OKLAHOMA
State Department
of Health

Delivery via email to: Mpollard@brookdale.com

June 4, 2024

License Number: AL7402

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

RE: Survey Event ID: 4Z7D11

Dear Ms. Pollard:

On **May 22, 2024**, 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 **May 22, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written 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 Services**, then **click on Long Term Care.** 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 calendar days from receipt of the State Form deficiency statement. 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, conducted in a face-to-face, or virtual 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 II
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
	AL7402	A. BUILDING: _____ B. WING _____	05/22/2024

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 relicensure survey was conducted from 05/20/24 through 05/22/24. Facility Census: 31 Listed below are abbreviations that will be used throughout this document.	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 prepare and serve meals in a sanitary manner. The administrator stated all residents receive nourishment from the kitchen. Findings: On 05/20/24 at 12:15 p.m., ice was observed stored in a clear bin atop the dining room counter. There was an ice scoop stored upright in the ice. On 05/20/24 at 4:05 p.m., facility staff was observed to enter the kitchen without a hair net on, scoop ice into a bin, exit the kitchen, and place the bin of ice on the dining room counter with the ice scoop stored upright in the ice. On 05/20/24 at 4:35 p.m., ice was observed stored in a clear bin atop the dining room counter with the ice scoop stored upright in the ice.	C 391		

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 _____	05/22/2024

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 391	Continued From page 1 On 05/20/24 at 4:40 p.m., Cook #1 was observed to repeatedly use their bare hand to plate the dinner rolls on each residents' plate. On 05/21/24 at 11:50 a.m., with gloved hands, Cook #2 pureed the noon time meal for one resident. Cook #2 pureed strawberries and placed the container and blade of the blender in the dish machine and ran the dish machine. The water temperature of the wash cycle was 100 degrees Fahrenheit and the rinse cycle was 102 degrees Fahrenheit. The level of sanitizing agent barely changed the color of the litmus paper, indicating the concentration of sanitizing agent in the rinse cycle was less than 50 parts per million. Cook #2 stated the sanitizing agent needed more priming. Without sanitizing their hands and changing gloves, Cook #2 removed the parts of the blender from the clean side of the dish machine and returned to the kitchen to puree broccoli. After the cook pureed broccoli, they again washed the blade and blender container in the dish machine. Cook #2 again checked that the water temperature for the wash and rinse cycles remained around 100 degrees Fahrenheit and the level of sanitizing agent was less than 50 parts per million. Cook #2 removed the parts of the blender from the clean side of the dish machine and returned to the kitchen to puree pork chop, moving from the dirty side of the dish machine to the clean side of the dish machine while wearing the same gloves on their hands from when they started to prepare the puree. On 05/21/24 at 12:00 p.m., observed facility staff enter kitchen without a hair net and retrieve a cart containing pitchers of fluid. There was ice stored in a clear bin on the cart. There was an ice scoop	C 391		

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 _____	05/22/2024

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

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C 391	Continued From page 2 stored upright in the ice. On 05/21/24 at 12:15 p.m., Cook #2 plated pork chop and stuffing with gravy, and broccoli. During the plating of multiple residents' meals, Cook #2 used their gloved hands to push plated pork chop into a smaller area of the plate before plating the stuffing and ladling gravy over the top of the food. The same gloved hands were observed to touch multiple kitchen surfaces, kitchen drawers, utensils, plates, and the front of their clothing without sanitizing hands or changing gloves. On 05/21/24 at 12:15 p.m., multiple cycles of wash and rinse were observed and the cook demonstrated the use of the dish machine, moving between the dirty side and the clean side of the dish machine without sanitizing hands and changing gloves. The temperature of the wash and rinse cycles averaged just above 100 degrees Fahrenheit with no reading higher than 110 degrees Fahrenheit. The cook demonstrated again how to check the concentration of the sanitizing agent in the rinse cycle. The litmus paper barely changed in color, indicating the concentration of the sanitizing agent was less than the required 50 parts per million. On 05/21/24 at 12:20 p.m., Cook #2 stated they checked the dish machine temperatures and concentration of sanitizing agent twice a day. Cook #2 stated the dish machine needed a minimum water temperature of 110 degrees Fahrenheit for the wash and rinse cycles and a minimum concentration of 50 parts per million for the sanitizing agent. Cook #2 looked at the nearly empty container of sanitizing agent and stated they did not understand why the concentration of sanitizing agent was so low when there was still sanitizing agent in the	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 391	Continued From page 3 container. On 05/21/24 at 4:30 p.m., ice was observed stored in a clear bin atop the dining room counter with the ice scoop stored upright in the ice. On 05/21/24 at 4:32 p.m., Cook #2 was asked what was the proper way to store an ice scoop. Cook #2 stated they had a bin to store the ice scoop in that was separate from the stored ice. Cook #2 was informed of the observation of the ice scoop stored atop the bin of ice in the dining room. Cook #2 exited the kitchen, removed the scoop from the ice in the dining room, and stated to staff standing nearest to the dining room counter that they could not store the ice scoop in the ice. On 05/21/24 at 4:45 p.m., the administrator was informed of the observation of the staff not wearing hair nets when they entered the kitchen, of the both cooks touching the residents' food with their hands/gloved hands, of moving between dirty tasks and clean tasks without sanitizing hands, of the dish machine's wash/rinse cycle temperature not exceeding 110 degrees Fahrenheit, nor the concentration of sanitizing agent meeting or exceeding 50 parts per million concentration of sanitizing agent needed for cold water dish machines. On 05/21/24 at 4:45 p.m., the administrator stated all the employed staff had their food handler's permits and knew better than what was observed. The administrator stated they would have the dish machine looked at by maintenance and a contracted technician.	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: Mistie Pollard <mpollard@brookdale.com>

June 14, 2024

License Number: AL7402

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

RE: Survey Event 4Z7D11

Dear Ms. Pollard:

On **May 22, 2024,** agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **C0391:** The plan of correction does not effectively document who will be in-serviced by the dietician and who will receive monthly in-servicing with a date of completion. Since all your facility staff are required to have their food handler's permit and are cross trained to work/cook in the kitchen, the facility should consider expanding who is assigned the learning modules on kitchen sanitation to all staff who currently hold a food handler's permit in the plan of correction. The facility's plan of correction should provide a frequency for the random audits to be performed by the ED/HWD or designee (i.e. to be performed 3 times a week at different mealtimes and/or different kitchen staff for the next 3 months). The facility's plan of correction should ensure your audit captures the facility staff who fill in for your regular kitchen staff but are primarily assigned other duties.

Please provide a new plan of correction for these deficiencies and return with amendments as soon as possible.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst 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: 6/12/2024** **Facility Name:** Brookdale Bartlesville South **License Number:** AL7402 **Survey Event ID:** 4Z7D11 **Date Survey Completed: 5/22/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 391	Based on: 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:C 391 Based on observation and interview, the facility failed to prepare and serve meals in a sanitary manner. The administrator stated all residents receive nourishment from the kitchen.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Staff will be inserviced by dietician over preparing and serving meals in a sanitary manner.

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?	Ice scooper was purchased during survey, staff in-serviced on the proper way to use an ice scooper during meal time. Dietician to in-service associates on protocols for kitchen sanitation, infection control guidelines, including the use of hair nets on 6-20-24. Ecolab came out and serviced and corrected the issue with dishwasher temperature and added sanitizing agent. Dining coordinator will do random checks to ensure that dishwasher has sanitzer along with daily temp logs updated. Learning modules will be assigned to kitchen associates on kitchen sanitation and will be completed by 7/12/2024.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Current residents have the potential to be affected by the deficient practice. Staff all being educated on kitchen sanitation practices.
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?	In-service will be completed monthly along with random audits by ED/HWD or designee on protocols and policies on kitchen sanitation and infection control guidelines monthly for the next 3 months and PRN.
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.	The deficient practices will be randomly audited by ED/HWD and or designee. ED/HWD or designee will conduct periodic random audits of preparation of food, hair net use, and serving meals in the kitchen using proper sanitation and infection control protocols. Spreadsheet will be kept for record of random audit of sanitizer checks and temp record for the next 3 months. QA process will show plan of correction review over next 3 months. 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?		7/12/2024	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required.	**Date** Enter a date of signature.	6/13/24
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: Mpollard@brookdale.com

June 20, 2024

License Number: AL7402

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

RE: Survey Event 4Z7D11

Dear Ms. Pollard:

On **May 22, 2024**, 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 Amended 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 12, 2024**.

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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
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: 6/19/2024** **Facility Name:** Brookdale Bartlesville South **License Number:** AL7402 **Survey Event ID:** 4Z7D11 **Date Survey Completed: 5/22/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 391	Based on: The facility failed to prepare and serve meals in a sanitary manner.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Staff will be inserviced by dietician over preparing and serving meals in a sanitary manner.

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?	An ice scoop holder was purchased for use during meals at the coffee bar. At time of survey, staff started using a clean cup to store ice scoop in between use in dining room. Dietician inservicing staff over kitchen sanitation on 6-20-24. Ecolab was contacted and came to community to repair issues regarding dishwasher temperature and sanitizing agent.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Current residents have the potential to be affected by the alleged deficient practice. Staff all being educated on kitchen sanitation practices.
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 executive director will inservice all staff on the following policies: Safety and Sanitation – Dispensing Ice, Safety and Sanitation – Hand Washing, Safety and Sanitation – Washing and Sanitizing Dishes, Safety and Sanitation – Hair Restraints.
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.	Anyone holding a food handlers license will be in-serviced monthly for the next 3 months by District Dining Director. ED/HWD or designee will randomly audit anyone holding a food handlers license for proper infection control and kitchen sanitation protocols weekly for the next 3 months and PRN. 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?	7/12/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required.	**Date 6/19/2024**

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	6/20/2024	**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.			

OKLAHOMA
State Department of Health

Delivery via email to: Mistie Pollard <mpollard@brookdale.com>

July 24, 2024

License Number: AL7402

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

RE: Survey Event 4Z7D12

Dear Ms. Pollard:

On **July 23, 2024,** an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **May 22, 2024,** have now been corrected effective **July 12, 2024.**

If you have any questions concerning the information in this letter, please contact 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 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 07/23/2024

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 offsite/paper revisit was conducted on 07/23/24. 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