OKLAHOMA
State Department of Health

Delivery via email to: countrygardens@tutera.com

November 7, 2025

License Number: AL5103

Ms. Stephanie Kusler, Administrator
Country Gardens Assisted Living Community
611 South Country Club Road
Muskogee, OK 74403

RE: Survey Event ID: 1J5V11

Dear Ms. Kusler:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **November 4, 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: Country Gardens AL
Address: 611 S Country Club Rd
City, State, Zip: Muskogee, OK, 74403
Provider #:AL5103
Complaint #: OK00087087
Investigation Date(s): 11/3/25-11/4/25

ALLEGATION(S)
The facility failed to ensure physician orders were followed for resident.
The facility failed to ensure that policy and procedure were followed for expired medications.
The facility failed to ensure quality of care was provided for residents.
enter text
enter text

An unannounced on-site investigation was initiated 11/03/2025 at 9:20 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, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation: Entrance was made into facility unannounced and was greeted by the executive director. Staff were seen interacting with residents, facility was clean no foul odor detected. Some residents were in the dining room finishing breakfast. Staff were observed interacting with residents and some residents were ambulating about the facility. Observation of medication administration, and all medication was given according to physician orders. The refrigerator for medication administration was observed, and no expired medication was observed. Observations, assessments and care plans were reviewed for quality of care. Residents were observed to be treated with dignity and respect.

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: 11/04/2025

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
	AL5103	A. BUILDING: _____ B. WING _____	C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY GARDENS ASSISTED LIVING COMMUNITY	611 SOUTH COUNTRY CLUB ROAD MUSKOGEE, OK 74403

(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 (#OK00087087) was conducted from 11/03/25 through 11/04/25. No deficiencies were cited. Facility Census: 49	C 000		

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