OKLAHOMA
State Department of Health

Delivered by email to: crystalplaceretirement@gmail.com

July 16, 2025

License Number: AL5518

Ms. Leah Bell, Administrator
Crystal Place, Llc
400 Southwest 79th Street
Oklahoma City, OK 73139

Survey Event ID: BDMO11

Dear Ms. Bell:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 10, 2025**. No deficiencies were cited. Oklahoma Statutes 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: Crystal Place
Address: 400 Southwest 79th St
City, State, Zip: OKC, OK 73139
Provider #: AL5518
Complaint #: OK00084520
Investigation Date(s): 07/10/25

ALLEGATION(S)
The facility neglected to assess, monitor, and intervene in a timely manner
The facility failed to ensure resident were properly trained to self-administer medications
The facility failed to ensure dependent residents were provided ADL assistance
enter text
enter text

An unannounced on-site investigation was initiated 07/10/2025 at 7:30 a.m.

A sample of 5 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: Observations of staff providing ADL care and resident conditions were made. Records of resident health charts to include physician's orders and progress notes, medication lists, care plans, and center policies were reviewed. Interviews were conducted with residents, staff, and families. Based on observation, record review, and interview the center is in compliance with regulations.

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: 07/10/2025

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
	AL5518	A. BUILDING: _____ B. WING _____	C 07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRYSTAL PLACE, LLC	400 SOUTHWEST 79TH STREET OKLAHOMA CITY, OK 73139

(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 complaint investigation (#OK00084520) was conducted on 07/10/25. No deficiencies were cited. Facility Census: 35	C 000		

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