OKLAHOMA
State Department of Health

Delivery via email to: Danny Eischen <deischen@concordiaseniorliving.com>; kstephenson@concordiaseniorliving.com; rsuarez@concordiaseniorliving.com

October 15, 2025

License Number: AL5529

Mr. Danny Eischen, Administrator
The Health Center At Concordia
7707 West Britton Road
Oklahoma City, OK 73132

RE: Survey Event ID: LVUY11

Dear Mr. Eischen:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **October 8, 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Health Center at Concordia**
Address: **7707 W. Britton Rd**
City, State, Zip: **Oklahoma City, OK, 73132**
Provider #: **AL5529**
Complaint #: **OK00083276**
Investigation Date(s): **10/06/25 through 10/08/25**

ALLEGATION(S)
The facility failed to ensure dietary staff were qualified to safely hand food.

An unannounced on-site investigation was initiated 10/06/2025 at 11:00 a.m.

A sample of 10 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:

Tours of the facility were conducted upon entry and throughout the survey. Resident hallways were observed for staff assistance with resident care needs, dietary services, and infection control practices. Residents were observed eating meals in the dining areas and in their rooms. The kitchen was observed for food storage and sanitation practices. Dietary staff were observed for meal preparation, serving, and infection control standards.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, medication and treatment records, activities of daily living records, and nutrition notes. Facility policy and procedures were reviewed. Facility incident reports, grievances, and resident council minutes were reviewed. Employee files were reviewed including food handlers' certifications.

Residents were interviewed related to their satisfaction with the care they received, including dietary services. Staff were interviewed related to dietary services and infection control practices.

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: 10/13/2025

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **The Health Center at Concordia**
Address: **7707 W. Britton Rd**
City, State, Zip: **Oklahoma City, OK, 73132**
Provider #: **AL5529**
Complaint #: **OK00083317**
Investigation Date(s): **10/06/25 through 10/08/25**

ALLEGATION(S)
The facility failed to ensure residents were treated with dignity and respect during medication administration.
The center failed to ensure staff followed medication administration policies and procedures.

An unannounced on-site investigation was initiated 10/06/2025 at 11:00 a.m.

A sample of 10 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:

Tours of the facility were conducted upon entry and throughout the survey. Resident hallways were observed for staff assistance with resident care needs including medication administration. Staff were observed answering call lights in a timely manner and assisting residents with activities of daily living. Staff were observed administering medications. Medications carts were observed for safety and security.

Resident medical records were reviewed including physician orders, medication administration records, progress notes, care plans, assessments, and activity of daily living records. Policies and procedures were reviewed. Resident council minutes were reviewed. Employee files were reviewed. State reported incidents were reviewed.

Residents were interviewed regarding their medications and satisfaction with the care they received. Staff were interviewed regarding medication administration procedures and resident care needs.

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: 10/13/2025

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INVESTIGATIVE REPORT

Facility: **The Health Center at Concordia**
Address: **7707 W. Britton Rd**
City, State, Zip: **Oklahoma City, OK, 73132**
Provider #: **AL5529**
Complaint #: **OK00086628**
Investigation Date(s): **10/06/25 through 10/08/25**

ALLEGATION(S)
The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 10/06/2025 at 11:00 a.m.

A sample of 10 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:

Tours of the facility were conducted upon entry and throughout the survey. Resident hallways were observed for staff assistance with resident care needs and the supervision and safety of residents. Staff were observed answering call lights in a timely manner and assisting residents. Residents were observed interacting with staff and other residents.

Resident medical records were reviewed including physician orders, medication administration records, progress notes, care plans, and assessments. Policy and procedures regarding abuse detection and prevention were reviewed. Incident reports, including state reportable incidents were reviewed. Employee files were reviewed. In-services and training records related to abuse prevention were reviewed.

Residents were interviewed regarding their safety and the care they received. The residents who were interviewed reported they felt safe from abuse in the facility. Staff were interviewed regarding abuse prevention and abuse detection procedures.

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: 10/13/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5529	A. BUILDING: _____ B. WING _____	C 10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEALTH CENTER AT CONCORDIA	7707 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 survey with complaints (#OK00083276, OK00083317, and #OK00086628) was conducted from 10/06/25 through 10/08/25. No deficiencies were cited. Facility Census: 51	C 000		

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