OKLAHOMA
State Department of Health

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

October 29, 2025

License Number: AL6002

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

Survey Event ID: WKVP11

Dear Ms. Chill:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 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: THE RENAISSANCE OF STILLWATER-ASSISTED LIVING
Address: 1400 EAST MCELROY
City, State, Zip: STILLWATER, OK, 74075
Provider #: AL6002/ALC
Complaint #: OK00087024
Investigation Date: 10/20/25

ALLEGATION(S)
1. The center failed to protect residents from sexual abuse.

An unannounced on-site investigation was initiated 10/21/2025 at 8:30 a.m.

A sample of six participants, including any identified participants, 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, staff members and others as indicated; and review of pertinent written records.

A Summary of Complaint Investigation: A tour of the facility was conducted upon entrance into the center. Residents were observed for abuse and neglect concerns. Staff were observed interacting with residents. While on site residents were interacting appropriately, no one seemed fearful or uncomfortable. Spontaneous interactions with residents were all positive. Records reviewed included: Residents health records, facility reported incidents, and grievances. Residents and staff were asked questions regarding personal safety, relationships with other residents, and 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: 10/22/2025

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 _____	10/22/2025

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 complaint investigation (#OK00087024) was conducted from 10/21/25 through 10/22/25. No deficiencies were cited. Facility Census: 34	C 000		

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