Oklahoma State Department of Health
Creating a State of Health

August 2, 2019

License Number: AL7402

Ms. Mistie Pollard, Administrator
Brookdale Bartlesville South
3737 Southeast Camelot Drive
Bartlesville, OK 74005

Survey Event ID: COWE11

Dear Ms. Pollard:

On **June 27, 2019**, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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 will be completed for each violation; and
(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) 271-6868 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
1000 N.E. 10th
Oklahoma City, OK 73117-1299

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) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. 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,

Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc
Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Brookdale Bartlesville South**
Address: **3737 Southeast Camelot Drive**
City, State, Zip: **Bartlesville, OK, 74005**
Provider #: **AL7402**
Complaint #: **OK00053873**
Investigation Date(s): **06/26/19 and 06/27/19**

ALLEGATION(S)		S = SUBSTANTIATED US = UNSUBSTANTIATED
1. Quality of Care/Treatment	Concern #1	**S**
	Concern #2	**US**
	Concern #3	**US**
	Concern #4	**US**

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

An unannounced on-site investigation was initiated on Tuesday, June 26, 2018 at 12:30 p.m.

A sample of 4 residents including any identified resident 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Quality of Care/Treatment

Four (4) specific concerns were included under the one allegation on the ACTS Complaint Incident Investigation Report. All four concerns were investigated and are identified in the following:

- **(Concern #1) An investigation specific to the center failing to assess, monitor and intervene for residents with changes in condition was conducted.**

Deficient practice was substantiated related to this concern. See the Statement of Deficiencies, Form 2567, and Tag C0522 for details.

The substantiated part of this allegation was related to the center's failure to update resident's record via a change in condition assessment. However, the medical record documented the 98 year old female resident was declining per her Montreal Cognitive Assessment (MOCA) test. Monitoring and interventions documented in the resident's record were still provided. The resident had multiple testing, medications were ordered, and the resident had physical therapy 2 times per week and speech therapy. The center documented coordination between the family, the center, home health, and the physician which included physician visits to the center. See the Statement of Deficiencies, Form 2567, Tag C0522 for details.

- **(Concern #2) An investigation specific to the center failing to report changes in condition to physicians in a timely manner was conducted.**

An investigation specific to the facility not notifying the physician of a resident's change in condition was conducted.

Deficient practice was unsubstantiated related to this concern.

The resident identified in the complaint no longer resides at the center as she expired on 4/27/19. The Resident moved into the center on 08/30/18 with diagnoses to include gait dysfunction, confusion, cognitive impairment, hypothyroidism, and depression. The record documented the resident had multiple falls since she moved to the center and according to staff, she was independent and had attempted to shower on her own.

On 06/26/19, a review of the resident medical record was conducted. The resident's medical record documented the resident had multiple falls. A nurse's note, dated 02/19/19, documented staff found resident on the floor in her room and the resident denied pain. She had a large amount of blood on the left side of her head. The center notified her power of attorney (POA.) A nurse's note, dated 02/20/19, documented the resident complained of pain (left hip and shoulder) and Tylenol was administered for pain. The family requested an x-ray and the nurse faxed the physician and received orders for an x-ray. A nurse's note, dated 02/21/19, documented the physician saw the resident at the center and said the x-rays did not identify a fracture. The physician ordered physical therapy (PT) and speech therapy (ST) for the resident and set up a swallowing test as the resident was having difficulty with swallowing. A barium swallow study was performed at the hospital.

A nurse's note, dated 04/15/19, documented the resident was found on the floor at 7:30 a.m., by a family member. The resident had a scratch on her back but no other signs of injury. Staff reported the resident had increased confusion. The registered nurse (RN) told staff to try and collect a urine sample for a urinalysis (UA) and the physician was notified. On 04/18/19, a nurse's note documented staff had collected a UA specimen for possible urinary tract infection (UTI) and the results were faxed to the physician. The test was negative for a UTI.

A nurse's noted, dated 04/20/19, documented an order from the physician to draw blood for a thyroid stimulating hormone (TSH) level on the resident and it was sent to the lab. On 04/22/19, TSH results were received and the TSH was high, the family was notified and the results were faxed to the physician. A nurse's note, dated 04/24/19, documented the nurse spoke with the physician's office and it was recommended the resident should start drinking V8 juice and to observe the resident taking medication.

A nurse's note, dated 04/26/19 at 10:59 a.m., documented staff notified the nurse that the resident sounded "raspy." The nurse listened to the resident's lungs and documented, "Crackles heard in right lung on expiration. The resident was checked for an elevated temp. was 98.5". The nurse sent fax to physician and then followed up with a phone call to make them aware. The Resident still had confusion and the nurse documented the staff

was watching resident take her pills and checking her mouth afterwards to ensure she was swallowing them as the resident had been spitting them out and the family had found a pill on the floor the week before. At 12:03 p.m., a nurse's note documented orders received for Augmentin BID (twice daily) for 10 days, Duoneb as needed (PRN), and a chest x-ray. The Family was notified. At 3:45p.m., a nurse's note documented a meeting with resident's son, daughter-in-law and the executive director (ED) and RN, about resident's care. The record documented they had discussed resident's care coordination/communication, to include the RN and ED, of issues/concerns when the family had notified the physician direct and the center then received new orders but were unaware of the issue/concern the family had observed. The ED and the RN stressed to the family to notify them of concerns so they could take care of them. At 4:26 p.m., a nurse's note documented resident's son (a physician) called and said the x-ray showed a mild pneumonia in her right lung and a small pleural effusion. The nurse documented she informed him the resident was starting Augmentin today per physician order. He was asked if he wanted anything else and he did not. At 6:49p.m., a nurse's note documented the resident was to start antibiotic (ATB) this day and the vital signs of resident, BP 122/58, pulse 94, spO2 91% room air, and temperature of 98.4.

On 04/27/19, the RN documented staff called her around 7:50 a.m., and said the resident was found on the floor in the bathroom. Staff said the area was wet like resident had attempted to shower. Resident denied pain and had no signs of injury. A copy of a text documented as sent to the family at 7:50 a.m., from the RN's phone, documented, "I wanted to let you know that they just found [the resident] on the floor in the bathroom. She doesn't seem to be hurt. They're getting her down for breakfast now. Thanks." The reply from family "Thank you for letting us know. I will be down to see her later this morning." Staff took resident to breakfast. At 9:00 a.m., staff called the nurse and said the resident was heaving in the dining room and sliding down in her chair. Staff took resident to her room and she started vomiting and became unresponsive. Staff called 911 and the RN called the family. EMS arrived and resident #4 was pronounced dead.

- **(Concern #3) The center failed to administer medications as ordered.**

An investigation specific to residents receiving their physician ordered medication was conducted.

Deficient practice was unsubstantiated related to this concern.

A tour of the assisted living center was conducted and residents were observed interacting with the staff and other residents. The tour included observations of resident rooms to look for any medications on floors, night stands etc. No medication of any kind was observed in the resident rooms. Family members visiting residents were interviewed and denied any medication was left in resident rooms. Residents able to be interviewed were asked if staff observed them take their medications and they said staff watched them.

On 06/27/19, staff interviewed stated residents were observed when taking medication and they had received an in-service related to administering medications 04/2019. The RN and ADM were asked about one specific resident and if medications were left in the room. They stated when medication was found in the resident's room, all staff was in-serviced immediately related to the center's policy and observing residents swallow medication. Documentation of the in-service was verified/observed and interviews with staff were conducted for confirmation.

At 12:50 p.m., the administrator was asked if any medication was left in [resident's] room. She stated the resident's family found (2) pills in her room on 04/17/19, staff thought resident #4 cheeked/hid medication in her cheek or spit them out after staff administered them. The RN conducted an in-service immediately with staff on 04/18/19, regarding medication administration and observing residents swallow medications. She said

all medication staff were told to observe residents swallow medications. She said no other complaints of medications in resident rooms had been voiced or found.

Resident #4's medication administration record (MAR) documented the resident had received medications as ordered.

The center provided all requested documentation for review.

- **(Concern #4) The center failed to provide a safe environment.**

An investigation specific to maintenance, leaking toilets and wet floors was conducted.

Deficient practice was unsubstantiated related to this concern.

The resident moved into the center on 08/30/18.

A nurse's note, dated 09/04/19, documented staff reported on 09/01/18 the resident was down on one knee (R) at bedside but did not fall. No signs of injury were noted or documented. The family was notified.

On 09/05/18, the RN documented the resident was found on the floor. Resident stated she fell in the bathroom, she had a skin tear and an abrasion to her lower back and the resident denied pain. The family and physician were notified.

On 09/08/18, the RN documented resident fell in her bathroom and had an abrasion on her leg. The family and physician were notified.

On 09/15/18, the RN documented resident lost her balance and fell and hit her head. The resident was sent to the hospital for evaluation.

A nurse's note, dated 10/03/18, documented the resident was found on the floor of her shower the evening before. She told staff that she had given herself a shower and lowered herself to the ground. She had a bruise on her left buttocks but denied any pain. The family and physician were notified.

On 04/26/19, the RN documented staff found resident on the bathroom floor and staff stated the floor was wet like the resident tried to take a shower.

On 06/27/19 at 1:00 p.m., the room the resident resided in was observed and also the bathroom area. There were no leaks observed and no water on the floor. The current resident was asked if he had noticed any leaks in the bathroom. He stated he had no leaks since he moved to the center. Staff was interviewed and specifically asked if there were water leaks and repairs completed, in that specific room, and they all stated they were not aware of any leaks or repairs. The staff member who found the resident was asked if a water leak had been observed in that room and the employee denied any knowledge of leaks in the bathroom. The ED was asked if that room had a leak in the bathroom that would cause the resident to slip and fall. She stated there was no leak, staff thought she was trying to shower and turned on the water.

On 06/27/19 at 1:10 p.m., the maintenance man was asked for documentation of all repairs done on the center. The center printed all work orders for repairs needed/ordered and when they were completed. Review of all of

the center's work orders from June 2018 until June 2019 was reviewed with the focus being room 104. The work order list identified the following maintenance was provided in room 104:

Requested Maintenance	Completed
07/03/18 – New blinds and toilet paper holder	07/05/18
09/20/18 – Transition piece	09/30/18
11/15/18 – Toilet leaking	11/16/18
11/27/18 – Door needs different hinges	11/28/18
02/04/19 – Door needs oiled	02/04/19
02/08/19 – Bathroom faucet	02/08/19
04/14/19 – Carpet in door way	04/17/19

No other work orders or issues found related to room 104 shower/bathroom leaks. On 11/15/18, the toilet was leaking and repaired. After that date, there were no complaints from the resident or the family of a water leak in the bathroom of room 104.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for Concern #1 of the allegation. The facility will be required to submit a plan of correction (POC). The survey team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Deficient practice was unsubstantiated for Concerns #2, #3, and #4 of the allegation. 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 state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Kim McAlester BSN RN, Survey Manager

Justina Leach RN/CHFS

Date report completed: 07/23/2019

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
	AL7402	A. BUILDING _____ B. WING _____	C 06/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BARTLESVILLE SOUTH	3737 SOUTHEAST CAMELOT DRIVE BARTLESVILLE, OK 74005

(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 abbreviated survey was conducted to investigate complaint #OK53873. The census was 28. The following deficient practice was cited.	C 000		
C 522 SS=D	310:663-5-2(b) ASSESSMENT TIMEFRAMES (b) The assisted living center shall complete the comprehensive assessment in accordance with the following: (1) within fourteen (14) days after admission of the resident; (2) once every twelve (12) months thereafter; and (3) promptly after a significant change in the resident's condition. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the center failed to complete a significant change assessment promptly for 1 (#4) of 4 sampled residents which affected more than one area of the resident's health status. This failed practice had the potential for more than minimal harm. Findings: Resident #4 A comprehensive assessment for resident #4, dated 08/30/18, documented resident #4 was a 98 yr. old who moved into the center on 08/30/18, with diagnoses to include gait dysfunction, confusion, cognitive impairment, depression, overactive bladder, diarrhea, and hypothyroidism. The resident had a history of urinary tract infections (UTI's) and a left hip fracture. Resident #4's medical record documented	C 522		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7402	A BUILDING: _____ B WING _____	C 06/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BARTLESVILLE SOUTH	3737 SOUTHEAST CAMELOT DRIVE BARTLESVILLE, OK 74005

(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 522	Continued From page 1 multiple falls from September 2018 to April 2019. An updated care plan, dated 04/15/19, documented resident #4 was an increased fall risk. The care plan documented resident #4 did not require bathroom assistance but was incontinent and used incontinent supply's (briefs). She had increased confusion, and a UA (urinalysis) was collected on 04/14/19, with antibiotics started 04/15/19. Resident #4's medical record documented lab results thyroid stimulating hormone (TSH) and Sodium levels abnormal noted on 04/22/19. Resident #4 had a chest x-ray on 04/26/19, the record documented mild pneumonia in the right lung and small pleural effusion. The increased confusion, falls, pneumonia, and high TSH levels affected more than one area of the resident's health status and should have triggered a significant change of condition assessment being completed by nursing staff. On 06/27/19 at 2:50 p.m., the registered nurse was asked why a change of condition assessment had not been done. She said resident #4's care plan was updated (level of care), but she was waiting to determine if the change of condition was temporary.	C 522		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7402	BROOKDALE BARTLESVILLE SOUTH

Type of Survey (select all that apply)

3								

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A								

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor Use the surveyor's identification number

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. [redacted]2388	06/26/2019	06/27/2019	0.50	0.00	6.50	0.00	1.00	18.00
2. [redacted]8273	06/26/2019	06/27/2019	0.50	0.00	6.50	0.00	1.00	1.00
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

AUG 05 2019

Oklahoma State Department of Health
Creating a State of Health

August 13, 2019

License Number: AL7402

Ms. Mistie Pollard, Administrator
Brookdale Bartlesville South
3737 Southeast Camelot Drive
Bartlesville, OK 74005

Survey Event ID: COWE11

Dear Ms. Pollard:

On June 27, 2019, a complaint investigation was 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 **September 2, 2019**.

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) 271-6868.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

LC/jt

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 8/12/2013** **Facility Name:** Brookdale Bartlesville South **License Number:** AL7402 **Survey Event ID:** COWE11 **Date Survey Completed: 6/27/2019**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 522-310:663-5-2(b)	Based on: interview and record review, it was determined the center failed to complete a significant change assessment promptly for 1(#4) of 4 sampled residents which affected morethan one area of the resident's health status. This failed practice had the potential for more than minimal harm.

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?	Resident #4 no longer lives at community.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Resident's care plans/acuity reports have been audited for any needed updates and none were identified as needing a change of condition assessment.
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?	1. The Health and Wellness Director (HWD) was reinserviced on change of condition assessments. 2. The Health and Wellness Director/Executive Director (ED) and or designee will review the shift report binder, review new events and/or new care alerts during the morning stand up to identify any needed interventions, updates and/or changes of condition assessments that need to be completed by the HWD. 3. The HWD, nurse and/or designee will re-inservice staff on the use of the daily shift report logs, daily incident reports, and timely reporting requirements to department managers and/or shift supervisor regarding any changes of condition, events and/or behaviors.
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.	*Continued compliance will be monitored by the ED/HWD and or designee during review of incidents, weekly review of changes of condition evaluations, monthly review of acuity reports, review of shift report binder and during the quarterly and annual QA process.* Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:

OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		9/2/2019	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature **MISTIE POLLARD** OAC 310:663-25-4(F)			**Date 8/12/2019**
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**	Mistie Pollard
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.			

AUG 14 2019

10012013

Oklahoma State Department of Health
Creating a State of Health

September 27, 2019

License Number: AL7402

Ms. Mistie Pollard, Administrator
Brookdale Bartlesville South
3737 Southeast Camelot Drive
Bartlesville, OK 74005

Survey Event ID: COWE12

Dear Ms. Pollard:

On **September 10, 2019,** a complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **June 27, 2019,** have now been corrected effective **August 3, 2019.**

If you have any questions concerning the information in this letter, please contact the Enforcement Coordinator at (405) 271-6868.

Sincerely,

Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

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
	AL7402	A. BUILDING _____ B WING _____	R-C 09/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BARTLESVILLE SOUTH	3737 SOUTHEAST CAMELOT DRIVE BARTLESVILLE, OK 74005

(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 follow-up survey was conducted on 09/10/19. The resident census was 26. All deficient practices cleared.	{C 000}		

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

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7402	BROOKDALE BARTLESVILLE SOUTH

Type of Survey (select all that apply)

3	D			

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A				

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1. 18273	09/10/2019	09/10/2019	0.50	0.00	2.50	0.00	1.50	1.00
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

SEP 30 2019 jm