OKLAHOMA
State Department of Health

Delivery via email to: FountainED@silverpointsenior.com

February 2, 2024

License Number: AL5537

Ms. Kristel Brewer, Administrator
Fountainbrook Assisted Living and Memory Support
11510 SE 15th Street
Midwest City, OK 73130

Survey Event ID: S3T011

Dear Ms. Brewer:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 31, 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,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Fountainbrook Assisted Living and Memory Support**
Address: **11510 SE 15th Street**
City, State, Zip: **Midwest City, OK, 73130**
Provider #: **AL5537**
Complaint #: **OK00060385**
Investigation Date(s): **01/30/24 through 01/31/24**

ALLEGATION(S)

The center failed to ensure residents were not neglected.
The center failed to ensure residents who required a higher level of care were not admitted.

An unannounced on-site investigation was initiated 01/30/2024 at 10:05 a.m.

A sample of 11 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:

A tour of the center was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for the type of care needed from staff, signs and symptoms of pain, and neglect. Staff were observed assisting residents with their needs. Medication pass was observed.

Resident records were reviewed including assessments, contracts, service plans, physician orders, physician visit summaries, medication records, weight records, vital sign records, and hospital records. Care levels were reviewed. Facility policy and procedures were reviewed. Grievances were reviewed. State reportable incidents were reviewed. Employee files were reviewed.

Residents were interviewed related to the provision of abuse and neglect, and care according to their service contracts. They were asked who they would report concerns of abuse and neglect to. They were asked if they experienced pain and how it was treated.

Staff members were interviewed regarding the facility policy abuse and neglect. They were asked how the facility ensured they could meet the needs of the residents admitted to the facility. They were asked what the facility did when a resident's level of care increased.

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: 01/31/2024

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Fountainbrook Assisted Living and Memory Support**
Address: **11510 SE 15th Street**
City, State, Zip: **Midwest City, OK, 73130**
Provider #: **AL5537**
Complaint #: **OK00061981**
Investigation Date(s): **01/30/24 through 01/31/24**

ALLEGATION(S)

The center failed to ensure the correct medication is administered in the correct dose, to the correct person via correct route in the correct dosage form and it the correct time within the standards of practice.
The center failed to have and/or implement an effective infection control program.
The center failed to honor residents' choice of medical provider.

An unannounced on-site investigation was initiated 01/30/2024 at 10:05 a.m.

A sample of 11 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:

A tour of the center was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for infection control and the presence of staff members' children. Staff were observed assisting residents with their needs. Medication pass was observed.

Resident records were reviewed including assessments, contracts, resident rights, service plans, physician orders, physician visit summaries, medication records, weight records, vital sign records, hospital records, and medical providers. Facility policy and procedures were reviewed. Grievances were reviewed.

Residents were interviewed related to the provision of medication administration and infection control. They were asked if they had any concerns related to staff bringing their children to work. They were asked how the facility identified what hospital to send them to.

Staff members were interviewed regarding the facility policy on medication administration and infection control. They were asked about the policy related to staff bringing their children to work. They were asked how staff determined what hospital to send residents to.

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: 01/31/2024

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INVESTIGATIVE REPORT

Facility: **Fountainbrook Assisted Living and Memory Support**
Address: **11510 SE 15th Street**
City, State, Zip: **Midwest City, OK, 73130**
Provider #: **AL5537**
Complaint #: **OK00062028**
Investigation Date(s): **01/30/24 through 01/31/24**

ALLEGATION(S)

The center failed to ensure the right to be treated with dignity and respect and the right to a safe, clean, and comfortable environment.

An unannounced on-site investigation was initiated 01/30/2024 at 10:05 a.m.

A sample of 11 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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:

A tour of the center was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for wanderers, locked doors, and a safe, clean, and comfortable environment. Staff were observed for treating residents with dignity and respect and assisting residents with their needs.

Resident records were reviewed including assessments, contracts, resident rights, service plans, physician orders, physician visit summaries, medication records and hospital records. Facility policy and procedures were reviewed. Grievances were reviewed.

Residents were interviewed related to the provision of housekeeping services and safety. They were asked if they had any concerns with the was staff treated them.

Staff members were interviewed regarding the facility policy on safety, clean and comfortable environment, and respect and dignity.

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: 01/31/2024

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
	AL5537	A. BUILDING: _____ B. WING _____	C 01/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINBROOK ASSISTED LIVING AND MEMORY S	11510 SE 15TH STREET MIDWEST CITY, OK 73130

(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 (#OK00060385, OK00061981, and #OK00062028) were conducted on 01/30/24 and 01/31/24. No deficiencies were cited. Facility Census: 71	C 000		

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