OKLAHOMA
State Department
of Health

Delivery via email to: mjohnson@ardmorevillage.com

September 9, 2026

License Number: AL1002

Amy Cohee
Village Lodge Of Ardmore Village
1310 Knox Road
Ardmore, OK 73401

Survey Event ID: IWEZ11

Dear . Cohee:

On **August 21, 2026,** representatives from the Oklahoma State Department of Health (OSDH) concluded a Relicensure with complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template. Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care**. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action will be completed for each violation; and
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face to face, or a virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Malinda Perry

Malinda Perry, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Village Lodge of Ardmore Village**
Address: **1310 Knox Road**
City, State, Zip: **Ardmore, OK 73401**
Provider #: **AL1002**
Complaint #: **OK00090221**
Investigation Date(s): **08/19/2026 through 08/21/2026**

ALLEGATION(S)
The facility failed to notify families/legal surrogates of a significant change.
The facility failed to provide a safe environment free of accident hazard.
The facility failed to provide assistive devices for dependent residents.
The facility failed to provide care and services per physician orders and plan of care.
The facility failed to ensure medication were administered as per physician orders.
The facility failed to ensure resident received ADL assistance in a timely manner.
The facility failed to ensure the residents were treated with dignity and respect.
The facility failed to protect residents from misappropriation of property.

An unannounced on-site investigation was initiated 08/19/2026 at 7:30 a.m.

A sample of 8 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: Resident records were reviewed including assessments, physician orders, nursing notes, treatment records, and contracts. Residents and family representatives were interviewed about facility policy, resident care practices and procedures. Staff were interviewed regarding resident care and procedures.

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: 08/21/2026

OKLAHOMA
State Department
of Health

Rev. 04/2024

INVESTIGATIVE REPORT

Facility: **Village Lodge of Ardmore Village**
Address: **1310 KNOX ROAD,**
City, State, Zip: **ARDMORE, OK 73401**
Provider #: **AL1002**
Complaint #: **OK00090521**
Investigation Date(s): 08/19/26 – 08/21/26

ALLEGATION(S)
The center failed to ensure staff were qualified to provide care
The center failed to ensure care and treatment was provided according to the physician's orders and/or the standard of care.

An unannounced on-site investigation was initiated 08/19/2026 at 10:00 a.m.

A sample of 8 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 records were reviewed including assessments, physician orders, nursing notes, 30 day notices, treatment records, and contracts. Residents and family representatives were interviewed about facility policy, level of care, staffing, and procedures. Staff were interviewed about understaffing.

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: 08/21/2026

OKLAHOMA
State Department
of Health

Address: **1310 KNOX ROAD,**
City, State, Zip: **ARDMORE, OK 73401**
Provider #: **AL1002**
Complaint #: **OK00090521**
Investigation Date(s): 08/19/26 – 08/21/26

ALLEGATION(S)
The facility failed to ensure staff were qualified for their assigned position.

An unannounced on-site investigation was initiated 08/19/2026 at 10:00 a.m.

A sample of 8 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 records were reviewed including assessments, physician orders, nursing notes, 30 day notices, treatment records, and contracts. Residents and family representatives were interviewed about facility policy, level of care, staffing, and procedures. Staff were interviewed about understaffing.

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: 08/21/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Village Lodge at Ardmore**
Address: **1320 Knox Rd**
City, State, Zip: **Ardmore, OK 73401**
Provider #: **AL1002**
Complaint #: **OK00091878**
Investigation Date(s): **08/19/26 to 08/21/2026**

ALLEGATION(S)
The center failed to ensure resident funds were not misappropriated.

An unannounced on-site investigation was initiated 08/19/2026 at 10:00a.m.

A sample of 0 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s). The complaint stated this was for tracking and trending purposes for areas of focus concern next onsite survey.

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: Interview with the administrator was conducted. Record review of documents from the board of directors and the police report were reviewed. Limited information available due to ongoing criminal investigation.

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: 08/21/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Village Lodge at Ardmore**
Address: **1320 Knox Rd**
City, State, Zip: **Ardmore, OK 73401**
Provider #: **AL1002**
Complaint #: **OK00092604**
Investigation Date(s): **08/19/26 to 08/21/2026**

ALLEGATION(S)
The center failed to ensure the right to have visitors of choice.
The center failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 08/19/2026 at 10:00a.m.

A sample of 7 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: Observations of staff to resident ratio, staff to resident interactions, and appearance of residents were made. Records of resident health charts, service plans, assessments, and center policies were reviewed. Interviews with residents, the ombudsman, staff, and family members regarding resident rights and treatment by staff were conducted.

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: 08/21/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Lodge at Ardmore
Address: 1310 Knox Rd
City, State, Zip: Ardmore, OK 73401
Provider #: Al1002
Complaint #: OK00092647
Investigation Date(s): 08/19/26 to 08/21/26

ALLEGATION(S)
The facility failed to implement physician orders for medication changes timely
The facility failed to protect the residents from elopement
The facility failed to notify guardian of residents elopement
The facility failed to meet the needs of the residents

An unannounced on-site investigation was initiated 08/19/2026 at 11:15a.m.

A sample of 8 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:

Observation of staff to resident ratio staff to resident interactions, and resident's conditions. Record review of resident health records, progress notes, incidents reports, in-service and staff training records, resident assessments, electronic health records, medication records and interviews with residents, staff, and family members were conducted

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: 08/21/2026

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
	AL1002	A. BUILDING: _____ B. WING _____	08/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE LODGE OF ARDMORE VILLAGE	1310 KNOX ROAD ARDMORE, OK 73401

(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 (#OK00090221, OK00090521, OK00090731, OK00091878, OK00092604, and #OK00092647) was conducted from 08/19/26 through 08/21/26. Deficiencies were cited. Facility Census: 58	C 000		
C1921 SS=D	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure prescribed medication were administered per physician orders for 1 (#1) of 8 sampled residents reviewed for medication administration. The executive director identified 48 residents received medications. Findings: A policy titled "Medication Management and Administration," undated, read in part, "Safely manage, store, and administer all medications under OAC 310:663-17. Maintain an accurate, up-to-date Medication Administration Record (MAR) for every resident." A physician order for Resident #1, dated 08/12/26, showed to start hydralazine (for high blood pressure) 50 milligrams one tablet three times a day. The physician order showed to	C1921		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1002	A. BUILDING: _____ B. WING _____	08/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE LODGE OF ARDMORE VILLAGE	1310 KNOX ROAD ARDMORE, OK 73401

(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
C1921	Continued From page 1 discontinue: a. fish oil, b. vitamin E, c. glipizide 10 milligrams (lower blood sugar), and d. nifedipine 60 milligrams (calcium channel blocker). A medication administration record for Resident #1, dated 08/13/26 at 8:00 a.m., showed fish oil, vitamin E, glipizide 10 milligrams, and nifedipine 60 milligrams had been administered. The record showed hydralazine 60 milligrams had not been administered. On 08/19/26 at 4:00 p.m., the director of nursing stated Resident #1 had discharged from the hospital on 08/12/26 back to the center and had new medication orders. The director of nursing stated they had not entered the new orders for Resident #1, dated 08/12/26, into the resident's health record when they returned to the center.	C1921		