OKLAHOMA
State Department
of Health

Delivery via email to: rcd@saintannretirementcenter.com

June 13, 2025

License Number: AL5522

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

Survey Event ID: 8VH411

Dear Ms. Clark:

On **June 4, 2025**, 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.

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. 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 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

INVESTIGATIVE REPORT

Facility: Saint Ann Assisted Living
Address: 7501 W Britton Rd
City, State, Zip: OKC, OK 73132
Provider #: AL5522
Complaint #: OK00083126
Investigation Date(s): 06/04/25

ALLEGATION(S)
The center neglected to provide adequate supervision to prevent elopements
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 06/04/2025 at 8:40 a.m.

A sample of 3 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 residents and exit doors were made. There were no locks on any exterior doors due to the center not being a locked center. Records of resident health charts, incident reports, and policies were reviewed. Interviews with staff, residents, and a family member were conducted. Based on record review and interview it was determined the center failed to administer a medication to the resident named in the incident report. Due to the nature of the medication it is likely this contributed to the resident's disorientation after leaving the unlocked center.

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: 06/04/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5522	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANN ASSISTED LIVING	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 complaint investigaton (#OK00083126) was conducted on 06/04/25. Census: 31 The following abbreviations will be used throughout this document. DON- director of nursing	C 000		
C1931 SS=G	310:663-19-2(b)(1) MEDICATION ADMINISTRATION (b) An assisted living center may maintain nonprescription drugs for dispensing from a common or bulk supply if all of the following are accomplished. (1) The assisted living center shall have and follow a written policy and procedure to assure safety in dispensing and documenting medications given to each resident. This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure medication was administered per physician orders for 1 (#1) of 3 residents sampled for medication administration errors. The DON identified 31 residents resided in the center. Findings: A policy titled "Medication Administration - General Guidelines," dated 04/15/01, read in part, "Medications are administered as prescribed." An "Annual Comprehensive Assessment," dated	C1931		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5522	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C1931	Continued From page 1 04/28/25, showed Resident #1 was admitted on 04/29/19 with diagnoses which included dementia, depression, and anxiety. The assessment showed Resident #1 was, "alert x 2-3 and forgetful with fair judgement." Resident #1's assessment showed they ambulate with a walker and had fair mobility. A "Follow Up Incident Report," dated 06/02/25, read in part, "After evening meal on 05/30/25 the resident went out of the front door for a walk unaccompanied. It appears [Resident #1] became disoriented and ended up across Britton road. A thorough investigation was completed. We found that [Resident #1] had missed two doses of their Risperdal 0.5 mg on 05/26/25 and 05/27/25. We believe this may have been a contributing factor." On 06/04/25 at 5:45 p.m., the temperature was 82 degrees Fahrenheit. A "Medication Error Report," dated 06/02/25, showed Resident #1 was to receive Risperdal (an atypical antipsychotic) 0.5 mg 1 tablet by mouth at bedtime. The "Medication Error Report" showed Resident #1 was not administered the Risperdal on 05/26/25 and 05/27/25. On 06/04/25 at 8:56 a.m., the administrator stated, "[Resident #1] missing two doses of Risperdal may have had something to do with it (elopement). [Resident #1]'s power of attorney is a pharmacist and [power of attorney] agrees." The administrator stated the independent living was on the same campus and the concierge of that building was the person who brought Resident #1 back to the assisted living. On 06/04/25 at 9:30 a.m., the administrator	C1931		

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	AL5522	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C1931	Continued From page 2	C1931		

stated, "Residents have a right to go outside, but I wouldn't feel comfortable with [Resident #1] outside without an escort. They haven't ever left unescorted before."

On 06/04/25 at 10:38 a.m., Resident #1 was asked what year it was. They stated, "I can't think of it off hand." They were asked if they left the building a few days ago. They stated, "Yeah. I went for a walk." They were asked where they went. They stated, "Just around." Resident #1 was asked if there was a specific place they were going and they stated, "No." Resident #1 was asked how they returned to the assisted living facility and they stated, "I don't remember."

On 06/04/25 at 11:24 a.m., the independent living concierge was asked how they were alerted Resident #1 was off the property. They stated, "One of the independent living resident's family members stated they saw somebody on the street and called 911." The concierge was asked where Resident #1 was found and they stated, "Across Britton Road (two lanes of traffic) and two or so blocks down from the facility." The concierge stated they got into their car and drove from the independent living to the resident's location. The concierge was asked what the mentation was of Resident #1 when they arrived. The concierge stated, "[Resident #1] said they didn't know how they got there, but was aware they shouldn't have left the building." The concierge was asked what time they were alerted Resident #1 was off property and they stated, "About 5:45 p.m."

On 06/04/25 at 1:44 p.m., Resident #1's power of attorney was asked about Resident #1's elopement on 06/04/25. They stated, "I just truly think it had to do with missing their medication

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	AL5522	A. BUILDING: _____ B. WING _____	C 06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C1931	Continued From page 3 twice."	C1931		

OKLAHOMA
State Department
of Health

Delivery via email to: rcd@saintannretirementcenter.com

June 17, 2025

License Number: AL5522

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

Survey Event ID: 8VH411

Dear Ms. Clark:

On **June 4, 2025,** 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 **June 16, 2025**.

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: 6/16/2025** **Facility Name:** Saint Ann Assisted Living (Saint Ann Retirement Center) **License Number:** AL5522 **Survey Event ID:** 8VH411 **Date Survey Completed: 6/4/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1931	Based on: record review and interview, the center failed to ensure medication was administered per physician orders for 1 (#1) of 3 residents sampled for medication administration errors.

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?	Disciplinary corrective action and additional training was scheduled but the employee who made the med error did not return to her job (voluntarily resigned). A plan for the facility's corrective action to ensure medications are administered per physician orders is outline below and includes: *June 12, 2025 staff inservice discussion on related medication administration procedures. *Observation of at least one of each medication administration team member's pass to check for accuracy and procedure compliance. *MAR monitoring by the DON. *Additional MAR scanning by staff. *Staff training about legal implications of charting. *Quality Assurance review of this Plan of Correction's findings. *On-going Quality Assurance review of any medication administration errors to address concerns, identify issues, and prevent errors.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents who receive medication from Saint Ann staff have the potential to be affected.
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?	June 12, 2025 staff inservice discussion on related medication administration procedures. *All CMA / MAT will abide by the procedure to recheck every resident's MAR at the end of their shift to ensure that all medication ordered was administered and documented as ordered. If a medication was not given for any reason, the cause is to be noted on the back of the MAR.

	*As medication is administered during a shift, the CMA / MAT will scan the MAR for any previous possible medication errors. *The DON will observe at least one of each CMA / MAT medication administration pass to check for accuracy and procedure compliance. *The DON will provide staff training about legal implications of charting. *Quality Assurance review of this Plan of Correction's findings. *On-going Quality Assurance review of any medication administration errors to address concerns, identify issues, and prevent errors.
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.	Beginning June 16, 2025 the DON will monitor the MAR on a daily basis for 2 weeks (weekends will be checked on Monday). If no medication errors are found during the 2 weeks, the checks will be reduced to once a week for 2 weeks. If medication errors are found during these 4 weeks, the weekly check will continue until there is a week without any errors. The corrections will be evaluated for effectiveness by MAR review as outlined above. Findings from the MAR reviews will be discussed and addressed at Quality Assurance meetings. There will be on-going QA reviews of any medication administration errors to address concerns, identify issues, and prevent errors. The following items will be kept to evidence the correction: (1) Spreadsheet documenting the MAR reviews. (2) Med pass observation documentation for each applicable team member. (3) Staff training about the legal implications of charting. (4) Minutes of Quality Assurance meetings. (5) June 12, 2025 staff inservice notes.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	7/31/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Joyce A. Clark** OAC 310:663-25-4(F)	**Date 6/16/2025**

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

REPLACEMENT/CORRECTION NOTICE

Delivery via email to: rcd@saintannretirementcenter.com

June 20, 2025

License Number: AL5522

Mr. Joyce Clark, Administrator
Saint Ann Assisted Living
7501 West Britton Road
Oklahoma City, OK 73132

Survey Event ID: 8VH411

This letter replaces and corrects the letter from the Department dated **June 17, 2025**

Dear Mr. Clark:

On **June 4, 2025,** 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 **July 31, 2025**.

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

FINAL DETERMINATION
USPS Tracking # 7021 2720 0002 0354 1860

September 2, 2025

License Number: AL5522

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

Survey Event ID: 8VH412

Dear Ms. Clark:

A revisit conducted **August 21, 2025**, revealed that your facility corrected deficiencies effective **June 16, 2025**.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5522	A. BUILDING: _____ B. WING _____	R-C 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANN ASSISTED LIVING	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 revisit was conducted on 08/21/25. All deficiencies from the 06/04/25 survey were cleared. Facility Census: 33	{C 000}		

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