OKLAHOMA
State Department of Health

Delivery via email to: mhurst@canoebrookal.com

October 30, 2025

License Number: AL7262

Melinda Hurst, Administrator
Broken Arrow Assisted Living
2621 South Elm Place
Broken Arrow, OK 74012

RE: Survey Event ID: EFHV11

Dear Ms. Hurst:

Enclosed is a report of the inspection with complaint conducted at your Assisted Living Center on **October 16, 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
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INVESTIGATIVE REPORT

Facility: Broken Arrow Assisted Living
Address: 2621 South Elm Place
City, State, Zip: Broken Arrow, OK 74012
Provider #: 7262
Complaint #: 79935
Investigation Date(s): 10/15/25 and 10/16/25

ALLEGATION(S)
The center failed to ensure residents were observed when medications were provided and failed to ensure medications were administered according to physician orders.
The center failed to ensure food was served at a safe temp.
The center failed to ensure adequate staff to meet the needs of the residents.
The center failed to have and/or implement an effective pest control program.
The center failed to ensure assistance with incontinent care was provided in a timely manner

An unannounced on-site investigation was initiated 10/15/2025 at 7:30 am

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:

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 and the presence of obnoxious and/or foul odors.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past facility staffing schedules were reviewed for staffing patterns and compared to the State mandated staffing requirements. Grievance reports were reviewed. Staff training records related to staffing were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records and Activities of Daily Living (ADL) sheets were reviewed.

Residents were interviewed regarding if they felt their care needs were being met. Staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care.

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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: 10/16/2025

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
	AL7262	A. BUILDING: _____ B. WING _____	C 10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROKEN ARROW ASSISTED LIVING	2621 SOUTH ELM PLACE BROKEN ARROW, OK 74012

(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 complaint (#OK00079935) was conducted from 10/15/25 through 10/16/25. No deficiencies were cited. Facility Census: 27	C 000		

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