported they had a printed menu to follow but had to make substitutions with what foods they had available to cook.

On 10/19/23 at 12:15 p.m., the lunch meal documented on the board in the dining room was documented to be spaghetti, green beans, garlic toast and a cookie.

On 10/19/23 at 12:23 p.m., a test tray was requested from the kitchen. A tray was served to surveyors at 12:42 p.m. and the kitchen staff reported being being out of green beans. The spaghetti served was noodles topped with chunky tomatoes and meat with garlic bread. The tomatoes and meat were bland and did not taste like any seasoning had been added.

On 10/19/23 at 12:40 p.m., the culinary director reported they were running short on time and they were out of tomato sauce. The culinary director reported the chunky tomatoes should have been seasoned, put in the food processor to make a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1302	Continued From page 5 sauce, and added to the meat to make a spaghetti sauce but that was not done related to time. On 10/19/23 at 1:00 p.m., the culinary director was interviewed and reported they were currently out of individual packets of butter for the residents. The culinary director reported that one of the 3-inch soft corn tortilla shells served for dinner on 10/17/23 was not a proper portion size. The culinary director reported the refried beans should have been on the plate, not in a 2 ounce plastic cup, which was not the correct serving size. The culinary director reported the cook would be reeducated on proper serving sizes and using scoops to measure the food.	C1302		

OKLAHOMA
State Department
of Health

Delivery via email to: ashbrookvillageed@islllc.com

November 16, 2023

License Number: AL6902

Ms. Deandra Downer, Administrator
Ashbrook Village
915 West Plato Road
Duncan, OK 73533

RE: Survey Event 5WWZ11

Dear Ms. Downer:

On **October 19, 2023**, a Licensure inspection was conducted at your Assisted Living Center facility. 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 have been corrected and you were in substantial compliance by **November 13, 2023**.

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

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

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 11/13/2023** **Facility Name:** ASHBROOK VILLAGE **License Number:** AL6902 **Survey Event ID:** 5WWZ11 **Date Survey Completed: 10/19/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391	Based on: BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO ENSURE DRY GOODS WERE STORED OFF THE FOOR AT LEAST 6 INCHES TO PREVENT CONTAMINATION

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Specify corrective measures for affected residents. The facility must ensure that dry goods are stored at least 6 inches above the floor to prevent contamination.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	establish corrective measures for those impacted, ensuring the facility adheres to the practice of storing dry goods at least 6 inches above the floor to prevent contamination.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	The dietary manager will conduct a daily audit and mandate staff training on the proper storage of 50 lbs bags of oatmeal and sugar.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Enter methods to ensure corrections are sustained: Dry storage will undergo daily audits for the first five days, followed by weekly audits for the subsequent four weeks, and then transition to monthly audits for the next three months. Audit findings will be forwarded to the Quality Assurance (QA) committee for thorough review and recommendations. The administrator is accountable for ensuring sustained compliance.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/13/203
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Deandra Downer OAC 310:663-25-4(F)	**Date 11/13/20203**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.			

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 11/13/2023
Facility Name: ASHBROOK VILLAGE
License Number: AL6902
Survey Event ID: 5WWZ11
Date Survey Completed: 10/19/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: 1302	Based on: The facility failed to ensure the resident's dining experience was provided as advertised in the marketing material

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Ensure that dietary requirements align with the menu and verify adherence to specified diets.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Implement a procedure for identifying other residents who may be potentially affected due to deviations from the menu.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Th facility will guarantee that the dietary practices align with the menu, offering healthy diets and adhering to dietitian recommendations. Additionally, there will be monthly staff education on dietary requirements and quarterly training on portion sizes.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Enter methods to ensure corrections are sustained: The dietary manager will conduct monthly meetings with the cooks to review menus and dietary plans. Quarterly training sessions on portion sizes will be provided. Furthermore, the dietary manager will meet with residents and dietitians quarterly to assess menus and address any resident concerns. Audit findings will be forwarded to the Quality Assurance (QA) committee for thorough review and recommendations. The administrator is accountable for ensuring sustained compliance.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/13/203
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Deandra Downer**	**Date 11/13/20203**

OAC 310:663-25-4(F)

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.			

OKLAHOMA
State Department
of Health

Delivery via email to: ashbrookvillageed@islllc.com

January 2, 2024

License Number: AL6902

Ms. Deandra Downer, Administrator
Ashbrook Village
915 West Plato Road
Duncan, OK 73533

RE: Survey Event 5WWZ12

Dear Ms. Downer:

On **December 28, 2023,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **October 19, 2023,** have now been corrected effective **November 13, 2023.**

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

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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
	AL6902	A. BUILDING: _____ B. WING _____	R 12/28/2023

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

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{D 000}	INITIAL COMMENTS	{D 000}		
{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 12/28/23. 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