OKLAHOMA
State Department of Health

**Delivery via email to: klazear@cedarridgesl.com**

December 29, 2025

License Number: AL7256

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

**Survey Event ID: 5M6111**

Dear Ms. Lazear:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 23, 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 #:** | **AL7256** |
| **Complaint #:** | **OK00088304** |
| **Investigation Dates:** | **12/16/25 and 12/23/25** |

## ALLEGATION(S)

The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 12/16/2025 at 8:55 a.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 at other various times throughout the survey. Resident hallways were observed for staff assistance with resident care needs.

Residents were interviewed regarding treatment by staff and promptness of care. Staff were interviewed regarding abuse.

Grievance reports, resident council minutes, policies and procedures and abuse investigations were reviewed. Resident records were reviewed.

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: 12/26/2025

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 |
|---|---|---|---|
| | AL7256 | A. BUILDING: _____ B. WING _____ | C 12/23/2025 |

| 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<br><br>A complaint investigation (#OK00088304) was conducted on 12/16/25 and 12/23/25. No deficiencies were cited.<br><br>Facility Census: 60 | C 000 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE