OKLAHOMA
State Department of Health

Delivery via email to: violet.mast@jasmineestatesokc.com

July 8, 2025

License Number: AL5543

Ms. Violet Mast, Administrator
Jasmine Estates Of Oklahoma City
2232 Southwest 104th Street
Oklahoma City, OK 73159

RE: Survey Event ID: MS1B11

Dear Ms. Mast:

Enclosed is a report of the inspection with complaint investigations conducted at your Assisted Living Center on **July 2, 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: **Jasmine Estates of OKC**
Address: **2232 SW 104th Street**
City, State, Zip: **Oklahoma City, OK, 73159**
Provider #: **AL5543**
Complaint #: **OK00083664**
Investigation Date(s): **07-01-2025 through 07-02-2025**

ALLEGATION(S)
The facility failed to have/maintain an effective infection control plan.
The facility failed to ensure residents received their pain medications in a timely manner.

An unannounced on-site investigation was initiated 07/01/2025 at 9:30am

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: Through observation, interview and record review no deficiencies were identified.

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: 07/02/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Jasmine Estates of OKC
Address: **2232 SW 104th Street**
City, State, Zip: **Oklahoma City, OK, 73159**
Provider #: **AL5543**
Complaint #: **OK00084037**
Investigation Date(s): **07-01-2025 through 07-02-2025**

ALLEGATION(S)
The facility failed to provide adequate supervision to prevent elopement.

An unannounced on-site investigation was initiated 07/01/2025 at 9:30 am

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 85-year-old male resident, recently admitted on 6/25/25 left the facility at approximately 9:00 am through another residents bedroom window. The resident was witnessed eating breakfast and then rather than returning to his room he went to another residents room. Once in room number 139 he removed the window screen and squeezed through the restricted opening. He landed unharmed on a pillow and blanket he threw out of the window prior to exiting himself. The resident walked to a nearby business, approximately a block away, where a family friend was employed. The resident frequently visited the family friend prior to moving to the facility. The family friend phoned the facility, and the resident was returned to the facility without sustaining harm. The maintenance department lowered the window frame locks for all of windows in the facility to prevent any resident from eloping through the window again. The Administrator notified all parties within the required timeframes

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: 07/02/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5543	A. BUILDING: _____ B. WING _____	C 07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF OKLAHOMA CITY	2232 SOUTHWEST 104TH STREET OKLAHOMA CITY, OK 73159

(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 (#OK00084037 and #OK00083664) was conducted from 07/01/25 through 07/02/25. No deficiencies were cited. Facility Census: 44	C 000		

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