OKLAHOMA
State Department of Health

Delivery via email to: bhaire@canoebrookal.com

January 5, 2024

License Number: AL6905

Ms. Wendy Wilkerson, Administrator
Duncan Assisted Living
1095 Chisholm Trail Parkway
Duncan, OK 73533

Survey Event ID: 88L411

Dear Ms. Wilkerson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 28, 2023**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: **Duncan Assisted Living**
Address: **1095 Chisholm Trail Parkway**
City, State, Zip: **Duncan, OK 73533**
Provider #: **AL6905**
Complaint #: **OK00061599**
Investigation Date(s): **12/28/23**

ALLEGATION(S)

The center failed to ensure residents were not physically, verbally or psychosocially abused.
The center failed to report allegations of abuse to the State Agency (OSDH).

An unannounced on-site investigation was initiated 12/28/2023 at 2:00 p.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 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 throughout the investigation. Residents were observed in their rooms, in the dining room, in common areas, while participating in activities, and during medication administration. Residents were observed to interact with staff members and other residents. Staff members were observed for kind and respectful interactions with residents. Staff were observed for appropriate and prompt responses to resident needs.

Clinical records were reviewed for physician orders, assessments, service plans, and medication administration records. Incident reports were reviewed for thorough investigations and timely reporting. Grievance logs were reviewed for appropriate response and follow-up. Facility policies and procedures were reviewed.

Several residents, including sampled residents, were interviewed regarding allegations of abuse and/or neglect. Staff members and administrative staff were interviewed regarding allegations of abuse and/or neglect. Residents on all halls were interviewed regarding interactions with specific staff members. Residents were interviewed regarding how to report abuse and who to report to. Staff members were interviewed related to the facility policy of preventing, identifying, investigating, and reporting of abuse allegations.

The attached Statement of Deficiencies, Form 2567 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: 12/29/2023

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
	AL6905	A. BUILDING: _____ B. WING _____	C 12/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN ASSISTED LIVING	1095 CHISHOLM TRAIL PARKWAY 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 Complaint investigation #OK00061599 was conducted on 12/28/23. No deficiencies were cited. Facility Census: 38	C 000		

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