

Delivery via email to: Shelee Stewart <sstewart42@brookdale.com>

March 6, 2024

License Number: AL6301

Ms. Shelee Stewart, Administrator
Brookdale Shawnee
3947 North Kickapoo
Shawnee, OK 74804

RE: Survey Event ID: 58A911

Dear Ms. Stewart:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **February 22, 2024**. 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, 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: AL6301	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/22/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE SHAWNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 3947 NORTH KICKAPOO SHAWNEE, OK 74804		
(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	<p>INITIAL COMMENTS</p> <p>A relicensure survey was conducted from 02/21/24 through 02/22/24. No deficiencies were cited.</p> <p>Facility Census: 28</p>	C 000		

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