OKLAHOMA
State Department
of Health

Delivery via email to: admin@westbrookgardens.com

December 26, 2025

License Number: AL4401

Ms. Sally Perry, Administrator
Westbrook Gardens Slc
1215 Westbrook Blvd
Purcell, OK 73080

RE: Survey Event ID: ND4H11

Dear Ms. Perry:

On **December 10, 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 **December 10, 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: **Westbrook Gardens SLC**
Address: **1215 Westbrook Blvd**
City, State, Zip: **Purcell, OK, 73080**
Provider #: **AL4401**
Complaint #: **OK00087547**
Investigation Date(s): **12/10/25**

ALLEGATION(S)
The center failed to renew their license in a timely manner.

An unannounced on-site investigation was initiated 12/10/2025 at 9:47 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 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. Resident halls and common areas were observed. The facility display boards were observed.

The facility license was observed.

Staff interviewed regarding the facility license submission process.

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: 12/17/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Westbrook Gardens SLC**
Address: **1215 Westbrook BLVD**
City, State, Zip: **Purcell, OK, 73080**
Provider #: **AL4401**
Complaint #: **OK00087609**
Investigation Date(s): **12/10/25**

ALLEGATION(S)
The center failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 12/10/2025 at 9:47 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 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 center was conducted upon entrance and at other various times throughout the survey. Resident halls and common areas were observed. Staff were observed assisting residents. Residents were observed moving about the halls and conversing with each other.

Resident records were reviewed including assessments, care plans, service contracts, orders, notes, medication, including the activities of daily living.

Center records were reviewed including the incidents/state reportables, and grievances were reviewed.

Residents were interviewed related to the provision of abuse.

Staff were interviewed regarding the policy and procedure for abuse and any abuse incidents.

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

OKLAHOMA
State Department
of Health

Date report completed: 12/17/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL4401	A. BUILDING: _____ B. WING _____	C 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK GARDENS SLC	1215 WESTBROOK BLVD PURCELL, OK 73080

(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 (#OK00087547 and #OK00087609) was conducted on 12/10/25. Deficiencies were cited as a result of the survey. Facility Census: 43 Listed below are abbreviations that will be used throughout this document. CMA- certified medication aide DON- director of nursing MG- milligram	C 000		
C 711 SS=F	310:663-7-1(a) GENERAL REQUIREMENTS (a) Each assisted living center shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an annual fire marshal inspection	C 711		

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C 711	Continued From page 1 was conducted for 2024 and 2025. The administrator identified 43 residents resided in the facility. Findings: A review of the fire marshal certificate showed the facility was last inspected on 08/01/22. There was no documentation a fire marshal inspection had been conducted in 2024 and 2025. On 12/10/25 at 2:47 p.m., the administrator stated they had not completed a fire marshal inspection.	C 711		
C1921 SS=D	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure medications were administered as ordered for 1 (#2) of 7 sampled residents observed during medication pass. The administrator identified 43 residents resided in the facility. Findings:	C1921		

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C1921	Continued From page 2 On 12/10/25 at 11:27 a.m., CMA #1 was observed administering cranberry supplement 15,000 mg one capsule by mouth to Resident #2. The "Medication Administration and or Supervision" policy, dated 03/10/20, read in part, "Trained, certified or licensed staff at Westbrook Gardens SLC [Senior Living Center] may administer and or supervise medications to residents as ordered by a physician." An "ADMISSION/FUNCTIONAL ASSESSMENT," dated 11/03/25, showed Resident #2 required supervision/assistance with medications. A physician's order, dated 11/04/25, showed cranberry 450 mg, give one tablet by mouth one time a day for supplement. An "Order Summary Report," dated 11/17/25, showed Resident #2 had diagnosis which included urinary tract infection. On 12/10/25 at 4:04 p.m., CMA #1 stated Resident #2's cranberry order was 450 mg one capsule by mouth daily. On 12/10/25 at 4:06 p.m., CMA #1 stated they administered 15,000 mg. They stated the resident's family supplied the cranberry supplement. On 12/10/25 at 4:09 p.m., the DON stated they expected CMAs to follow the physician's order. On 12/10/25 at 4:28 p.m., the DON stated they had a special book where they logged all new orders and medications from family. They stated staff had enough time to check medications to	C1921		

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C1921	Continued From page 3 ensure they were correct.	C1921		
C2123 SS=F	310:663-21-2(b)(3) DEADLINES FOR FILING (b) The license application shall be filed in accordance with the following deadlines: (3) The application for renewal of the license of an existing continuum of care facility or assisted living center, with no transfer of ownership or operation, shall be filed by the renewal date specified on the existing license. Each initial license shall be effective for one hundred eighty (180) days from the issue date. The renewal license shall be issued for a period of twelve (12) months from the date of issue. Provided that licenses may be issued for a period of more than twelve (12) months, but not more than twenty-four (24) months, for the license period immediately following the effective date of this provision in order to permit an equitable distribution of license expiration dates to all months of the year. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to file for a renewal of operating license by the renewal date specified on existing license. The administrator identified 43 residents resided in the facility. Findings: The facility's "Oklahoma State Department of Health Assisted Living Center License," showed effective beginning 10/20/22. The license showed to expire on or before 10/19/25.	C2123		

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C2123	Continued From page 4 On 12/10/25 at 10:23 a.m., the administrator provided the facility's operating license. The license had an expiration date of 10/19/25. The administrator stated they submitted for license renewal on 12/02/25. The administrator stated the reason for late submission was they were trying to get their fire code up to date.	C2123		

OKLAHOMA
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of Health

Delivery via email to: admin@westbrookgardens.com

January 8, 2026

License Number: AL4401

Ms. Sally Perry, Administrator
Westbrook Gardens Slc
1215 Westbrook Blvd
Purcell, OK 73080

RE: Survey Event ND4H11

Dear Ms. Perry:

On **December 10, 2025,** agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **C0711 –** No staff education. Need definitive language that shows inspection will be completed on 1/13/26.
- **C1921** - Resident #2 was not addressed.
- **C2123** - No QAPI component. No staff education.

Please provide a new plan of correction and return with amendments as soon as possible.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

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C 711 SS=F	310:663-7-1(a) GENERAL REQUIREMENTS (a) Each assisted living center shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an annual fire marshal inspection	C 711	1. Fire Marshall inspection scheduled 01-13-2026 2. QA Review of scheduled inspections quarterly 3. Schedule fire marshall inspection 3 months prior of renewal date	1-31-2026

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Oklahoma State Department of Health

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Delivery via email to: admin@westbrookgardens.com

January 9, 2026

License Number: AL4401

Ms. Sally Perry, Administrator
Westbrook Gardens Slc
1215 Westbrook Blvd
Purcell, OK 73080

RE: Survey Event ND4H11

Dear Ms. Perry:

On **December 10, 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 **January 31, 2026**.

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

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C 000	INITIAL COMMENTS A relicensure survey with complaints (#OK00087547 and #OK00087609) was conducted on 12/10/25. Deficiencies were cited as a result of the survey. Facility Census: 43 Listed below are abbreviations that will be used throughout this document. CMA- certified medication aide DON- director of nursing MG- milligram	C 000		
C 711 SS=F	310:663-7-1(a) GENERAL REQUIREMENTS (a) Each assisted living center shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an annual fire marshal inspection	C 711	1. Fire Marshall inspection scheduled 01-13-2026 10:00am David Kroth, Fire Marshall, City of Purcell 2. Inspection report will be posted and reviewed with all staff once it is received 3. QA Review of scheduled inspections quarterly 4. Schedule fire marshall inspection 3 months prior of renewal date	1-31-2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL4401	A. BUILDING: _____ B. WING _____	C 12/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTBROOK GARDENS SLC	1215 WESTBROOK BLVD PURCELL, OK 73080

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C 711	Continued From page 1 was conducted for 2024 and 2025. The administrator identified 43 residents resided in the facility. Findings: A review of the fire marshal certificate showed the facility was last inspected on 08/01/22. There was no documentation a fire marshal inspection had been conducted in 2024 and 2025. On 12/10/25 at 2:47 p.m., the administrator stated they had not completed a fire marshal inspection.	C 711		
C1921 SS=D	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure medications were administered as ordered for 1 (#2) of 7 sampled residents observed during medication pass. The administrator identified 43 residents resided in the facility. Findings:	C1921	1. Mandatory In-service Jan. 6, 2026 w/Med Administration Employees A. Review Resident Care Policy #12-Delivered Medication 1. Verification of: Medication Dosage Frequency Initals required by employee checking in meds. 2. RN Consultant will monitor all meds including OTC monthly with med cart audit 3.Will review monthly med-cart audit during quarterly QA 4. All residents including #2 will be given a written medication & dosage list prior to purchasing OTC.	01-31-26

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C1921	Continued From page 2 On 12/10/25 at 11:27 a.m., CMA #1 was observed administering cranberry supplement 15,000 mg one capsule by mouth to Resident #2. The "Medication Administration and or Supervision" policy, dated 03/10/20, read in part, "Trained, certified or licensed staff at Westbrook Gardens SLC [Senior Living Center] may administer and or supervise medications to residents as ordered by a physician." An "ADMISSION/FUNCTIONAL ASSESSMENT," dated 11/03/25, showed Resident #2 required supervision/assistance with medications. A physician's order, dated 11/04/25, showed cranberry 450 mg, give one tablet by mouth one time a day for supplement. An "Order Summary Report," dated 11/17/25, showed Resident #2 had diagnosis which included urinary tract infection. On 12/10/25 at 4:04 p.m., CMA #1 stated Resident #2's cranberry order was 450 mg one capsule by mouth daily. On 12/10/25 at 4:06 p.m., CMA #1 stated they administered 15,000 mg. They stated the resident's family supplied the cranberry supplement. On 12/10/25 at 4:09 p.m., the DON stated they expected CMAs to follow the physician's order. On 12/10/25 at 4:28 p.m., the DON stated they had a special book where they logged all new orders and medications from family. They stated staff had enough time to check medications to	C1921		

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C1921	Continued From page 3 ensure they were correct.	C1921		
C2123 SS=F	310:663-21-2(b)(3) DEADLINES FOR FILING (b) The license application shall be filed in accordance with the following deadlines: (3) The application for renewal of the license of an existing continuum of care facility or assisted living center, with no transfer of ownership or operation, shall be filed by the renewal date specified on the existing license. Each initial license shall be effective for one hundred eighty (180) days from the issue date. The renewal license shall be issued for a period of twelve (12) months from the date of issue. Provided that licenses may be issued for a period of more than twelve (12) months, but not more than twenty-four (24) months, for the license period immediately following the effective date of this provision in order to permit an equitable distribution of license expiration dates to all months of the year. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to file for a renewal of operating license by the renewal date specified on existing license. The administrator identified 43 residents resided in the facility. Findings: The facility's "Oklahoma State Department of Health Assisted Living Center License," showed effective beginning 10/20/22. The license showed to expire on or before 10/19/25.	C2123	1. Management will review license renewal requirements 6 months prior of license renewal date (April 2026) 2. New license will be posted and re-viewed with all staff upon receiving new license. 3. License renewal will be reviewed QA 03-27-2026, QA 06-26-2026 & QA 09-25-2026	01-31-2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C2123	Continued From page 4 On 12/10/25 at 10:23 a.m., the administrator provided the facility's operating license. The license had an expiration date of 10/19/25. The administrator stated they submitted for license renewal on 12/02/25. The administrator stated the reason for late submission was they were trying to get their fire code up to date.	C2123		

OKLAHOMA
State Department of Health

Delivery via email to: admin@westbrookgardens.com

February 5, 2026

License Number: AL4401

Ms. Sally Perry, Administrator
Westbrook Gardens Slc
1215 Westbrook Blvd
Purcell, OK 73080

RE: Survey Event ND4H12

Dear Ms. Perry:

On **February 4, 2026,** an off-site paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **December 10, 2025,** have now been corrected effective **January 31, 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

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 02/04/26. 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