OKLAHOMA
State Department
of Health

Delivery via email to: admin@meadowlakeretirement.com

December 2, 2025

License Number: AL1411

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

RE: Survey Event ID: 2UBC11

Dear Ms. Winter:

On **November 19, 2025**, agents from our office concluded a State Licensure survey with complaint investigations 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 19, 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:

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 OSDH.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,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Meadowlakes Retirement Village**
Address: **963 SW 107th**
City, State, Zip: **Oklahoma City, OK.**
Provider #: **AL1411**
Complaint #: **OK00087005**
Investigation Date(s): **11/17/25-11/19/25**

ALLEGATION(S)
The facility failed to ensure the resident was not improperly discharged.

An unannounced on-site investigation was initiated 11/17/2025 at 8:50 a.m.

A sample of 9 residents, including any identified residents, 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 and throughout the survey. Residents were observed interacting with each other as well as with staff. Staff were observed assisting residents with ADL's and as needed.

Resident records, i.e. service plans and contracts, progress notes, physician orders, and medical diagnoses were reviewed. Grievances and resident council minutes were reviewed.

Staff were interviewed regarding the discharge process of residents.

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: 11/26/2025

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
	AL1411	A. BUILDING: _____ B. WING _____	C 11/19/2025

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 relicensure survey with complaint (#OK00087005) was conducted from 11/17/25 through 11/19/25. Deficiencies were cited as a result of the survey. Facility Census: 52 Listed below are abbreviations that will be used throughout this document. Res - resident	C 000		
C 352 SS=D	310-663-3-5(b)(1-4) WRITTEN NOTICE-INVOLUNTARY TERMINATION (b) The written notice of involuntary termination of residency for reasons of inappropriate placement shall include: (1) A full explanation of the reasons for the termination of residency; (2) The date of the notice; (3) The date notice was given to the resident and the resident's representative; and, (4) The date by which the resident must leave the assisted living center. This Rule is not met as evidenced by: Based on record review and interview, the center failed to provide a written notice of involuntary discharge of residency to the resident's representative for 1 (#9) of 1 sampled resident reviewed for involuntary discharge. The executive director identified 52 residents	C 352		

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 11/19/2025

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 352	Continued From page 1 resided in the center. Findings: An undated medical diagnoses list showed the resident admitted to the center with hemiplegia and hemiparesis following cerebrovascular accident. A nurse note, dated 09/08/25 at 10:03 a.m., showed Res #9 was transported to the emergency room by their daughter after a fall. A nurse note, dated 09/11/25 at 1:30 p.m., showed Res #9 had admitted to a skilled facility for physical therapy. A nurse note, dated 09/24/25 at 6:08 p.m., showed the director of nursing and the executive director went to perform an assessment on Res#9 and concluded the resident would need more care than the center could provide. There was no documentation in the clinical record a notice of involuntary discharge was provided to Res #9's representative. On 11/19/25 at 11:30 a.m., the executive director stated a written notice for involuntary discharge was not given to Res #9's representative.	C 352		

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of Health

Delivery via email to: 'admin@meadowlakeretirement.com'

December 22, 2025

License Number: AL1411

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

RE: Survey Event 2UBC11

Dear Ms. Winter:

On **November 19, 2025**, a Licensure inspection with complaint investigation 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 timely. 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 19, 2025**.

We will conduct a revisit for your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
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: 12/12/2025** **Facility Name:** Meadowlake Retirment Village **License Number:** AL1411 **Survey Event ID:** 2UBC11 **Date Survey Completed: 11/19/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C352	Based on: record review and interview, the center failed to provided a written notice of involuntary discharge of residency to the resident's representative for 1 (#9) of 1 sampled resident reviewed for involuntary discharge

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Preparation and/or execution of this POC is not an admission or agreement by the provider of the truth of the allegations set forth on the statement of deficiencies. The plan of correction is prepared and executed soley as it is required by State and Federal Law. Please accept this plan of correction as our credible allegation of compliance.

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?	The facility was unable to issue the required written notice to the affected resident because the resident was no longer in the facility at the time the deficiency was identified. The Administrator conducted a full review of the resident's record and confirmed that no additional corrective action could be taken for the resident who has discharged.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The Administrator reviewed all resident records and confirmed that **no other involuntary termination notices have been issued** during the review period. Therefore, no additional residents were affected and no further corrective action was required.
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?	The facility reviewed its existing **Involuntary Termination Notice** process and confirmed that current policy already contains the required elements under OAC 310:663-3-5(b)(1–4). No policy revisions were necessary. The RDO will provide **re-education** to all staff responsible for generating or issuing involuntary termination notices to ensure they consistently include: • A full explanation of the reasons for termination; • The date of the notice; • The date the notice was given to the resident and representative; • The date by which the resident must vacate. Going forward, all notices will receive administrative review for completeness before issuance.
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.	The Administrator or designee will review 100% of all involuntary termination notices at the time of issuance for the next 90 days, then quarterly for one year, to verify all required notice components are included. Findings will be documented and addressed in Quality Assurance meetings. Continued noncompliance will result in corrective staff coaching. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	12/19/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required. Glen White	**Date** Enter a date of signature.	12/12/25

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	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

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.

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State Department of Health

Delivery via email to: admin@meadowlakeretirement.com

December 26, 2025

License Number: AL1411

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

RE: Survey Event 2UBC12

Dear Ms. Winter:

On **December 26, 2025,** an offsite/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 19, 2025,** have now been corrected effective **December 9, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

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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 _____	R-C 12/26/2025

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

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 12/26/25. 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