OKLAHOMA
State Department of Health

Delivery via email to: jphillips@theseasonshealthgroup.com

December 1, 2025

License Number: AL6201

Ms. Jeanette Phillips, Executive Director
Kyrie Assisted Living, Llc
801 Stadium Drive
Ada, OK 74820

RE: Survey Event ID: OXPP11

Dear Ms. Phillips:

Enclosed is a report of the Relicensure survey with complaint investigations conducted at your Assisted Living Center on **November 20, 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,

Tempal Killman

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

Enclosure

OKLAHOMA
State Department
of Health

Facility: **Kyrie Assisted Living**
Address: **801 Stadium Drive**
City, State, Zip: **Ada, OK, 74820**
Provider #: **AL6201**
Complaint #: **OK00074009**
Investigation Date(s): **11/18/25 through 11/20/25**

ALLEGATION(S)
The center failed to have adequate staffing to meet the needs of residents.

An unannounced on-site investigation was initiated 11/18/2025 at 11:00 a.m.

A sample of 7 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. Staff were observed administering medications.

Resident medical records were reviewed including physician orders, medication administration records, progress notes, care plans, and assessments. Policies and procedures were reviewed. Incident reports, including state reportable incidents were reviewed. Employee files and staffing schedules were reviewed. In-services and training records were reviewed. Resident council minutes and grievances were reviewed.

Residents were interviewed regarding staffing and satisfaction with the care they received. Staff were interviewed regarding staffing and resident care.

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: 11/26/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Kyrie Assisted Living**
Address: **801 Stadium Drive**
City, State, Zip: **Ada, OK, 74820**
Provider #: **AL6201**
Complaint #: **OK00076241**
Investigation Date(s): **11/18/25 through 11/20/25**

ALLEGATION(S)
The center failed to ensure the resident's legal guardian was involved in care planning for the resident.
The center failed to ensure adequate supervision to promote resident safety.
The center failed to give written notice of involuntary discharge
The center failed to provide paperwork to ensure a safe discharge to another facility.
The facility failed to assess, monitor, and/or intervene in a timely manner when a resident had a change in condition.
The center failed to ensure required assessments were completed and an interview was conducted with the resident's representative.

An unannounced on-site investigation was initiated 11/18/2025 at 11:00 a.m.

A sample of 7 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 the supervision and safety of residents. Staff were observed for the provision of assistance with resident care needs including nursing treatments and activities of daily living. Staff were observed answering call lights in a timely manner. Nursing staff were observed providing resident care and administering medications.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, medication and treatment records, activities of daily living records, and hospital records. Facility policies and procedures, in-services, employee files, facility incident reports, and state incident reports were reviewed. Resident council minutes and grievances were reviewed.

Residents were interviewed regarding their safety and satisfaction with the care they received. Staff were interviewed regarding discharge processes, transport procedures, and the provision of resident care.

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: 11/26/2025

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INVESTIGATIVE REPORT

Facility: **Kyrie Assisted Living**
Address: **801 Stadium Drive**
City, State, Zip: **Ada, OK, 74820**
Provider #: **AL6201**
Complaint #: **OK00080680**
Investigation Date(s): **11/18/25 through 11/20/25**

ALLEGATION(S)
The center failed to maintain a safe, clean, homelike environment to prevent accidents and the infestation of bugs.

An unannounced on-site investigation was initiated 11/18/2025 at 11:00 a.m.

A sample of 7 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 rooms, hallways, and dining areas were observed for the presence of pests and sanitation practices. The exterior of the facility was observed for accident hazards and maintenance practices.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, medication and treatment records, activities of daily living records, and social services notes. Facility policy and procedures were reviewed. Pest control documentation was reviewed.

Residents were interviewed related to their satisfaction with the care they received and the presence of pests. Staff were interviewed regarding pest control, sanitation, and maintenance 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: 11/26/2025

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
	AL6201	A. BUILDING: _____ B. WING _____	C 11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KYRIE ASSISTED LIVING, LLC	801 STADIUM DRIVE ADA, OK 74820

(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 (#OK00074009, OK00076241, and #OK00080680) was conducted from 11/18/25 through 11/20/25. No deficiencies were cited. Facility Census: 32	C 000		

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