
Delivery via email to: sslemp@omegaseniorliving.com

December 11, 2025

License Number: AL5513

Scott Slep, Administrator
Saddlebrook Senior Living
12928 North May Avenue
Oklahoma City, OK 73120

RE: Survey Event ID: IJ911

Dear Mr. Slep:

On **November 14, 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 **November 14, 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:

- Address how corrective action will be accomplished for affected residents;
- Address how other residents with the potential to be affected will be identified;
- Address measures or systemic changes to ensure the deficiency will not recur;
- Indicate how the center plans to monitor performance to ensure corrections are sustained;
- Include dates when corrective action and monitoring will be completed for each violation;
- 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, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: Saddle Brook Senior Living
Address: 12928 N. May Ave.
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5513
Complaint #: OK00068928
Investigation Date: 11/12/25 through 11/14/25

ALLEGATION(S)
1. The center failed to ensure the resident was not involuntarily discharged.
2. The facility failed to ensure medications were ordered and available to administer in a timely manner.
3. The facility failed to provide supervision to prevent falls.

An unannounced on-site investigation was initiated 11/12/2025 at 8:30 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 center. Residents were observed for discharge concerns and medication administration. Staff were observed interacting with residents. Records reviewed included: Facility policy and procedure and resident care records. Residents and staff were asked questions regarding discharge process and medication administration. Interviews and observations did not indicate any concerns regarding fall prevention.

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: 11/14/2025

INVESTIGATIVE REPORT

Facility: Saddle Brook Senior Living
Address: 12928 N. May Ave.
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5513
Complaint #: OK00074762
Investigation Date: 11/12/25 through 11/14/25

ALLEGATION(S)

1. The facility failed to identify, intervene, and prevent the spread of a communicable disease.
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An unannounced on-site investigation was initiated 11/12/2025 at 8:30 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 center. Residents were observed for skin or other signs of dermal irritation. There were no issues identified. Staff were observed interacting with residents. Residents and staff were asked questions regarding infection control and mitigation protocols.

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: 11/14/2025

INVESTIGATIVE REPORT

Facility: Saddle Brook Senior Living
Address: 12928 N. May Ave.
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5513
Complaint #: OK00074864
Investigation Date: 11/12/25 through 11/14/25

ALLEGATION(S)
1.The center failed to ensure a safe, comfortable and homelike environment.
2.The center failed to operate and provide services according to State Laws and Professional Standards

An unannounced on-site investigation was initiated 11/12/2025 at 8:30 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 center. All elevators are in working order, record review showed monthly inspections plus repairs completed. Staff were observed interacting with residents. Residents and staff were asked questions regarding utilities and environmental comfort. There were no issues identified.

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: 11/14/2025

INVESTIGATIVE REPORT

Facility: Saddle Brook Senior Living
Address: 12928 N. May Ave.
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5513
Complaint #: OK00075692
Investigation Date: 11/12/25 through 11/14/25

ALLEGATION(S)
1.The center failed to ensure medications were administered per physician's orders and in a timely manner.
2.The center failed to provide a clean and sanitary environment.
3.The center neglected to ensure resident received evaluation and treatment in a timely manner

An unannounced on-site investigation was initiated 11/12/2025 at 8:30 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 center. Facility was clean and no environmental deficiencies were observed. Staff were observed interacting with residents. Through interview and record review no medication errors were cited; treatment and physician orders were current.

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: 11/14/2025

INVESTIGATIVE REPORT

Facility: Saddle Brook Senior Living
Address: 12928 N. May Ave.
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5513
Complaint #: OK00081978
Investigation Date: 11/12/25 through 11/14/25

ALLEGATION(S)
1. Failed to have adequate staffing to meet the needs of residents.

An unannounced on-site investigation was initiated 11/12/2025 at 8:30 a.m.

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 center. Observed interaction between residents and staff. Reviewed facility for staffing concern.

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: 11/14/2025

INVESTIGATIVE REPORT

Facility: Saddle Brook Senior Living
Address: 12928 N. May Ave.
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5513
Complaint #: OK00081981
Investigation Date: 11/12/25 through 11/14/25

ALLEGATION(S)
1. The facility failed to protect residents from physical abuse by staff.

An unannounced on-site investigation was initiated 11/12/2025 at 8:30 a.m.

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 center. Observed interaction between residents and staff. Residents were observed for abuse and neglect concerns. Records reviewed included: Residents health records, facility reported incidents, and grievances. Residents and staff were asked questions regarding abuse and abuse training.

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: 11/14/2025

INVESTIGATIVE REPORT

Facility: Saddle Brook Senior Living
Address: 12928 N. May Ave.
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5513
Complaint #: OK00085975
Investigation Date: 11/12/25 through 11/14/25

ALLEGATION(S)
1. The center failed to ensure residents were free from abuse.
2. The center failed to ensure food was prepared and served under sanitary conditions.
3. The center failed to ensure assistance with bathing and changing clothing was provided for dependent residents.
4. The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 11/12/2025 at 8:30 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 center. Staff were observed interacting with residents. Residents were observed for abuse and neglect concerns, personal care concerns, staffing, meals, medications and infection control measures. Records reviewed included: Residents health records, facility reported incidents, and grievances. Residents and staff were asked questions regarding abuse and abuse training. Residents reported no issues with the quality or variety of food. Observation of staff interaction was all positive towards residents.

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: 11/14/2025

INVESTIGATIVE REPORT

Facility: Saddle Brook Senior Living
Address: 12928 N. May Ave.
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5513
Complaint #: OK00087114
Investigation Date: 11/12/25 through 11/14/25

ALLEGATION(S)
1. The center failed to ensure a renewal license was filed by the renewal date specified on the existing license.

An unannounced on-site investigation was initiated 11/12/2025 at 8:30 a.m.

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 center, identified license posted had expired on 09/11/2025.

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: 11/14/2025

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/14/2025
NAME OF PROVIDER OR SUPPLIER SADDLEBROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 A relicensure survey with complaints (#OK00068928, OK00074762, OK00074864, OK00075692, #OK00081978, OK00081981, OK00085975, and #OK00087114) was conducted from 11/12/25 through 11/14/25. Deficiencies were cited as a result of the survey. Facility Census:47 Listed below are abbreviations that will be used throughout this document: CNA - certified nurse aide CMA - certified medication aide HWD - health and wellness director OSDH - Oklahoma State Department of Health	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 center failed to ensure foods were labeled and dated and expired food items were discarded in 3 of 3 refrigerators observed. The HWD identified 47 residents received nutrition from the kitchen. Findings: On 11/12/25 at 9:20 a.m., the following	C 391		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/14/2025
NAME OF PROVIDER OR SUPPLIER SADDLEBROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 12928 NORTH MAY AVENUE OKLAHOMA CITY, OK 73120		
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C 391	Continued From page 1 observations were made in the refrigerator in the activity room: a. a 32 ounce jar of opened grape jelly was not labeled or dated showing when it was opened, b. a 48 ounce container of opened orange juice was not labeled or dated showing when it was opened, and c. a 48 ounce container of Hawaiian punch was not labeled or dated showing when it was opened. On 11/12/25 at 9:45 a.m., the following observations were made in the refrigerator in the bistro area: a. a 24 ounce glass jar of opened salsa was not labeled or dated showing when it was opened, b. one opened half gallon of half and half cream had a manufacturer expiration date of 9/16/25, c. one opened one gallon container of 2% milk had a manufacture expiration date of 10/12/25, and d. a 32 ounce opened container of Coffee mate creamer had no label or date showing when it was opened. On 11/12/25 at 11:10 a.m., the following observations were made in the refrigerator on the memory care unit: a. an 11 ounce opened ensure protein drink did not have a label or date showing when it was opened, b. a 52 ounce opened container of orange juice did not have a label or date showing when it was opened, and c. three clear plastic pitchers with colored liquid were covered with Saran wrap were not labeled or dated. The facilities policy titled "Leftovers and Prepared Foods," dated 04/2016, read in part, "label	C 391		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/14/2025
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C 391	Continued From page 2 container with the type of food and date." On 11/12/25 at 12:10 p.m., the HWD was asked about labeling and dating items and discarding items that were expired per manufacturer expiration dates in the refrigerators. They stated all opened or prepared items should be labeled and dated and expired items should be discarded.	C 391		
C 910 SS=F	310:663-9-1 NURSE Each assisted living center shall provide adequate staffing as necessary to meet the services described in the assisted living center's contract with each resident and in compliance with the provisions of the Oklahoma Nursing Practice Act, 59 O.S. Supp. 1997 Section 567.1 et seq. Nurse staffing shall be provided or arranged: This Rule is not met as evidenced by: Based on record review and interview, the center failed to provide sufficient staff to meet the care needs of the residents for two (#5 and #8) of eight sampled residents reviewed for sufficient staffing. The HWD identified 47 residents resided in the center. 19 residents in memory care, 19 residents resided on the second floor and 9 residents resided on the third floor. Findings: A centers policy titled "Evacuation Under Imminent Danger," dated 01/26/17, read in part, "associate will escort residents to the nearest safe outside exit and safe evacuation point."	C 910		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/14/2025
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C 910	Continued From page 3 A centers document titled "Assisted Living Resident Sample," dated 11/12/25, showed 14 residents were chairfast. A "Resident Care and Information" form, dated 11/12/25, showed 13 residents needed special assistance with evacuation from the center during emergencies. A "Resident Condition and Care Overview" form, dated 11/12/25, showed 13 residents had dementia and five residents were not capable of responding during an emergency without assistance. A review of the centers pendant call light report, dated 10/15/25 through 11/13/25, showed 81 call light response times were over 15 minutes long. A review of staff schedules showed: a. schedules dated 10/12/25 through 10/31/25 showed four staff members were scheduled on 10 p.m. to 6 a.m. shift for the memory care and assisted living areas, b. a schedule dated 11/01/25 showed two staff members were scheduled on 10 p.m. to 6 a.m. shift for the memory care and assisted living areas, and c. schedules dated 11/02/25 through 11/15/25, showed three staff members were scheduled on 10 p.m. to 6 a.m. shift for the memory care and assisted living areas. On 11/13/25 at 3:30 p.m., CNA #1 was asked about staffing and the ability to answer call lights quickly. CNA #1 stated they did not have as many staff on the evening and night shift as they used to have because the resident numbers had decreased. The residents were spread between	C 910		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/14/2025
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C 910	Continued From page 4 three floors and it was hard to get to another floor timely if they were helping another resident. CNA #1 stated the center only had one staff member covering the second and third floor and if they needed to assist another resident it took longer. CNA #1 stated they could use another person on evenings and nights since they have residents that required a lot of assistance and the residents were spread out. On 11/14/25 at 9:45 a.m., Resident #5 stated they were understaffed, the center had one aide for two floors. Resident #5 stated if they need two persons to transfer, there was not anyone else available and they had to wait until another shift came in or call the fire department for assistance. Resident #5 stated the call button response was not timely, sometimes not answered for hours, and medications were not always administered timely. On 11/14/25 at 1:15 p.m., Resident #8 stated they had a concern with the number of staff in the evenings, nights and on the weekends. Resident #8 stated they felt there were too many residents for the number of staff if they needed help quickly. On 11/14/25 at 2:45 p.m., HWD asked about staffing, call light response, and ability to evacuate if needed with the number of staff available. The HWD stated they had been trying a different staffing ratios since the resident numbers had decreased, but could see the challenge since there were residents on multiple floors that required a lot of assistance.	C 910		
C2122 SS=F	310:663-21-2(b)(2) DEADLINES FOR FILING	C2122		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/14/2025
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C2122	Continued From page 5 (b) The license application shall be filed in accordance with the following deadlines: (2) The application for an initial license, following a transfer of ownership or operation, shall be filed at least thirty (30) days before the final transfer. In the case of the appointment of a receiver as operator, this thirty (30) day advance filing requirement may be waived if the Department finds that an emergency exists which threatens the welfare of the residents. If an emergency is found to exist, the receiver shall file the license application before beginning operation of the assisted living center or continuum of care facility. This Rule is not met as evidenced by: Based on observation, record review, and interview, the center failed to obtain an active OSDH assisted living facility license. The HWD identified 47 residents resided in the center. Findings: On 11/12/25 at 9:00 a.m., an OSDH assisted living facility license was observed posted at the facility entrance. The license showed to have expired on 09/11/25. An e-mail sent to the facility from the OSDH, dated 11/12/25 at 9:59 a.m., read in part, "the current renewal application that was received on October 7, 2025; the renewal cannot be processed because the Department needs an initial license application for the receivership that was appointed on March 03, 2025." On 11/12/25 at 10:45 a.m., the HWD stated the	C2122		

Oklahoma State Department of Health

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C2122	Continued From page 6 licensing application for an OSDH assisted living facility license was on-going, but it had not been approved.	C2122		

Delivery via email to: sslemp@omegaseniorliving.com

December 23, 2025

License Number: AL5513

Mr. Scott Slem, Administrator
Saddlebrook Senior Living
12928 North May Avenue
Oklahoma City, OK 73120

RE: Survey Event IJ911

Dear Mr. Slem:

On **November 14, 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 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 **February 9, 2026**.

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
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 12/22/2025

Facility Name: SaddleBrook Senior Living

License Number: AL5513

Survey Event ID: IJ911

Date Survey Completed: 11/14/2025

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 391

Based on: record review, and interview, the center failed to ensure foods were labeled and dated and expired food items were discarded in 3 of 3 refrigerators observed.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The Plan of Correction is not to be construed as an admission of our agreement with the findings or conclusion of the statement of deficiency. The Plan of Correction is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature Scott Slemp
OAC 310:663-25-4(F)

Date 12/22/2025

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
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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 12/22/2025

Facility Name: SaddleBrook Senior Living

License Number: AL5513

Survey Event ID: IJJ911

Date Survey Completed: 11/14/2025

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 2122

Based on: observation, record review, and interview, the center failed to obtain an active OSDH assisted living facility license.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The Plan of Correction is not to be construed as an admission of our agreement with the findings or conclusion of the statement of deficiency. The Plan of Correction is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

ASSISTED LIVING CENTER'S PLAN ELEMENTS

ED or designee will continue working with OSDH to submit all forms needed or required.

ED or designee will continue working with OSDH to submit all forms needed or required.

License application will be started prior to end date to ensure that application is submitted timely.

ED will speak with designee working with OSDH representative weekly for an update and will update QA Committee.

- QA Committee will review monthly
- This POC will be added to the QA and will be reviewed monthly by the QA Team.
- QA committee will review and make recommendations as needed.

Administrator's Signature Scott Slep

OAC 310:663-25-4(F)

Date 12/22/2025

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
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 12/22/2025

Facility Name: SaddleBrook Senior Living

License Number: AL5513

Survey Event ID: IJ911

Date Survey Completed: 11/14/2025

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 910

Based on: record review and interview, the center failed to provide sufficient staff to meet the care needs of the residents for two (#5 and #8) of eight sampled residents reviewed for sufficient staffing.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The Plan of Correction is not to be construed as an admission of our agreement with the findings or conclusion of the statement of deficiency. The Plan of Correction is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature Scott Slemph

OAC 310:663-25-4(F)

Date 12/22/2025

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.

Delivery via email to: sslemp@omegaseniorliving.com

March 3, 2026

License Number: AL5513

Mr. Scott Slempp, Administrator
Saddlebrook Senior Living
12928 North May Avenue
Oklahoma City, OK 73120

RE: Survey Event ID: IJ912

Dear Mr. Slempp:

Enclosed is the summary of deficiencies following the offsite/paper revisit of a State Licensure survey conducted at your Assisted Living Center on **March 2, 2026**. These deficiencies remain uncorrected from our original investigation conducted **November 14, 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 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
IDRCoordinator@health.ok.gov
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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/02/2026
NAME OF PROVIDER OR SUPPLIER SADDLEBROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 03/02/26. Deficiencies were cited as a result of the survey. Listed below are abbreviations that will be used throughout this document. OSDH - Oklahoma State Department of Health.	{C 000}		
{C2122} SS=F	310:663-21-2(b)(2) DEADLINES FOR FILING (b) The license application shall be filed in accordance with the following deadlines: (2) The application for an initial license, following a transfer of ownership or operation, shall be filed at least thirty (30) days before the final transfer. In the case of the appointment of a receiver as operator, this thirty (30) day advance filing requirement may be waived if the Department finds that an emergency exists which threatens the welfare of the residents. If an emergency is found to exist, the receiver shall file the license application before beginning operation of the assisted living center or continuum of care facility. This Rule is not met as evidenced by: Based on record review and interview, the center failed to obtain an active OSDH assisted living center license. Findings: The status of the center's assisted living center license was reviewed in the OSDH survey data base. The license showed to be effective from 09/13/24 to 09/11/25. There was no documentation of an active assisted living center	{C2122}		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/02/2026
NAME OF PROVIDER OR SUPPLIER SADDLEBROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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
{C2122}	Continued From page 1 license. On 03/02/26 at 1:10 p.m., the administrator stated the center did not have an active license.	{C2122}		

Delivery via email to: cwall@omegaseniorliving.com; sslemp@omegaseniorliving.com

March 10, 2026

License Number: AL5513

Ms. Courtney Wall, Administrator
Saddlebrook Senior Living
12928 North May Avenue
Oklahoma City, OK 73120

RE: Survey Event IIJ912

Dear Ms. Wall:

On **March 2, 2026**, 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:

- The facility's license has been expired since **September 11, 2025**. Operating without a license is violation of Title 63 O.S. Section 1-890.5 Licensed required and OAC 310:663-21-2 Deadlines for filing.
- The Department cannot accept a POC with a 05/01/26 date as it is in direct violation with regulations listed above.

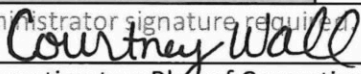
Please provide a new plan of correction for these deficiencies and return with amendments as soon as possible.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
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: 3/5/2026		
	Facility Name: Saddlebrook Senior Living		
	License Number: AL5513		
	Survey Event ID: IJ912		
			Date Survey Completed: 3/2/2026
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C2122		Based on: Based on record review and interview, the center failed to obtain an active OSDH assisted living center license.	
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?		ED or designee will continue working with OSDH to submit all forms needed or required.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		ED or designee will continue working with OSDH to submit all forms needed or required.	
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?		License application will be started prior to end date to ensure application is submitted timely.	
OSDH Response: Element accepted Yes ☐ No ☐			
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:		ED will speak with designee working with OSDH representative for an update every 2 weeks and will update QA Committee.	
a. How the correction will be evaluated for effectiveness;		QA Committee will review monthly	
b. How the correction will be incorporated into the center's quality assurance system; and		QA committee will review and make recommendations as needed.	
c. How monitoring records will be kept to evidence the correction.		Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		5/1/2026	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. 		Date Enter a date of signature. 3-5-26	
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.			

Delivery via email to: cwall@omegaseniorliving.com; sslemp@omegaseniorliving.com

May 8, 2026

License Number: AL5513

Ms. Courtney Wall, Administrator
Saddlebrook Senior Living
12928 North May Avenue
Oklahoma City, OK 73120

RE: Survey Event IJ912

Dear Ms. Wall:

On **March 2, 2026**, 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 amended 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 **April 27, 2026**.

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 Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE		
	Current Date: 3/5/2026		
	Facility Name: Saddlebrook Senior Living		
	License Number: AL5513		
Survey Event ID: IJ912			Date Survey Completed: 3/2/2026
SUMMARY OF DEFICIENCY CITED BY OSDH			
ID Prefix Tag: C2122		Based on: Based on record review and interview, the center failed to obtain an active OSDH assisted living center license.	
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?		ED or designee will continue working with OSDH to submit all forms needed or required.	
OSDH Response: Element accepted Yes ☐ No ☐			
2. How will other residents having the potential to be affected by the same deficient practice be identified?		ED or designee will continue working with OSDH to submit all forms needed or required.	
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?		License application will be started prior to end date to ensure application is submitted timely.	
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.		ED will speak with designee working with OSDH representative for an update every 2 weeks and will update QA Committee. QA Committee will review monthly QA committee will review and make recommendations as needed. Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		5/1/2026 CW 4-27-26	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required		Date Enter a date of signature	
OAC 310-663-25-4(F)		Courtney Wall 3-5-26 5-8-26	
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.			

FINAL DETERMINATION NOTICE

USPS Tracking #7019 1640 0001 9832 3284

Delivery via email to: cwall@omegaseniorliving.com; sslemp@omegaseniorliving.com

May 14, 2026

License Number: AL5513

Ms. Courtney Wall, Administrator
Saddlebrook Senior Living
12928 North May Avenue
Oklahoma City, OK 73120

Survey Event ID: IIJ913

Dear Ms. Wall:

An offsite/paper revisit conducted **May 13, 2026**, revealed that your facility corrected deficiencies effective **April 27, 2026**.

We will notify you of any enforcement actions being taken. If you have any questions, please contact me 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.

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: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/13/2026
NAME OF PROVIDER OR SUPPLIER SADDLEBROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 05/13/26. All deficiencies from the 03/02/26 survey were cleared.	{C 000}		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5513	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/13/2026
NAME OF PROVIDER OR SUPPLIER SADDLEBROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 05/13/26. All deficiencies from the 03/02/26 survey were cleared.	{C 000}		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE