OKLAHOMA
State Department
of Health

Delivery via email to: Monica.Castillo@MagnoliaOK.com; Ellen.kremeier@bridgesok.com; Susan.easterling@bridgesok.com

November 20, 2025

License Number: AL3303

Ms. Monica Castillo, Administrator
The Courtyard At Magnolia Creek Memory Care Assis
2600 Cedar Creek Drive
Altus, OK 73521

RE: Survey Event ID: VB4Y11

Dear Ms. Castillo:

Enclosed is a report of the Relicensure inspection with a complaint investigation conducted at your Assisted Living Center on **November 14, 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,

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: The Courtyard at Magnolia Creek Memory
Address: 2600 Cedar Creek Drive
City, State, Zip: Altus, Ok. 73521
Provider #: AL3303
Complaint #: OK00083572
Investigation Date(s): 11/12/25 through 11/14/25

ALLEGATION(S)

The facility failed to ensure residents were transported in a safe manner.

An unannounced on-site investigation was initiated 11/12/2025 at 11:00 a.m.

A sample of 8 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 Centers for Medicare and Medicaid Services (CMS) 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 to be assisted by staff appropriately during meals, during medication administration, and while participating in activities.

Sampled clinical records were reviewed for agreements, physician orders, care plans, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Staff in-service trainings were reviewed.

Residents, staff and family members were interviewed regarding abuse and misappropriation of property.

The attached CMS 2567 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: 11/14/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: The Courtyard at Magnolia Creek Memory
Address: 2600 Cedar Creek Drive
City, State, Zip: Altus, Ok. 73521
Provider #: AL3303
Complaint #: OK000
Investigation Date(s): 11/12/25 through 11/14/25

ALLEGATION(S)

The facility failed to ensure residents were free from physical and psychosocial abuse and misappropriation of property.

An unannounced on-site investigation was initiated 11/12/2025 at 11:00 a.m.

A sample of 8 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 Centers for Medicare and Medicaid Services (CMS) 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 during meals, during medication administration, and while participating in activities. Staff members were observed assisting residents and interacting with them in a dignified and respectful manner.

Sampled clinical records were reviewed for agreements, physician orders, care plans, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Staff in-service trainings were reviewed.

Residents and family members were interviewed regarding abuse by other residents and the care and treatment received by the staff. Residents were interviewed regarding misappropriation of property. Staff were interviewed regarding abuse and misappropriation of residents' property.

The attached CMS 2567 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: 11/14/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: The Courtyard at Magnolia Creek Memory
Address: 2600 Cedar Creek Drive
City, State, Zip: Altus, Ok. 73521
Provider #: AL3303
Complaint #: OK00087183
Investigation Date(s): 11/12/25 through 11/14/25

ALLEGATION(S)

The facility failed to protect residents from physical abuse by staff.
The facility failed to protect residents' rights of access to communication.

An unannounced on-site investigation was initiated 11/12/2025 at 11:00 a.m.

A sample of 8 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 Centers for Medicare and Medicaid Services (CMS) 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 to be assisted by staff during meals, during medication administration, and while participating in activities with dignity and respect.

Sampled clinical records were reviewed for guardianship papers, agreements, physician orders, care plans, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Staff in-service trainings were reviewed.

Residents, staff and family members were interviewed regarding abuse and access to communication.

The attached CMS 2567 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: 11/17/2025

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
	AL3303	A. BUILDING: _____ B. WING _____	C 11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARD AT MAGNOLIA CREEK MEMORY C.	2600 CEDAR CREEK DRIVE 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 (#OK00073956, OK00083572 and #OK00087183) was conducted from 11/12/25 through 11/14/25. No deficiencies were cited. Facility Census: 36	C 000		

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