OKLAHOMA
State Department of Health

Delivery via email to: arichards@brookdale.com; twatts@brookdale.com

July 29, 2025

License Number: AL7207

Tyler Watts, Administrator
Brookdale Owasso
12807 East 86th Place North
Owasso, OK 74055

RE: Survey Event ID: DZMD11

Dear Mr. Watts:

Enclosed is a report of the inspection with complaint investigations conducted at your Assisted Living Center on **July 23, 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: Brookdale Senior Living AL
Address: 12807 E 86th Pl N.
City, State, Zip: Owasso, OK, 74055
Provider #: AL7207
Complaint #: OK00063051
Investigation Date(s): 07/21/25

ALLEGATION(S)
The center failed to ensure residents property was not misappropriated.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 07/21/2025 at 9:15 a.m.

A sample of eight 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: For entrance into the facility a doorbell had to be rung outside the door and a staff member answered the door. Staff was seen interacting with residents the facility was clean and the staff was in the process of clearing tables from the residents eating breakfast. The Health Wellness Director greeted me and stated the ED was out for the week on vacation. Upon initial tour of the facility no foul odor was detected throughout the community, all doors to the salon, medication room, maintenance room are locked. The doors on the exit's all have keypads for exit and entry. Observed staff knocking on residents doors before entry was made into them and also observed resident's unlocking their doors.

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: 07/23/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Brookdale Senior Living AL
Address: 12807 E 86th PL N
City, State, Zip: Owasso, OK, 74055
Provider #: AL7207
Complaint #: OK00084727
Investigation Date(s): 07/21/25-07/23/25

ALLEGATION(S)
The center failed to provide adequate supervision to prevent elopements/missing residents.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 07/21/2025 at 9:15 a.m.

A sample of eight 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: : For entrance into the facility a doorbell had to be rung outside the door and a staff member answered the door. Staff was seen interacting with residents the facility was clean and the staff was in the process of clearing tables from the residents eating breakfast. The Health Wellness Director greeted me and stated the ED was out for the week on vacation. Upon initial tour of the facility no foul odor was detected throughout the community, all doors to the salon, medication room, maintenance room are locked. The doors on the exit's all have keypads for exit and entry. Observed staff knocking on residents doors before entry was made into them and also observed resident's unlocking their doors

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: 07/23/2025

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
	AL7207	A. BUILDING: _____ B. WING _____	C 07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE OWASSO	12807 EAST 86TH PLACE NORTH OWASSO, OK 74055

(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 (#OK00063051 and #OK00084727) was conducted from 07/21/25 through 07/23/25. No deficiencies were cited. Facility Census: 37	C 000		

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