OKLAHOMA
State Department
of Health

Delivery via email to: admin@meadowlakeretirement.com

December 23, 2024

License Number: AL1411

Lisa Winter, Administrator
Meadowlakes Retirement Village
963 Sw 107th
Oklahoma City, OK 73170

Survey Event ID: 7TXG11

Dear Ms. Winter:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 16, 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,

Lisa Calvin

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

Enclosure

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Meadowlakes Retirement Village**
Address: **963 SW 107th**
City, State, Zip: **Oklahoma City, OK, 73170**
Facility ID: **AL1411**
Complaint #: **OK00074549**
Investigation Date(s): **12/16/24 through 12/17/24**

ALLEGATION
The facility failed to assess, monitor, and intervene in a timely manner for a change in condition.

An unannounced on-site investigation was initiated 12/16/2024 at 1:30 p.m.

A sample of three 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 at other various times throughout the survey. Staff were observed walking the halls between resident rooms, interacting with residents, and working at their medication cart.

Resident records were reviewed including assessments, care plans, physician orders, and nursing notes. Facility policy and procedures were reviewed. Grievance records were reviewed.

Residents were interviewed regarding if staff responded to any changes in their condition, how attentive staff are to their individual needs. Staff members were interviewed regarding their responsibilities if a resident had a change in condition.

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: 12/17/2024

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
	AL1411	A. BUILDING: _____ B. WING _____	C 12/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWLAKES RETIREMENT VILLAGE	963 SW 107TH OKLAHOMA CITY, OK 73170

(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 complaint investigation (#OK00074549) was conducted on 12/16/24. No deficiencies were cited. Facility Census: 55	C 000		

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