

Delivery via email to: al@saintannretirementcenter.com

May 30, 2023

License Number: AL5522

Ms. Latrona Fulbright, Administrator
Saint Ann Assisted Living
7501 West Britton Road
Oklahoma City, OK 73132

RE: Survey Event ID: 61N011

Dear Ms. Fulbright:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **May 23, 2023**. 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.

Sincerely,

Katie Stagner

Katie Stagner
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5522	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/23/2023
NAME OF PROVIDER OR SUPPLIER SAINT ANN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7501 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132		
(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 was conducted on 05/23/23. No deficiencies were cited.	C 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE