



Delivery via email to: arains1@brookdale.com; Kari.Willard@brookdale.com

March 1, 2024

License Number: AL6001

Ms. Kari Willard, Administrator/Executive Director II
Brookdale Stillwater
1616 East McElroy Road
Stillwater, OK 74075

Survey Event ID: JD7411

Dear Ms. Willard:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 15, 2024**. 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,

A handwritten signature in black ink that reads "Lisa Calvin".

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

Enclosure

INVESTIGATIVE REPORT

Facility: Brookdale Stillwater
Address: 1616 East McElroy Road
City, State, Zip: Stillwater, OK, 74075
Provider #: AL6001
Complaint #: OK00061784
Investigation Date(s): 02/14/24 – 02/15/24

ALLEGATION(S)

The center failed to have and/or implement pharmacy services to ensure medications were administered as ordered.

The facility failed to ensure competent staff to provide care according to the standard of care.

An unannounced on-site investigation was initiated 02/14/2024 at 10:55 a.m.

A sample of three 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:

Tours were conducted throughout the survey. Certified medication aides were observed passing medications to residents.

Residents' clinical records and staff licenses/certifications were reviewed.

Residents were interviewed regarding medications and staff.

Staff were interviewed regarding pharmacy procedures and staff license/certifications.

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: 02/22/2024

INVESTIGATIVE REPORT

Facility: Brookdale Stillwater
Address: 1616 East McElroy Road
City, State, Zip: Stillwater, OK, 74075
Provider #: AL6001
Complaint #: OK00062122
Investigation Date(s): 02/14/24 – 02/15/24

ALLEGATION(S)

The facility failed to provide a 30-day discharge notice to resident/residents' representatives.

An unannounced on-site investigation was initiated 02/14/2024 at 10:55 a.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:

Tours were conducted throughout the survey.

Resident records, contracts, plans of care, grievances, and discharges were reviewed.

Residents were interviewed regarding discharge notices.

Staff were interviewed regarding discharge notices. Staff stated no discharge notices had been given in the past six months.

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: 02/22/2024

INVESTIGATIVE REPORT

Facility: Brookdale Stillwater
Address: 1616 East McElroy Road
City, State, Zip: Stillwater, OK, 74075
Provider #: AL6001
Complaint #: OK00062564
Investigation Date(s): 02/14/24 – 02/15/24

ALLEGATION(S)

The facility failed to ensure residents' representatives were notified of a fall.

The facility failed to ensure medications were given according to physician orders and failed to monitor a resident for side effects on psychotropic medications.

An unannounced on-site investigation was initiated 02/14/2024 at 10:55 a.m.

A sample of three 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:

Tours were conducted throughout the survey. Residents were observed to be awake and alert.

A review was conducted to include residents' clinical records, medication administration records, investigative reports, incident reports, and policies and procedures.

Residents were interviewed regarding notification and medications.

Staff members were interviewed regarding notification and medications.

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: 02/22/2024

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/15/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE STILLWATER		STREET ADDRESS, CITY, STATE, ZIP CODE 1616 EAST MCELROY ROAD STILLWATER, OK 74075		
(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 investigations (#OK00061784, OK00062122, and OK00062564) were conducted on 02/14/24 through 02/15/23. No deficiencies were cited.	C 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE