OKLAHOMA
State Department
of Health

Delivery via email to: dakotamcgrory@jcmh.com

August 14, 2025

License Number: AL3301

Dakota McGrory, Administrator
Tamarack Retirement Center
1224 East Tamarack Road
Altus, OK 73521

RE: Survey Event ID: B80211

Dear Mr. McGrory:

On **July 31, 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 **July 31, 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: **Tamarack Retirement Center**
Address: **1224 E Tamarack RD**
City, State, Zip: **Altus, OK.**
Provider #: **AL3301**
Complaint #: **OK00075752**
Investigation Date: **07/30/25 through 07/31/25**

ALLEGATION(S)
1. The facility failed to ensure residents were free from misappropriation of property.
2. The facility failed to ensure medications were administered per physician's order.

An unannounced on-site investigation was initiated 07/30/2025 at 10:00 a.m.

A sample of eight 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 facility. Residents were observed for abuse and neglect, and privacy concerns. Staff were observed interacting with residents, as well as during medication passes, and mealtimes.
Records reviewed included: Residents health records, facility reported incidents, grievances, and contracts. Residents and staff were asked questions regarding abuse and abuse training, choices, and medication administration.

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: 07/31/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Tamarack Retirement Center
Address: 1224 E Tamarack Rd
City, State, Zip: Altus, Ok
Provider #: AL3301
Complaint #: OK00085006
Investigation Date(s): 07/30/25 through 07/31/25

ALLEGATION(S)
1. The facility failed to provide supervision to prevent residents from elopement and accidents.

An unannounced on-site investigation was initiated 07/30/2025 at 10:00 a.m.
A sample of eight 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, and 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 facility. Residents were observed for abuse and neglect, and privacy concerns. Staff were observed interacting with residents, as well as during medication passes, and mealtimes.
Records reviewed included: Residents health records, facility reported incidents, grievances, and contracts.
Residents and staff were asked questions regarding abuse and abuse training, choices, food, and supervision.

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: 07/31/2025

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
	AL3301	A. BUILDING: _____ B. WING _____	C 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMARACK RETIREMENT CENTER	1224 EAST TAMARACK ROAD ALTUS, OK 73521

(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 complaints (#OK00075752) and (#OK00085006) was conducted from 07/30/25 through 07/31/25. Deficiencies were cited as a result of the survey. Facility Census: 45	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, record review, and interview, the facility failed to ensure food items were labeled, stored, and prepared in sanitary conditions for 2 of 2 observations conducted. The director of nurses reported 45 residents resided in the facility. Findings: On 07/30/25 at 10:30 a.m., a tour of the kitchen was conducted, and the following observations were made. a) an open, undated, unlabeled bag of frozen chicken strips were observed in the freezer, b) an undated frozen bag of mixed vegetables were observed in the freezer, c) an undated, unlabeled bag of frozen pastries were observed in the freezer,	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL3301	A. BUILDING: _____ B. WING _____	C 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMARACK RETIREMENT CENTER	1224 EAST TAMARACK ROAD ALTUS, OK 73521

(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 d) an open undated bag of dry macaroni was observed on the dry storage shelf, e) and a male dietary helper was observed not wearing any type of hair restraint while performing tasks in the kitchen near prepared food. A food and nutrition policy titled 'FOOD SAFETY,' with a revised date of 07/2021, read in part, "A date marking system that meets the criteria may include marking the date or day the original container is opened with a procedure to discard the food on or before the date by which the food must be consumed or discarded." A food and nutrition services policy titled 'PERSONAL HYGIENE,' with revised date of 06/11/23, read in part, "Employees must keep hair neat, off shoulder and confined with a hair restraint. Approved hair restraints are hair nets, caps, and bonnets." On 07/30/25 at 10:55 a.m., the dietary manager was asked when should dates be marked on food packages. They stated as soon as it was opened. The dietary manager verified there should be dates on the above listed food items. On 07/30/25 at 12:05 p.m., the charge nurse was asked what their policy was for men wearing hair nets. The charge nurse stated, "They should all wear one."	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: dakotamcgrory@jcmh.com

August 27, 2025

License Number: AL3301

Dakota McGrory, Administrator
Tamarack Retirement Center
1224 East Tamarack Road
Altus, OK 73521

RE: Survey Event B80211

Dear Mr. McGrory:

On **July 31, 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 **September 14, 2025**.

We will conduct a revisit at 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: 8/21/2013** **Facility Name:** Tamarack Retirement Center **License Number:** AL3301 **Survey Event ID:** B80211 **Date Survey Completed: 7/31/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C391	Based on: This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure food items were labeled, stored, and prepared in sanitary conditions for 2 of 2 observations conducted.

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?	The Facility will ensure it stores, dates, prepares, distributes, and serves food in accordance with professional standards for food service safety. The areas identified on the 2567 will be labeled and dated. The Administrator will monitor daily to ensure the kitchen is functioning in a safe and sanitary manner.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	There were 45 residents identified who received services from the kitchen. Inservice scheduled for 8/18/2025 regarding food storage and labeling processes, as well as personal hygiene regarding hair nets.
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?	Effective immediately the administrator, dietary manager and/ or designee will conduct rounds and make observations 5 times a week for one week to establish compliance then weekly for 2 months to maintain compliance. Once compliance is achieved Administrator/ designee will conduct rounds and make observations monthly through 2 QA meetings to ensure continued compliance.
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.	Through the Quality Assurance committee. The Quality assurance committee will monitor the effectiveness of the plan until compliance is achieved and continue to monitor for two quarters after compliance. By reviewing during Quality assurance committee meetings. Monitoring records will be kept in a plan of correction binder in Administrators office.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	9/14/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)			**Date 8/21/2025**
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	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.			

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
	AL3301	A. BUILDING: _____ B. WING _____	C 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMARACK RETIREMENT CENTER	1224 EAST TAMARACK ROAD ALTUS, OK 73521

(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 complaints (#OK00075752) and (#OK00085006) was conducted from 07/30/25 through 07/31/25. Deficiencies were cited as a result of the survey. Facility Census: 45	C 000	Refer to POC template, B80211, C391 8/21/25	
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, record review, and interview, the facility failed to ensure food items were labeled, stored, and prepared in sanitary conditions for 2 of 2 observations conducted. The director of nurses reported 45 residents resided in the facility. Findings: On 07/30/25 at 10:30 a.m., a tour of the kitchen was conducted, and the following observations were made. a) an open, undated, unlabeled bag of frozen chicken strips were observed in the freezer, b) an undated frozen bag of mixed vegetables were observed in the freezer, c) an undated, unlabeled bag of frozen pastries were observed in the freezer,	C 391		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE D. Mc TITLE Administrator (X6) DATE 8/21/25

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
	AL3301	A. BUILDING: _____ B. WING _____	C 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMARACK RETIREMENT CENTER	1224 EAST TAMARACK ROAD ALTUS, OK 73521

(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 d) an open undated bag of dry macaroni was observed on the dry storage shelf, e) and a male dietary helper was observed not wearing any type of hair restraint while performing tasks in the kitchen near prepared food. A food and nutrition policy titled 'FOOD SAFETY,' with a revised date of 07/2021, read in part, "A date marking system that meets the criteria may include marking the date or day the original container is opened with a procedure to discard the food on or before the date by which the food must be consumed or discarded." A food and nutrition services policy titled 'PERSONAL HYGIENE,' with revised date of 06/11/23, read in part, "Employees must keep hair neat, off shoulder and confined with a hair restraint. Approved hair restraints are hair nets, caps, and bonnets." On 07/30/25 at 10:55 a.m., the dietary manager was asked when should dates be marked on food packages. They stated as soon as it was opened. The dietary manager verified there should be dates on the above listed food items. On 07/30/25 at 12:05 p.m., the charge nurse was asked what their policy was for men wearing hair nets. The charge nurse stated, "They should all wear one."	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: dakotamcgrory@jcmh.com

September 16, 2025

License Number: AL3301

Dakota McGrory, Administrator
Tamarack Retirement Center
1224 East Tamarack Road
Altus, OK 73521

RE: Survey Event B80212

Dear Mr. McGrory:

On **September 16, 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 with complaints on **July 31, 2025,** have now been corrected effective **September 14, 2025.**

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL3301	A. BUILDING: _____ B. WING _____	R-C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMARACK RETIREMENT CENTER	1224 EAST TAMARACK ROAD ALTUS, OK 73521

(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 An offsite/paper revisit was conducted on 09/16/25. 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