OKLAHOMA
State Department of Health

Delivery via email to: amanda@woodlandgardensal.com; lstanderfer@searchlightcenter.org

July 2, 2026

License Number: AL3801

Ms. Leigh Standerfer, CEO
Woodland Gardens Assisted Living
915 North Broadway
Hobart, OK 73651

Survey Event ID: 6N9T11

Dear Ms. Standerfer:

Enclosed is a report of the Relicensure survey with a complaint investigation conducted at your Assisted Living facility on **October 30, 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 II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Woodland Gardens AL**
Address: **915 N Broadway**
City, State, Zip: **Hobart, OK. 73651**
Provider #: **AL3801**
Complaint #: **OK00067496**
Investigation Date: **10/30/25**

ALLEGATION(S)
1. The center failed to ensure staff administered medications according to policy and the standard of care.

An unannounced on-site investigation was initiated 10/30/2025 at 08:30 a.m.

A sample of four participants, including any identified participants, 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 into the center. Residents were observed for abuse and neglect concerns. Staff were observed during medication pass times and interacting with residents. Records reviewed included: Residents health records, facility reported incidents, and policies and procedures. Residents and staff were asked questions regarding abuse and abuse training.

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: 10/30/2025

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
	AL3801	A. BUILDING: _____ B. WING _____	C 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND GARDENS ASSISTED LIVING	915 NORTH BROADWAY HOBART, OK 73651

(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 (#OK00067496) was conducted on 10/30/25. No deficiencies were cited. Facility census: 17	C 000		

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