OKLAHOMA
State Department
of Health

Delivery via email to: TWilkerson@canoebrookal.com

November 18, 2025

License Number: AL1003

Mr. Terry Wilkerson, Administrator
Canoe Brook Ardmore
2215 4th Avenue Nw
Ardmore, OK 73401

RE: Survey Event ID: S8VV11

Dear Mr. Wilkerson:

On **November 5, 2025**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **November 5, 2025**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish

the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement, and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record, and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to: IDRCoordinator@health.ok.gov

Or mail to: IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;

- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov, or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

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: **Canoe Brook Ardmore**
Address: **2215 4th Avenue NW**
City, State, Zip: **Ardmore, OK 73401**
Provider #: **AL1003**
Complaint #: **OK00064948**
Investigation Date(s): **11/03/25 – 11/05/25**

ALLEGATION(S)
The center failed to ensure essential equipment was maintained to provide a comfortable and homelike environment.

An unannounced on-site investigation was initiated 11/03/2025 at 3:00 p.m.

A sample of eight 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 facility was conducted upon entrance and throughout the investigation. Residents were observed in their rooms, in common areas, during meals, while receiving medication, and while participating in activities. Staff were observed interacting with residents and responding to residents' needs. Maintenance staff and housekeeping staff were observed in the facility.

Sampled clinical records were reviewed for physician orders, care plans, and contracts. Maintenance records were reviewed for documentation related to maintenance of equipment. Facility policies and procedures were reviewed. Grievance logs and incident reports were reviewed.

Numerous residents were interviewed regarding any concerns related to maintenance of the facility and essential equipment. Staff were interviewed regarding maintenance of equipment to ensure a comfortable and homelike environment.

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: 11/06/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Canoe Brook Ardmore**
Address: **2215 4th Avenue NW**
City, State, Zip: **Ardmore, OK 73401**
Provider #: **AL1003**
Complaint #: **OK00066588**
Investigation Date(s): **11/03/25 – 11/05/25**

ALLEGATION(S)
The facility failed to ensure residents were free from physical, verbal, and psychosocial abuse.

An unannounced on-site investigation was initiated 11/03/2025 at 3:00 p.m.

A sample of eight 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 facility was conducted upon entrance and throughout the investigation. Residents were observed in their rooms, in common areas, during meals, while receiving medication, and while participating in activities. Staff were observed interacting with residents and responding to residents' needs. Staff were observed for treatment of residents with dignity and respect.

Sampled clinical records were reviewed for physician orders, care plans, and contracts. Incident reports were reviewed for thorough investigations and appropriate reporting. Staff in-service training and employee files were reviewed. Facility policies and procedures were reviewed. Grievance logs were reviewed.

Numerous residents were interviewed regarding any concerns related to allegations of abuse. Residents were interviewed regarding identifying and reporting of abuse. Staff members were interviewed regarding identifying, preventing, and reporting of abuse. Staff were interviewed regarding 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: 11/06/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Canoe Brook Ardmore**
Address: **2215 4th Avenue NW**
City, State, Zip: **Ardmore, OK 73401**
Provider #: **AL1003**
Complaint #: **OK00075837**
Investigation Date(s): **11/03/25 – 11/05/25**

ALLEGATION(S)
The center failed to have adequate staffing to meet residents' needs.
The center failed to provide therapeutic diets and palatable meals.

An unannounced on-site investigation was initiated 11/03/2025 at 3:00 p.m.

A sample of eight 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 facility was conducted upon entrance and throughout the investigation. Residents were observed in their rooms, in common areas, during meals, while receiving medication, and while participating in activities. Staff were observed interacting with residents and responding to residents' needs. Kitchen staff were observed during meal preparation and service.

Sampled clinical records were reviewed for physician orders, care plans, diets, weights, and contracts. Staff in-service training, employee files, and staffing schedules were reviewed. Facility policies and procedures were reviewed. Menus were reviewed. Grievance logs and incident reports were reviewed.

Sampled residents were interviewed regarding adequate staffing to meet the residents' needs. Residents were interviewed regarding therapeutic diets provided and palatable meals. Dietary staff were interviewed regarding providing therapeutic diets as ordered. Staff members were interviewed regarding adequate staffing.

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: 11/06/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Canoe Brook Ardmore**
Address: **2215 4th Avenue NW**
City, State, Zip: **Ardmore, OK 73401**
Provider #: **AL1003**
Complaint #: **OK00079501**
Investigation Date(s): **11/03/25 – 11/05/25**

ALLEGATION(S)
The facility failed to ensure sufficient staff to meet the needs of the residents.
The facility failed to provide food that was palatable and nutritious.

An unannounced on-site investigation was initiated 11/03/2025 at 3:00 p.m.

A sample of eight 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 facility was conducted upon entrance and throughout the investigation. Residents were observed in their rooms, in common areas, during meals, while receiving medication, and while participating in activities. Staff were observed interacting with residents and responding to residents' needs. Kitchen staff were observed during meal preparation and service.

Sampled clinical records were reviewed for physician orders, care plans, diets, weights, and contracts. Staff in-service training, employee files, and staffing schedules were reviewed. Facility policies and procedures were reviewed. Menus were reviewed. Grievance logs and incident reports were reviewed.

Sampled residents were interviewed regarding adequate staffing to meet the residents' needs. Residents were interviewed regarding therapeutic diets provided and palatable meals. Dietary staff were interviewed regarding providing nutritious meals per approved menus. Staff members were interviewed regarding adequate staffing.

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: 11/06/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Canoe Brook Ardmore**
Address: **2215 4th Avenue NW**
City, State, Zip: **Ardmore, OK 73401**
Provider #: **AL1003**
Complaint #: **OK00084825**
Investigation Date(s): **11/03/25 – 11/05/25**

ALLEGATION(S)
The center failed to ensure medications were administered and administration documented as per policy.
The center neglected to assess, monitor, and intervene in a timely manner.

An unannounced on-site investigation was initiated 11/03/2025 at 3:00 p.m.

A sample of eight 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 facility was conducted upon entrance and throughout the investigation. Residents were observed in their rooms, in common areas, during meals, while receiving medication, and while participating in activities. Staff were observed interacting with residents and responding to residents' needs. Staff were observed during medication administration and observed for assessment, monitoring and intervening as necessary.

Sampled clinical records were reviewed for physician orders, care plans, and assessments. Medication administration records were reviewed. Staff in-service training, employee files, and staffing schedules were reviewed. Facility policies and procedures were reviewed. Grievance logs and incident reports were reviewed.

Sampled residents were interviewed regarding adequate staffing to meet the residents' needs. Residents were interviewed regarding assessment, monitoring, and intervention as necessary by staff members. Staff members were interviewed regarding adequate staffing. Staff members were interviewed related to policies and procedures to ensure medications were administered as ordered and documented appropriately. Staff members were interviewed regarding assessment, monitoring, and intervention as indicated.

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: 11/06/2025

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
	AL1003	A. BUILDING: _____ B. WING _____	C 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANOE BROOK ARDMORE	2215 4TH AVENUE NW ARDMORE, OK 73401

(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
D 000	INITIAL COMMENTS A relicensure survey with complaints (#OK00064948, OK00066588, OK00075837, OK00079501, and #OK00084825) was conducted on 11/03/25 through 11/05/25. No deficiencies were cited. Facility Census: 34	D 000		
C 000	INITIAL COMMENTS A relicensure survey with complaints (#OK00064948, OK00066588, OK00075837, OK00079501, and #OK00084825) was conducted on 11/03/25 through 11/05/25. Deficiencies were cited as a result of the survey. Facility Census: 34	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure food was stored in a manner to prevent conditions that could attract pests in the kitchen. The administrator identified 34 residents resided in the facility.	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1003	A. BUILDING: _____ B. WING _____	C 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANOE BROOK ARDMORE	2215 4TH AVENUE NW ARDMORE, OK 73401

(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 391	Continued From page 1 On 11/03/25 at 5:20 p.m., a tour of the kitchen dry storage area was conducted. The following was observed: a. a large bin of sugar sitting on the floor with the lid partially open. b. a cardboard box containing dry beans was on a shelf and the lid was open. c. an opened 32 ounce package of seasoned croutons was observed on a shelf. On 11/04/25 at 10:20 a.m., the box of dry beans remained in the open cardboard box and the package of croutons were observed to remain open in the dry storage area. On 11/05/25 at 8:48 a.m., the 32 ounce package of croutons was gone, but a smaller package of croutons was observed to be open and sitting on the shelf. The facility policy "Food Storage," dated 10/25/23, showed staff would store all food in safe and sanitary conditions to preserve the condition and quality of the product. On 11/03/25 at 5:25 p.m., cook #1 stated the beans were usually stored in a plastic bin, but they had not had time to move them. The cook stated the lid on the sugar bin did not fit well, and they did not know why the package of croutons had been left open. On 11/05/25 at 8:48 a.m., the dry storage area was observed with cook #2. Cook #2 stated they tried to ensure all packages and containers were closed properly. Cook #2 stated the package	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1003	A. BUILDING: _____ B. WING _____	C 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANOE BROOK ARDMORE	2215 4TH AVENUE NW ARDMORE, OK 73401

(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 391	Continued From page 2 should have been closed after use.	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: TWilkerson@canoebrookal.com

December 4, 2025

License Number: AL1003

Mr. Terry Wilkerson, Executive Director
Canoe Brook Ardmore
2215 4th Avenue Nw
Ardmore, OK 73401

RE: Survey Event S8VV11

Dear Mr. Wilkerson:

On **November 5, 2025**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and in a timely manner. **Our acceptance does not absolve the facility's responsibility for** compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **December 26, 2025**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office 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 Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 11/21/2025** **Facility Name:** Canoebrook Ardmore **License Number:** AL1003 **Survey Event ID:** S8VV11 **Date Survey Completed: 11/18/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391	Based on: observation and interview, the facility failed to ensure food was stored in a manner to prevent conditions that could attract pests in the kitchen.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Community will ensure that all dry storage procedures will be followed going forward.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Identified by community census.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Inservice dietary staff regarding dry food storage procedures. Replacing dry storage container for sugar and purchasing container for storage of dry beans.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Dry food storage logs will be utilized by all dietary staff to ensure dry food storage procedures maintained. Dietary manager to monitor logs on a dailly basis x30 days then random audits monthly x2 months. Will be reviewed in QA meeting x1 quarter Enter methods to evaluate for effectiveness: Enter methods to i corporate into QA system: Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	12/26/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date 11/2/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	12/01/2025	**Submitted by**	Terry Wilkerson

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

Delivery via email to: TWilkerson@canoebrookal.com

January 2, 2026

License Number: AL1003

Mr. Terry Wilkerson, Administrator
Canoe Brook Ardmore
2215 4th Avenue Nw
Ardmore, OK 73401

RE: Survey Event S8VV12

Dear Mr. Wilkerson:

On **December 31, 2025,** an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **November 5, 2025,** have now been corrected effective **December 26, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1003	A. BUILDING: _____ B. WING _____	R-C 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CANOE BROOK ARDMORE	2215 4TH AVENUE NW ARDMORE, OK 73401

(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
{D 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 12/31/25. The facility was in substantial compliance.	{D 000}		
{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 12/31/25. The facility was in substantial compliance.	{C 000}		

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