OKLAHOMA
State Department of Health

Delivery via email to: westwindmarlow@gmail.com

November 20, 2025

License Number: AL6904

Ms. Jessica Garvin, Administrator
West Wind Assisted Living
111 North 9th Street
Marlow, OK 73055

RE: Survey Event ID: CQEK11

Dear Ms. Garvin:

Enclosed is a report of the Relicensure inspection with complaint investigations conducted at your Assisted Living Center on **November 10, 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

INVESTIGATIVE REPORT

Facility: West Wind Assisted Living
Address: 111 North 9th
City, State, Zip: Marlow, Ok. 73005
Provider #: AL6904
Complaint #: OK00083336
Investigation Date(s): 11/06/25 and 11/10/25

ALLEGATION(S)

The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 11/06/2025 at 9:30 a.m.

A sample of 5 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 Centers for Medicare and Medicaid Services (CMS) 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:

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed during meals, during medication administration, and while participating in activities. Staff members were observed assisting residents and interacting with them in a dignified and respectful manner.

Sampled clinical records were reviewed for agreements, physician orders, care plans, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Employee files were reviewed. Staff in-service trainings were reviewed.

Residents and staff were interviewed regarding abuse.

The attached CMS 2567 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: 11/10/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: West Wind Assisted Living
Address: 111 North 9th
City, State, Zip: Marlow, Ok. 73005
Provider #: AL6904
Complaint #: OK00083252
Investigation Date(s): 11/06/25 and 11/10/25

ALLEGATION(S)

The center failed to ensure residents' representatives had access to telephone communication with the staff to be involved in resident care.

An unannounced on-site investigation was initiated 11/06/2025 at 9:30 a.m.

A sample of 5 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 Centers for Medicare and Medicaid Services (CMS) 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:

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed during meals, during medication administration, and while participating in activities. Staff members were observed assisting residents and interacting with them in a dignified and respectful manner. Telephone usage by the staff and residents was observed.

Sampled clinical records were reviewed for physician orders, care plans, assessments, and hospital records. Incident reports were reviewed. Facility policies and procedures were reviewed. Staff in-service trainings were reviewed. Communication emails regarding telephone service and repairs were reviewed.

Residents and staff were interviewed regarding telephone communication.

The attached CMS 2567 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: 11/10/2025

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
	AL6904	A. BUILDING: _____ B. WING _____	C 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST WIND ASSISTED LIVING	111 NORTH 9TH STREET MARLOW, OK 73055

(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 (#OK00083252 and #OK00083336) was conducted on 11/06/25 and 11/10/25. No deficiencies were cited. Facility Census: 47	C 000		

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