OKLAHOMA
State Department of Health

Delivery via email to: kari.willard@brookdale.com

February 20, 2025

License Number: AL7204

Ms. Kari Willard, Administrator
Brookdale Broken Arrow
4001 South Aspen
Broken Arrow, OK 74011

RE: Survey Event ID: D1Y211

Dear Ms. Willard:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **February 12, 2025.** 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

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

Enclosure

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: **Brookdale Broken Arrow**
Address: **4001 South Aspen**
City, State, Zip: **Broken Arrow, Ok., 74011**
Provider #: **AL7204**
Complaint #: **OK00075716**
Investigation Date: **02/11/25 through 02/12/25**

ALLEGATION(S)
1. The facility failed to ensure residents were not physically, verbally or psychosocially abused

An unannounced on-site investigation was initiated 02/05/2025 at 08:35 a.m.

A sample of ten participants, including any identified participants, 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: A tour of the facility was conducted upon entrance into the center. Residents were observed for abuse and neglect concerns. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, grievances, notification of Nurse Aide Registry and police reports. Residents and staff were asked questions regarding abuse and abuse training.

The attached State form, Statement of Deficiencies, 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: 02/12/2025

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
	AL7204	A. BUILDING: _____ B. WING _____	C 02/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE BROKEN ARROW	4001 SOUTH ASPEN BROKEN ARROW, OK 74011

(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 02/11/25 through 02/12/25. A complaint investigation (#OK00075716) was conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 66	C 000		

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