OKLAHOMA
State Department
of Health

Delivery via email to: krista.beucke@quailridgeassistedliving.com

August 1, 2025

License Number: AL5523

Ms. Krista Beucke, Administrator
Quail Ridge Senior Living
12401 Trail Oaks Drive
Oklahoma City, OK 73120

Survey Event ID: 3WE711

Dear Ms. Beucke:

On **July 22, 2025**, representatives from the Oklahoma State Department of Health (OSDH) concluded a Relicensure survey with complaint investigations 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: IDRCoordinator@health.ok.gov

Or mail to: IDR Coordinator
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,

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: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Dr**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00074060**
Investigation Date(s): 07/15/25 – 07/18/25 and 07/21/25 – 07/22/25

ALLEGATION(S)
The facility failed to maintain a clean, homelike environment.

An unannounced on-site investigation was initiated 07/15/2025 at 10:15 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:

An investigation related to pest control, trash collection, and removal were conducted.

At the time of the survey, no trash was observed being collected at the end of the resident hallways. No gnats or flies were observed throughout the center.

At the time of the survey, no resident complained about gnats, flies, or trash.

At the time of the survey, staff stated they hadn't seen any gnats or flies, but someone sprays. They stated staff take trash out of the residents rooms and it is placed in the large garbage bin in the stairwell which maintenance takes out twice a day.

At the time of the survey, no deficiencies were cited in relation pest control or clean, homelike environment.

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: 07/28/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Dr**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00076708**
Investigation Date(s): 07/15/25 – 07/18/25 and 07/21/25 – 07/22/25

ALLEGATION(S)
The center failed to implement an effective infection control program.
The center failed to ensure a clean, homelike environment, free from lingering odors.

An unannounced on-site investigation was initiated 07/15/2025 at 10:15 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:

An investigation related to infection control, resident cleanliness, and lingering odors were conducted.

At the time of the survey, there were no lingering odors throughout the center, no residents with odors, and no flu like symptoms or smells (stomach virus, vomit, diarrhea, urine or feces) throughout the center.

At the time of the survey, no residents complained about odors throughout the center, or about residents with odors, nor residents or staff with flu-like symptoms throughout the center.

At the time of the survey, staff stated they helped housekeeping with laundry and stripping beds if/when visibly soiled.

At the time of the survey, housekeeping staff stated they wash bedding, linens, and washcloths and towels.

At the time of the survey, there was no deficient practice related to infection control or a clean, homelike environment.

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

OKLAHOMA
State Department
of Health

Long Term Care Service

Date report completed: Click to Enter a Date

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Dr**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00078022**
Investigation Date(s): 07/15/25 – 07/18/25 and 07/21/25 – 07/22/25

ALLEGATION(S)
The center failed to provide a clean, safe and sanitary environment.
The center failed to ensure food served to residents was not exposed to animal contact.
The facility failed to provide a safe environment.
The center failed to protect residents from neglect.
The center failed to have adequate staffing to meet residents' needs.
The center failed to have adequate, qualified, and competent staff.

An unannounced on-site investigation was initiated 07/15/2025 at 10:15 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:

An investigation related to cleanliness of resident apartments, walkways, animal contact with resident food, main lobby access, incontinent care, call lights, resident care, incident reports, nutrition, staffing, assistance, laundry, housekeeping, and staff training were conducted.

At the time of the survey, no human or animal urine, feces or vomit, no soiled washcloths or towels, no overflow of animal litter with feces or urine were observed inside resident apartments on their floors, beds, or toilets. No strong odors of urine, feces, or vomit were present throughout the facility, at the time of the survey.

At the time of the survey, no animals were observed in the kitchen or dining room, exit doors were observed operational and functioning, staff were observed providing assistance to residents and answering call lights.

At the time of the survey, residents were observed to be clean and well groomed.

At the time of the survey, staffing and staff in-services with competencies were reviewed.

At the time of the survey, no residents complained about apartments with human and animal urine, feces, vomit, soiled washcloths or towels, animal litter boxes overflowing with feces or urine, strong odors of urine or feces, food exposed to or contaminated by animals, access to or exit from the main lobby, housekeeping, staff or staff

not answering their call lights or not willing to provide assistance.

At the time of the survey, staff stated they tried to keep residents' rooms neat and tidy. They stated housekeeping cleans apartments, common areas and provided laundry services. They helped housekeeping with laundry, at times and strip beds if visibly soiled.

At the time of the survey, staff stated animals were not allowed in the kitchen or dining area. They stated maintenance ensured access and exit to the main lobby. They stated residents were checked at least every two hours, if not more. They stated call lights were answered, hygiene provided, meals and snacks were offered throughout the day.

At the time of the survey, staff stated there were enough staff to provide residents with care. They stated they were also provided in-services/training.

At the time of the survey, there was no deficient practice related to clean or sanitary environment, dietary services, quality of care/treatment, nursing services, staffing or trained staff

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: 07/28/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Dr**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00083249**
Investigation Date(s): 07/15/25 – 07/18/25 and 07/21/25 – 07/22/25

ALLEGATION(S)
The center failed to provide a clean, safe, sanitary and homelike environment.
The center failed to ensure protection from residents left wet for extended periods of time.

An unannounced on-site investigation was initiated 07/15/2025 at 10:15 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:

At the time of the survey, no human or animal urine, feces, or vomit, no overflow of animal litter with feces or urine were observed inside resident apartments on their floors, beds, or toilets. No strong odors of urine, feces, or vomit were present throughout the facility, at the time of the survey.

At the time of the survey, staff were observed providing assistance to residents and answering call lights.

At the time of the survey, no residents complained of human or animal urine, feces, or vomit, no overflow of animal litter with feces or urine inside resident apartments on their floors, beds, or toilets, or of strong odors of urine, feces, or vomit throughout the facility.

At the time of the survey, no residents complained about staff, or staff not answering their call lights, or staff not providing incontinent care.

At the time of the survey, staff stated they tried to keep residents' rooms neat and tidy. They stated housekeeping cleaned apartments, common areas and provided laundry services. They stated residents were checked at least every two hours, if not more, to provide incontinent care.

At the time of the survey, there was no deficient practice cited related clean, sanitary, homelike environment or nursing services.

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: Click to Enter a Date

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Dr**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00084548**
Investigation Date(s): 07/15/25 – 07/18/25 and 07/21/25 – 07/22/25

ALLEGATION(S)
The center failed to ensure residents did not elope.

An unannounced on-site investigation was initiated 07/15/2025 at 10:15 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:

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: 07/28/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Dr**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00084778**
Investigation Date(s): 07/15/25 – 07/18/25 and 07/21/25 – 07/22/25

ALLEGATION(S)
The center failed to implement an effective pest control program.
The facility failed to maintain a clean, homelike environment.

An unannounced on-site investigation was initiated 07/15/2025 at 10:15 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:

An investigation related to bed bugs, common bathrooms, and exit doors was conducted.

At the time of the survey, observations were made in rooms located side by side and across the hall from each other. No bed bugs were observed in any of the locations. All common bathrooms were in working condition, at the time of the survey. No locks were observed on exit doors, at the time of the survey.

At the time of the survey, no residents complained about bed bugs, the common bathroom, or exit doors.

At the time of the survey, staff including housekeeping and maintenance stated bed bugs had been treated effectively. Staff stated maintenance completed workorders. They stated bathrooms and exit doors were maintained and in working conditions.

At the time of the survey, no deficient practice was cited in relation to pest control or clean, homelike environment.

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: 07/28/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Quail Ridge Senior Living**
Address: **12401 Trail Oaks Dr**
City, State, Zip: **OKC, OK 73120**
Provider #: **AL5523**
Complaint #: **OK00084808**
Investigation Date(s): 07/15/25 – 07/18/25 and 07/21/25 – 07/22/25

ALLEGATION(S)
The center failed to maintain an effective pest control program.

An unannounced on-site investigation was initiated 07/15/2025 at 10:15 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:

An investigation related to pest control was conducted.

At the time of the survey, observations were made in rooms located side by side and across the hall from each other. No bed bugs were observed in any of the locations.

At the time of the survey, no residents complained about bed bugs.

At the time of the survey, staff including housekeeping and maintenance stated bed bugs had been treated effectively.

At the time of the survey, no deficient practice was cited in relation to their pest control program.

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: 07/28/2025

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 07/22/2025

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 A relicensure survey with complaints (#OK00074060, OK00076708, OK00078022, OK00083249, OK00084548, OK00084778, and #OK00084808) was conducted from 07/15/25 through 07/18/25 and 07/21/25 through 07/22/25. Deficiencies were cited as a result of the survey, Facility Census: 139 Listed below are abbreviations that will be used throughout this document. CNA - certified nurse aide LPN - licensed practical nurse	C 000		
C1304 SS=E	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract. This REQUIREMENT is not met as evidenced by:	C1304		

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 07/22/2025

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
C1304	Continued From page 1 Based on observation, record review, and interview, the center failed to: a. maintain clear exits for 2 of 5 stairwells toured during the survey; and b. ensure comfortable water temperatures for 1 (#8) of 3 sampled residents whose hot water temperatures were sampled. The administrator identified 139 residents resided at the center. Findings: The resident service contract, dated 07/16/18, read in part, "Safe Living Environment The Community will provide a home-like environment and make reasonable efforts to ensure that no physical"..."factors"..."cause, or contribute to, a fall or accident by the Resident." 1. On 07/15/25 at 12:28 p.m., an intital tour was conducted. The North building first floor stairwell across from the entrance where the concierge was located included four wheelchairs, a dolly, a shopping cart, and two flat beds with wheels causing an obstruction to the stairwell exit door. The South building first floor Southeast stairwell included a wheelchair, a shower chair, three empty boxes, a small empty trash bin, two big lined trash bins, and a broom causing an obstruction to the the stairwell exit door. On 07/16/25 at 1:27 p.m., the administrator toured the North building, first floor stairwell across from the entrance where the concierge was located. The administrator stated doors with exit signs above them should have a clear pathway.	C1304		

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 07/22/2025

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
C1304	Continued From page 2 On 07/16/25 at 1:32 p.m., the administrator toured the South building first floor Southeast stairwell. The administrator stated the pathway to the stairwell exit door should be clear. 2. On 07/15/25 at 4:18 p.m., the maintenance director was observed turning on the hot water facet at Resident #8's kitchen sink. On 07/15/25 at 4:20 p.m., the maintenance director was observed turning on the hot water facet at Resident #8's bathroom sink. A comprehensive assessment, dated 03/13/25, showed Resident #8 was alert with good judgement. On 07/15/25 at 4:25 p.m., Resident #8 stated the water at the sinks (in the kitchen and bathroom) did not get warm. On 07/15/25 at 4:28 p.m., the maintenance director stated the hot water temperatures at Resident #8's kitchen sink and bathroom sink were only 82.3 degrees Fahrenheit. They stated the hot water temperatures should be at least 114 degrees Fahrenheit.	C1304		
C1512 SS=G	310:663-15-1 & 63 OS 1-1918(B)(12) RESIDENT RIGHTS - Abuse/Neglect Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(12) (12) Every resident shall be free from mental and	C1512		

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 07/22/2025

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
C1512	Continued From page 3 physical abuse and neglect, as such terms are defined in Section 10-103 of Title 43A of the Oklahoma Statues, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms, except those restraints authorized in writing by a physician for a specified period of time or as are necessitated by an emergency where the restraint may only be applied by a physician, qualified licensed nurse or other personnel under the supervision of the physician who shall set forth in writing the circumstances requiring the use of restraint. Use of a chemical or physical restraint shall require the consultation of a physician within twenty-four (24) hours of such emergency; Title 43A O.S. 10-103. Definitions 8. "Abuse" means causing or permitting: a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, or mental anguish, or b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult; 10. "Neglect" means: a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest, b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable	C1512		

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 07/22/2025

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
C1512	Continued From page 4 adult through the action, inaction, or lack of supervision by a caretaker providing direct services; This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the center failed to provide supervision to prevent elopement for 1 (#1) of 3 sampled residents who were reviewed for risk of elopement. The administrator identified 139 residents at the center. Findings: On 07/17/25 at 3:25 p.m., Resident #1 was observed with their left arm splint intact. An undated facility neglect policy, read in part, "The failure by the"..."home, its staff"..."to provide services to a resident to avoid physical harm, pain, mental anguish, or emotional distress"..."Example: residents who wander away from the facility." Resident #1's service agreement, dated 03/26/25, showed the facility memory care was designed to serve those with Alzheimer's disease or a related dementia. The agreement showed supervision was provided for safety due to cognitive impairment.	C1512		

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 07/22/2025

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
C1512	Continued From page 5 A comprehensive assessment, dated 03/31/25, showed Resident #1 had a diagnosis of dementia. The assessment showed the resident was alert and confused with poor judgement. The assessment showed the resident was an one person assist bathing, transferring, dressing, and toileting. The assessment showed the resident was ambulatory via wheelchair without assistance. An incident report, dated 07/07/25, showed Resident #1 exited the memory care through a side door unattended into the parking lot. The report showed Resident #1 fell from their wheelchair onto the pavement and had injuries to their face. The report showed the nurse at the hospital reported Resident #1 had superficial lacerations to the left side of their face, their top denture was broken, and the x-ray showed closed a fracture of the left radius and ulna. The report showed the Resident #1 returned from hospital with splint to left arm. Follow up with the orthopedic surgery clinic in two weeks. A hospital record, dated 07/07/25, showed Resident #1 had a closed fracture of the distal ends of left radius and ulna, fall, and closed fracture of nasal bone. The record showed Resident #1 was to wear the wrist brace for two weeks and follow up with the orthopedic surgery clinic. On 07/17/25 at 3:26 p.m., Resident #1 stated, "I'm not leaving." "I'll be here another year." "I came late in September." "I haven't played (bingo) in twenty years." On 07/21/25 at 1:15 p.m., CNA #2 stated a few residents wandered. They stated they did head	C1512		

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 07/22/2025

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
C1512	Continued From page 6 counts, bed checks, and participated in elopement drills. On 07/21/25 at 1:33 p.m., CNA #3 stated Resident #1 had eloped and fell. CNA #3 stated the side door was not working (the alarm system). CNA #3 stated the resident was outside in the parking lot and staff alerted other staff of the situation. On 07/21/25 at 1:46 p.m., LPN #1 stated they knew if a resident was an elopement risk if the resident tried to exit seek. On 07/21/25 at 3:07 p.m., the administrator stated Resident #1 had eloped and they wandered. They stated the resident went out the side door. The administrator stated the memory care door failed to lock and alarm appropriately. They stated it malfunctioned. The administrator stated when the security company came out they stated it could have been caused by an electrical surge.	C1512		

OKLAHOMA
State Department of Health

Delivery via email to: krista.beucke@quailridgeassistedliving.com

August 6, 2025

License Number: AL5523

Ms. Krista Beucke, Administrator
Quail Ridge Senior Living
12401 Trail Oaks Drive
Oklahoma City, OK 73120

Survey Event ID: 3WE711

Dear Ms. Beucke:

On **July 22, 2025,** a Relicensure inspection with 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 in a timely manner. **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 **August 22, 2025.**

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office 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 Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 8/5/2013** **Facility Name:** Quail Ridge Senior Living **License Number:** AL5523 **Survey Event ID:** 3WE711 **Date Survey Completed: 7/22/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1304	Based on: A). Maintain clear exits for 2 of 5 stairwells. B) Ensure comfortable water temperatures for 1 (#8) of 3 sampled residents whose hot water temperatures were sampled.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Responses to the cited deficiencies do not constitute an admission or agreement by Quail Ridge Senior Living of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with State and/or Federal law.

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?	A. No specific resident was named in deficiency. B. Maintenance Director or assigned Maintenance designee will audit resident #8 water temperature on a weekly basis.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	A. All Residents living in Assisted Living have the ability to be affected by the stairwell exits not being cleared. B. All Residents living in the North building of Assisted Living have the ability to be affected by water temperature not being within standard guidelines.
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?	A. Maintenance Director will ensure weekly that each stairwell exit is cleared. All staff will be inserviced on the importance of leaving exits clear. B. Maintenance Director will ensure weekly that hot water temperatures meet standard guideline. Maintenance staff will be inserviced on water temperatures.
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.	A. a) Maintenance Director will round and audit stairwells weekly to ensure exits are cleared. b) Results of audits will be presented at Quarterly QA for review and further recommendation. c) Audits will be completed for 3 months weekly and then monthly thereafter. B. a) Maintenance Director will audit water temperatures weekly to ensure that temperatures are within the standard guidelines. b) Results of audits will be presented at Quarterly QA for review and further recommendation. c) Weekly audits will be ongoing. See above See above.

OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?	8/22/2025		
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required. Kristi Pearce	**Date** Enter a date of signature.	8/4/2025
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 Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 8/5/2013** **Facility Name:** Quail Ridge Senior Living **License Number:** AL5523 **Survey Event ID:** 3WE711 **Date Survey Completed: 7/22/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1512	Based on: On observation, record review, and interview, the center failed to provide supervision to prevent elopement for 1 (#1) of 3 sampled residents who were reviewed for risk of elopement.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Responses to the cited deficiencies do not constitute an admission or agreement by Quail Ridge Senior Living of the truth of the facts set forth in the statement of Deficiencies. The Plan of Correction is prepared soley as a matter of compliance with State and/or Federal Law.

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?	Resident #1 will be monitored frequently through visual checks done by Health and Wellness Staff for one month.
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 with a diagnosis of dementia or history of elopements 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?	All managers responsible for training and/or overseeing direct care staff have been in-servied on elopement policy. All direct care staff will be in-serviced on elopement policy. Security Options inspected doors to ensure that they were functioning properly. Superior Fencing installed a 4ft fence with gate and child safety latches at both the south exit and west exit.
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.	a.) Daily audits will be conducted by the Maintanence Director/Designee to monitored the alarmed exit doors. b.) Progress and findings will be monitored by the QA committee to ensure continued effectiveness. c.) Audits will be brought to the QA committee and filed in the QA binder and the POC binder as evidence of the correction. Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/22/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required.	**Date 8/4/2025**
OAC 310:663-25-4(F)	

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

FINAL DETERMINATION NOTICE

USPS Tracking #9589 0710 5270 2318 8424 78

Delivery via email to: krista.beucke@quailridgeassistedliving.com

October 6, 2025

License Number: AL5523
Survey Event ID: 3WE712

Ms. Krista Beucke, Administrator
Quail Ridge Senior Living
12401 Trail Oaks Drive
Oklahoma City, OK 73120

Dear Ms. Beucke:

A revisit conducted **September 22, 2025**, revealed that your facility corrected deficiencies effective **August 11, 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,

Tempal Killman

Tempal Killman, 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
	AL5523	A. BUILDING: _____ B. WING _____	R-C 09/22/2025

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 A revisit was conducted on 09/22/25. All deficiencies from the 07/22/25 survey were cleared.	{C 000}		

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