OKLAHOMA
State Department
of Health

Delivery via email to: ed@saddlebrookseniorliving.com

October 11, 2024

License Number: AL5513

Ms. Katherine Chadrick, Administrator
Saddlebrook Senior Living
12928 North May Avenue
Oklahoma City, OK 73120

Survey Event ID: PXYT11

Dear Ms. Chadrick:

On **October 2, 2024,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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. 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 will be completed for each violation; and
(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 a 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 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: SADDLEBROOK SENIOR LIVING
Address: 12928 NORTH MAY AVENUE
City, State, Zip: OKLAHOMA CITY, OK, 73120
Provider #: AL5513
Complaint #: **OK00067636**
Investigation Date(s): **09/25/24, 09/27/24, 10/01/24 and 10/02/24**

ALLEGATION(S)
The center failed to provide adequate supervision to prevent accidents.

An unannounced on-site investigation was initiated 09/25/2024 at 3:45 p.m.

A sample of three 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, and residents were observed walking freely in the facility in both the Assisted Living and memory care. No residents were observed attempting to elope from the facility. Residents were observed singing in and out at the front desk when leaving the facility.

Residents were asked about the ability to come and go from the facility. They were asked about any incidents they had when out on outings.

Staff was asked about procedures for elopement and missing residents. They were asked about safety measures to prevent elopement. Staff was asked about group outings and procedures for missing residents while on an outing.

Record reviewed included incident reports, policies, progress notes, contracts, assessments, reports to the Oklahoma State department of Health and contracts.

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: 10/04/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5513	A. BUILDING: _____ B. WING _____	C 10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SADDLEBROOK SENIOR LIVING	12928 NORTH MAY AVENUE OKLAHOMA CITY, OK 73120

(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 Complaint investigation (OK00067636) was conducted on 09/25/24, 09/27/24, 10/01/24 and 10/02/24. Facility Census: 68	C 000		
C1912 SS=D	310:663-19-1(b) INCIDENTS REQUIRING REPORT (b) Each continuum of care facility and assisted living center shall prepare a written incident report for the following incidents: (1) allegations and incidents of resident abuse; (2) allegations and incidents of resident neglect; (3) allegations and incidents of misappropriation of resident's property; (4) accidental fires and fires not planned or supervised by facility staff, occurring on the licensed real estate; (5) storm damage resulting in relocation of a resident from a currently assigned room; (6) deaths by unusual occurrence, including accidental deaths or deaths other than by natural causes; (7) residents missing from the assisted living center upon determination by the assisted living center that the resident is missing; (8) utility failure for more than 4 hours; (9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, head injury or require treatment at a hospital; (10) reportable diseases and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting); and, (11) situations arising where a criminal act is suspected. Such situations shall also be reported	C1912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5513	A. BUILDING: _____ B. WING _____	C 10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SADDLEBROOK SENIOR LIVING	12928 NORTH MAY AVENUE OKLAHOMA CITY, OK 73120

(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
C1912	Continued From page 1 to local law enforcement. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to report a missing person to the Oklahoma State Department of Health for one (#1) of three residents reviewed for elopement and missing person. Findings: The facility "Elopement-Missing Person" policy, dated 05/2000, read in part, "...state regulations supersede the policy..." Resident #1 annual assessment, dated 06/20/24, documented the resident was alert and oriented and had good judgement. The assessment also documented the Resdient ambulated without any assistance. Resident #1 clinical record contained no documentation the resident had been missing and there was no documentation the facility had reported the incident to the Oklahoma State Department of Health. On 09/25/24 at 4:07 p.m., Resident #1 stated they went to the fair the previous week and got	C1912		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5513	A. BUILDING: _____ B. WING _____	C 10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SADDLEBROOK SENIOR LIVING	12928 NORTH MAY AVENUE OKLAHOMA CITY, OK 73120

(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
C1912	Continued From page 2 lost when they walked off. Resident #1 stated they were missing from the group for about two hours and the police located them, and the Life Enrichment Director showed up to pick them up. On 09/25/2024 at 4:30 p.m., the Life Enrichment Director stated Resident #1 had walked off from the group at the fair and could not be found. They stated they had searched for Resident #1 and reported it to the police. The Life Enrichment Director stated after brining other residents back to the facility they received a call the resident was located. They stated th resident had been missing for two hours when the police located them. . On 10/01/24 at 11:35 a.m.., the wellness director stated if the facility knew a resident was missing the facility was to report it to the health department. The wellness director stated they did not report it to the state because they had not been told Resident #1 had been missing. They then stated no one had reported it to the health department. On 10/01/24 at 11:50 a.m. the administrator stated it was a judgment to not report it and they did not report Resident #1 missing to the Oklahoma State Department of Health.	C1912		

OKLAHOMA
State Department
of Health

Delivery via email to: ed@saddlebrookseniorliving.com

October 29, 2024

License Number: AL5513

Ms. Katherine Chadrick, Administrator
Saddlebrook Senior Living
12928 North May Avenue
Oklahoma City, OK 73120

Survey Event ID: PXYT11

Dear Ms. Chadrick:

On **October 2, 2024,** a complaint investigation was conducted at your Assisted Living Center. 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 **October 18, 2024**.

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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE
	Current Date: 10/17/2024
	Facility Name: Saddlebrook Senior Living
	License Number: AL5513
	Survey Event ID: PXYTII
	Date Survey Completed: 10/2/2024

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: Enter ID Prefix Tag from Column X4 on STATE FORM.	Based on: record review and interview, the facility failed to report a missing person to the Oklahoma State Department of Health for one (#1) of three residents reviewed for elopement and missing person.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Based on record review, community failed to report a missing resident in the nurses notes or to the OK State Dept of Health per reguations.

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?	Resident record was update with missing resident nurses note. OK State Reportable complete and sent. Physician and family notifications completed.
OSDH Response: Element accepted Yes [ ] No [ ]	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Community staff will be re-educated to document resident concerns using the 24 Hr Book Resident Report Sheet. The Executive Director (ED) and the Director of Health and Wellness (DHW) will review the 24 Hr Book during community stand-up to any identify resident concerns that require a OK State Report. The ED and the DHW will review resident incident during community stand-up to identify issues requiring a OK State Report. DHW will review resident chart notes daily when in the community to identify if pertinent resident information has been documented in the resident file.
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?	Enter method for identifying other potentially affected residents.Community staff will be re-educated to document resident concerns using the 24 Hr Book Resident Report Sheet. The Executive Director (ED) and the Director of Health and Wellness (DHW) will review the 24 Hr Book during community stand-up to any identify resident concerns that require a OK State Report. The ED and the DHW will review resident incident during community stand-up to identify issues requiring a OK State Report. DHW will review resident chart notes daily when in the community to identify if pertinent resident information has been documented in the resident file. Items for review and additional action will be documented on the Stand-up form for review at each meeting until action items completed.

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 ED/DHW will present the community Stand-up Meeting notes as an agenda item at the quarterly QA meetings. The QA review and recommendations will be documented in the meeting minutes. Enter methods to evaluate for effectiveness: Enter methocls 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?					10/18/2024
OSDH Response: Element accepted Yes		No			
Administrator's Signature OAC	Administrator signature required. Katherine Medlock			Date 10/17/2024	
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: C] Acceptable ÜUnacceptable 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: Ciicl< here to enter a date,					

OKLAHOMA
State Department
of Health

Delivery via email to: ed@saddlebrookseniorliving.com

November 7, 2024

License Number: AL5513
Survey Event ID: PXYT12

Ms. Katherine Chadrick, Administrator
Saddlebrook Senior Living
12928 North May Avenue
Oklahoma City, OK 73120

Dear Ms. Chadrick:

On **November 4, 2024**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **October 2, 2024,** have now been corrected and your facility is in compliance with licensure standards effective **October 18, 2024**.

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

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
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
	AL5513	A. BUILDING: _____ B. WING _____	R-C 11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SADDLEBROOK SENIOR LIVING	12928 NORTH MAY AVENUE OKLAHOMA CITY, OK 73120

(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 11/04/24. 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