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**Delivery via email to:** [ecook4@brookdale.com](mailto:ecook4@brookdale.com)

March 31, 2022

License Number: AL5510

Ms. Emily Cook, Administrator  
Brookdale Oklahoma City Southwest  
10001 South May Avenue  
Oklahoma City, OK 73159

**Survey Event ID: GDUF11**

Dear Ms. Cook:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 10, 2022**. 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.

Sincerely,

*Lisa Calvin*

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

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## INVESTIGATIVE REPORT

**Facility:** Brookdale OKC SW  
**Address:** 110001 S. May Ave.  
**City, State, Zip:** Oklahoma City, OK, 73159  
**Provider #:** AL5510  
**Complaint #:** OK00058519  
**Investigation Date(s):** 03/10/22

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The facility failed to protect residents from sexual abuse.	US
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**Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated 03/10/2022 at 7:35 a.m.

A sample of three residents including any identified resident, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) 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:** Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the facility failing to protect residents from sexual abuse was conducted.

Tours were conducted throughout the survey. There were no observations of residents displaying inappropriate behaviors. Staff members were observed making frequent visual checks on residents.

A review of records documented residents had been assessed for behaviors. There was no documentation of a resident having inappropriate sexual behaviors.

Staff stated if residents were observed to be displaying sexual behaviors, staff would respectfully intervene. Staff stated they had received training on abuse upon hire and annually.

At the time of the investigation, there was no deficient practice related to the facility failing to protect residents from sexual abuse.

**Determination Summary and Follow-Up Action:**

Deficient practice was unsubstantiated for allegation #1. 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 federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

A handwritten signature in black ink, appearing to read "Rae Belt".

Rae Belt, RN, CHFS

Date report completed: 03/11/2022

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL5510</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 03/10/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE OKLAHOMA CITY SOUTHWEST</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>10001 SOUTH MAY AVENUE OKLAHOMA CITY, OK 73159</b>		
(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 complaint investigation was conducted on 03/10/22 to investigate complaint #OK00058519. There was no deficient practice cited as a result of this complaint.	C 000		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE