OKLAHOMA
State Department of Health

Delivery via email to: crb-ed@12oaks.net

March 27, 2025

License Number: AL7256

Ms. Kari Lazear, Executive Director
Cedar Ridge Senior Living
10107 South Garnett Road
Broken Arrow, OK 74011

Survey Event ID: O52911

Dear Ms. Lazear:

Enclosed is a report of the Relicensure survey with a complaint investigation conducted at your Assisted Living facility on **March 13, 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: **Cedar Ridge Senior Living**
Address: **10107 S. Garnett Road**
City, State, Zip: **Broken Arrow, OK 74011**
Provider #: **7256AL**
Complaint #: **OK00062014**
Investigation Date(s): **03/10/2025-03/13/2025**

ALLEGATION(S)
OSDH received a complaint from Leslie Patterson at 638-6842 that after three attempts the facility failed to provide the POA with medical records.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/10/2025 at 1:50pm

A sample of 3 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: The POA, Leslie Paterson, was interviewed by telephone and had obtained the medical records. A sample of three residents were interviewed and asked if they had requested or had difficulty obtaining medical records. 3 of the 3 residents interviewed stated they have not had difficulty requesting or obtaining medical records.

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: 03/13/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Cedar Ridge Senior Living**
Address: **10107 S. Garnett Road**
City, State, Zip: **Broken Arrow, OK 74011**
Provider #: **7256AL**
Complaint #: **OK00062100**
Investigation Date(s): **03/10/2025-03/13/2025**

ALLEGATION(S)
The resident had diarrhea and incontinence and was not attended to properly according to the family member. According to the family member these actions resulted in infection control issues and an unclean environment.
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/10/2025 at 1:40pm

A sample of 3 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: The resident was no longer in the facility. I spoke with Linda Adcock, the resident's sister-in-law at 918-638-7851. She stated the resident was moved to a dementia care unit where she was doing well. Her mother-in-law needed more care than Cedar Ridge Senior Living was able to provide. A sample of three residents were interviewed and asked if the environment was clean, sanitary and homelike. They were asked if there were any issues with infection control. They were asked if incontinent care was an problem. 3 of the 3 residents interviewed stated the facility was clean, sanitary and homelike. They did not identify any incontinent care issues or infection control issues.
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: 03/13/2025

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INVESTIGATIVE REPORT

Facility: **Cedar Ridge Senior Living**
Address: **10107 S. Garnett Road**
City, State, Zip: **Broken Arrow, OK 74011**
Provider #: **7256AL**
Complaint #: **OK00075868**
Investigation Date(s): **03/10/2025**

ALLEGATION(S)
OSDH received a combined incident report, dated 01/15/25 which documented in part that a CNA was rude and disrespectful to the resident. The CNA was suspended pending an investigation. The CNA quit and never returned to the facility. The facility took the proper steps to report the CNA to the certifying body.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/10/2025 at 1:50pm

A sample of 3 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: The resident was observed and interviewed. A sample of three residents were interviewed and asked if they had ever been treated rudely or disrespectfully by any staff member at the facility. 3 of the 3 residents interviewed stated they have never been treated rudely or disrespectfully by any staff member at the facility.

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: 03/13/2025

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INVESTIGATIVE REPORT

Facility: **Cedar Ridge Senior Living**
Address: **10107 S. Garnett Road**
City, State, Zip: **Broken Arrow, OK 74011**
Provider #: **7256AL**
Complaint #: **OK00077818**
Investigation Date(s): **03/10/2025-03/13-2025**

ALLEGATION(S)
OSDH received a report that a facility reported incident on 02/17/25 at 3:50pm regarding resident Richard Dixon. The care staff reported on 2/16/2025 @ approximately 1:15 that the resident took the wrong medication resulting in his blood pressure dropping to 65/39. He was admitted to Saint Francis South with hypotension, and a pulse rate of 30's and 40's. Staff handed the medication to the wife without watching her swallow the medications. The Nurse found the empty medication cup on the kitchen table. It was unknown who took the medication.
The incident was reported to OSDH. Protective measures were taken including counseling and educating the staff on observing residents when they took medications.
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/10/2025 at 1:40pm

A sample of 3 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: 23 medications were observed being passed with zero deficiency-ies. A sample of three residents were interviewed and asked if they had ever received the wrong medications. 3 of 3 residents interviewed stated they have never received the wrong medication.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

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Date report completed: 03/13/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7256	A. BUILDING: _____ B. WING _____	C 03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE SENIOR LIVING	10107 SOUTH GARNETT ROAD BROKEN ARROW, OK 74011

(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 03/10/25 through 03/13/25. Complaint investigations (#OK00062014, OK00062100, OK00077818, and #OK00075868) were conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 74	C 000		

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