OKLAHOMA
State Department
of Health

Delivery via email to: Tara.Chill@renlivingpc.com

October 28, 2025

License Number: AL6002

Ms. Tara Chill, Executive Director
The Renaissance Of Stillwater-Assisted Living
1400 East McElroy
Stillwater, OK 74075

RE: Survey Event ID: EBOT11

Dear Ms. Chill:

On **October 9, 2025**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **October 9, 2025**.

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 (attached). 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 and monitoring will be completed for each violation;
(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:

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6002	A. BUILDING: _____ B. WING _____	10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RENAISSANCE OF STILLWATER-ASSISTED LIVI	1400 EAST MCELROY STILLWATER, OK 74075

(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 was conducted from 10/08/25 through 10/09/25. Deficienices were cited as a result of the survey. Facility Census: 38	C 000		
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the center failed to ensure the following for 2 of 2 observations: a. open food items were labeled with the open/use by date, b. food products were stored in sealed containers, and c. leftover food items were disposed of per facility policy. The executive director identified 38 residents received nutrition from the kitchen. Findings: On 10/08/25 at 8:54 a.m., the following food items were observed in the stainless steel refrigerator located by the door in the kitchen: a. a half empty plastic container with a type of salad dressing, did not contain a label or an	C 391		

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C 391	Continued From page 1	C 391		

open/use by date,

b. an opened one gallon container of barbeque sauce did not show an open/use by date,

c. an opened 14 oz. cold foam cream in the original container did not show an open/use by date,

d. four opened, 12 ounce containers, of yellow mustard in the original containers did not show an open/use by date,

e. two opened, 19 ounce containers of dessert topping in the original container, did not show an open/use by date,

f. an opened half full bottle of larger maraschino cherries, in the original container, did not show an open/use by date, and

g. two opened cartons of one-pound strawberries in the original container did not show an open/use by date. There was a white mold type substance observed on the strawberries in both containers.

On 10/08/25 at 8:54 a.m., the following observations were made in the dry storage area:

a. a half empty bottle of Tabasco sauce in original container, did not show an open/use by date,

b. an opened one 24-ounce bottle of chocolate syrup in original container, did not show an open/use by date, and

c. an opened one 22-ounce caramel flavored syrup in the original container, did not show an open/use by date.

On 10/08/25 at 8:54 a.m., the following observations were made on the shelving by the stove in the kitchen:

a. two 42 ounce, half empty, quick one minute Quaker oats did not show an open/use by date,

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RENAISSANCE OF STILLWATER-ASSISTED LIVI	1400 EAST MCELROY STILLWATER, OK 74075

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C 391	Continued From page 2 b. one opened plastic container of dry cereal, dated 04/2025, did not contain a label or show an open/use by date, and c. a opened one gallon, half empty, blended 90% canola and 10% extra virgin olive oil, did not show an open/use by date. On 10/08/25 at 9:05 a.m., the following observation was made on the cabinet by the stove in the kitchen: a. an unsealed container with an opened bag of oats and raisin mixture, was not labeled and did not show an open/use by date. A policy titled "Food Flow: Cold Storage," dated 03/2023, read in part, "all open items are correctly labeled and dated." A policy titled "Food Flow: Dry Storage," dated 03/2023, read in part, "all opened products are sealed, correctly labeled and dated." A policy titled "Food Flow: Leftovers," dated 05/2023, read in part, "leftover products must be covered, correctly labeled and have a date and use by date." On 10/08/25 at 9:03 a.m., cook #1 was shown the two containers of strawberries. Cook #1 stated they need to pull the strawberries since they were covered in mold. On 10/09/25 at 12:45 p.m., the dietary manager was asked about the process for labeling and dating food items. The dietary manager stated they date all items when they come in on the truck. The dietary manager stated they were not sure about use by dates. On 10/09/25 at 2:28 p.m., the executive director	C 391		

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THE RENAISSANCE OF STILLWATER-ASSISTED LIVI	1400 EAST MCELROY STILLWATER, OK 74075

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C 391	Continued From page 3 was asked about the storage of leftover foods. The executive director stated they needed to be discarded in 72 hours, labeled, dated and named. The executive director stated the dietary staff were new and needed more training regarding labeling and dating.	C 391		

OKLAHOMA
State Department of Health

Delivery via email to: Tara.Chill@renlivingpc.com

November 13, 2025

License Number: AL6002

Ms. Tara Chill, Administrator
The Renaissance of Stillwater-Assisted Living
1400 East McElroy
Stillwater, OK 74075

RE: Survey Event EBOT11

Dear Ms. Chill:

On **October 9, 2025**, a Licensure inspection was conducted at your Assisted Living Center facility. 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 during that survey will be corrected and you will be in substantial compliance by **December 15, 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: 11/11/2025** **Facility Name:** The Renaissance of Stillwater- Assisted Living **License Number:** AL6002 **Survey Event ID:** EBOT11 **Date Survey Completed: 10/9/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391	Based on: observation, record review and interview, the center failed to ensure the following for 2 of 2 observations: a. open food items were labeled with the open/use by date, b. food products were stored in sealed containers, and c. leftover food items were disposed of per facility policy.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

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?	Culinary team in-serviced on Chapter 257 regulations and company policies for left overs and food storage policies, including open/use by date labels
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents residing in community have the potential to be affected by deficient practice. To date, no resident has experienced a negative outcome pertaining to the listed findings.
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?	Audit will be performed daily x2 weeks, and randomly afterwards to ensure open food itms are labeled with open/use by date, food products are stored in sealed containters, and leftover food items are disposed of per facility policy.
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.	Director of Culinary Services and/or ED will be responsible for sustained compliance. ED and/or designee will maintain monitoring records. Tracking and trending will be reported and reviewed during QA Meeting. Monitoring records will be in POC Binder and maintained by Executive Director to maintain compliance.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	12/15/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Tara R. Chill** OAC 310:663-25-4(F)	**Date 11/11/2025**

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

Delivery via email to: Tara.Chill@renlivingpc.com

December 26, 2025

License Number: AL6002

Ms. Tara Chill, Executive Director
The Renaissance Of Stillwater-Assisted Living
1400 East McElroy
Stillwater, OK 74075

RE: Survey Event EBOT12

Dear Ms. Chill:

On **December 23, 2025,** an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **October 9, 2025,** have now been corrected effective **December 15, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6002	A. BUILDING: _____ B. WING _____	R 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RENAISSANCE OF STILLWATER-ASSISTED LIVI	1400 EAST MCELROY STILLWATER, OK 74075

(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 An offsite/paper revisit was conducted on 12/23/25. The facility was in substantial compliance.	{C 000}		

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