OKLAHOMA
State Department of Health

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

October 6, 2025

License Number: AL5523
Survey Event ID: 4RN811

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

Dear Ms. Beucke:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 22, 2025**. 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.

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 Drive
City, State, Zip: OKC, OK 73120
Provider #: AL5523
Complaint #: OK00085473
Investigation Date(s): 09/22/25

ALLEGATION(S)
The center failed to ensure adequate staff to meet the needs of the residents
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 09/22/2025 at 8:00 a.m.

A sample of 6 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 staff to resident ratio and staff response time were made. Records of employee time entries, schedules, and resident health charts were reviewed. Interviews with residents, staff, and families were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations.

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: 09/22/2025

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 #: OK00086045
Investigation Date(s): 09/22/25

ALLEGATION(S)
The facility failed to ensure medications were administered according to the physician orders
The facility failed to ensure residents were not above the level of care required
The facility failed to ensure residents were assisted with meals
The facility failed to ensure care was provided for dependent residents
The facility failed to ensure adequate supervision to prevent an elopement

An unannounced on-site investigation was initiated 09/22/2025 at 8:00 a.m.

A sample of 6 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 meal times, residents, staff, and ADL care were made. Records of physician orders, resident service plans, resident contracts, resident assessments, physician progress notes, medication administration time logs, and center policies were reviewed. Interviews with residents, staff, and families were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations.

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: 09/22/2025

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INVESTIGATIVE REPORT

Facility: Quail Ridge Senior Living
Address: 12401 Trail Oaks Dr
City, State, Zip: OKC, OK 73120
Provider #: AL5523
Complaint #: OK00085957
Investigation Date(s): 09/22/25

ALLEGATION(S)
The center failed to provide adequate assistance and supervision to prevent accidents with major injury
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 09/22/2025 at 8:00 a.m.

A sample of 6 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 staff and residents were made. Records of resident health charts and center policies were reviewed. Interviews with residents, staff, and families were conducted. Based on observation, interview, and record review, the center is in compliance with state regulations.

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: 09/22/2025

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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 09/22/2025

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 Complaint investigations (#OK00085473, OK00012346, OK00085957, and #OK00086045) were conducted on 09/22/25. No deficiencies were cited. Facility Census: 151	C 000		

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