OKLAHOMA
State Department
of Health

Delivery via email to: james.walker@quailridgeassistedliving.com; sarah.martin@quailridgeassistedliving.com

September 27, 2023

License Number: AL5523

Ms. Sarah Bagby-Martin, Administrator
Quail Ridge Senior Living
12401 Trail Oaks Drive
Oklahoma City, OK 73120

Survey Event ID: EZ2P11

Dear Ms. Bagby-Martin:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 19, 2023**. 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.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Drive**
City, State, Zip: **Oklahoma City, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00060200**
Investigation Date(s): **September 18th-19th, 2023**

ALLEGATION

The facility failed to provide baths and showers resulting in residents' having offensive body odors.

An unannounced on-site investigation was initiated 09/18/2023 at 2:15 p.m.

A sample of five residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 were made in common areas throughout the survey for the presence of residents with offensive body odors. The facility bathing policy, Town Hall meeting minutes, and grievances were reviewed. Residents, family members, and staff were interviewed.

The attached Statement of Deficiencies, Form 2567 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: 09/20/2023

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Drive**
City, State, Zip: **Oklahoma City, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00060370**
Investigation Date(s): **September 18th-19th, 2023**

ALLEGATION

The facility failed to ensure clients were not physically, verbally and psychosocially abused.

An unannounced on-site investigation was initiated 09/18/2023 at 2:15 p.m.

A sample of five residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 were made of interactions between staff and residents throughout the survey. The facility abuse policy, Town Hall meeting minutes, and grievances were reviewed. Residents, family members, and staff were interviewed.

The attached Statement of Deficiencies, Form 2567 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: 09/20/2023

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INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Drive**
City, State, Zip: **Oklahoma City, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00060728**
Investigation Date(s): **September 18th-19th, 2023**

ALLEGATION

The facility failed to ensure a clean, safe and homelike environment.

An unannounced on-site investigation was initiated 09/18/2023 at 2:15 p.m.

A sample of five residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 were made in resident apartments and in common areas throughout the survey. Maintenance logs, housekeeping schedules, Town Hall meeting minutes, and grievances were reviewed. Residents, family members, and staff were interviewed.

The attached Statement of Deficiencies, Form 2567 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: 09/20/2023

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INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Drive**
City, State, Zip: **Oklahoma City, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00061101**
Investigation Date(s): **September 18th-19th, 2023**

ALLEGATION

The facility failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 09/18/2023 at 2:15 p.m.

A sample of five residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 were made in resident apartments and in common areas throughout the survey for signs of active infestations. Town Hall meeting minutes, grievances, maintenance logs, and invoices for pest control services were reviewed. Residents, family members, and staff were interviewed.

The attached Statement of Deficiencies, Form 2567 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: 09/20/2023

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
	AL5523	A. BUILDING: _____ B. WING _____	C 09/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUAIL RIDGE SENIOR LIVING	12401 TRAIL OAKS DRIVE 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 Complaint investigations (#OK00060200, OK00060370, OK00060728, and #OK00061101) were conducted on 09/18/23 and 09/19/23. No deficiencies were cited.	C 000		

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