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

RE: Survey Event ID: 3JXY11

Dear Ms. Clark:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **May 28, 2025.** 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.

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.**
Provider #: **AL 5522**
Complaint #: **OK00082444**
Investigation Date: **05/28/25**

ALLEGATION(S)		
enter text		
1. The facility failed to provide adequate supervision to prevent elopements.		

An unannounced on-site investigation was initiated 05/28/2025 at 10:30 a.m.

A sample of six 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 abuse and neglect concerns. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, grievances, and policies. Residents and staff were asked questions regarding abuse and abuse training.

The attached State form, Statement of Deficiencies, will identify if any deficiencies were cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 05/28/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Saint Ann Assisted Living**
Address: **7501 W Britton Rd**
City, State, Zip: **OKC, OK.**
Provider #: **AL 5522**
Complaint #: **OK00082518**
Investigation Date: **05/28/25**

ALLEGATION(S)		
enter text		
1. The facility failed to provide adequate supervision to prevent elopements.		

An unannounced on-site investigation was initiated 05/28/2025 at 10:30 a.m.

A sample of six 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.

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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 05/28/2025

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 relicensure and complaint survey (#OK00082444 and #OK00082518) was conducted on 05/28/25. No deficient practice was cited. Facility Census: 31	C 000		

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