OKLAHOMA
State Department of Health

Delivery via email to: SanBro2@brookdale.com

November 21, 2025

License Number: AL7401

Sandra Brown, Administrator
Brookdale Bartlesville North
5420 Southeast Adams Blvd
Bartlesville, OK 74006

RE: Survey Event ID: 71V211

Dear Ms. Brown:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **November 19, 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
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of Health

INVESTIGATIVE REPORT

Facility: **Brookdale Bartlesville North**
Address: **5420 Southeast Adams Blvd,**
City, State, Zip: **Bartlesville OK 74006**
Provider #: **AL7401**
Complaint #: **OK00067943**
Investigation Date(s): **11/18/25 and 11/19/25**

ALLEGATION(S)
The facility failed to ensure a resident's right to a. receive visitors of his or her choosing, b. notify the resident representative with a change in condition, and c. allow the resident the right to refuse medication.
The center failed to assist the resident with transportation to outside medical appointments.

An unannounced on-site investigation was initiated 11/18/2025 at 10:00 a.m.

A sample of 3 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 to the facility and at various times during the survey. Residents were observed for outward signs of abuse and neglect. Residents were observed participating in various activities during the survey and their ability to participate or refuse. Residents were observed being transported to outside appointments.

Resident records were reviewed including physician orders and notes, transportation records, medication administration records, progress notes, and care plans. Facility policy and procedures were reviewed. Facility transportation records were reviewed.

Residents were interviewed regarding the allegations of the complaint.

Resident representatives were interviewed regarding the allegations of the complaint.

Staff were interviewed regarding the allegations of the complaint.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

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Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 11/20/2025

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
	AL7401	A. BUILDING: _____ B. WING _____	C 11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BARTLESVILLE NORTH	5420 SOUTHEAST ADAMS BLVD BARTLESVILLE, OK 74006

(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 complaint (#OK00067943) was conducted from 11/18/25 through 11/19/25. No deficiencies were cited. Facility Census: 30	C 000		

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