OKLAHOMA
State Department of Health

Delivery via email to: Ed@thegardensqs.com

January 3, 2025

License Number: AL5514

Ms. Sarah Martin, Administrator
The Gardens At Quail Springs Assisted And Memory
14300 North Portland
Oklahoma City, OK 73134

Survey Event ID: 0GTL11

Dear Ms. Martin

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 20, 2024**. 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
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INVESTIGATIVE REPORT

Facility: The Garden at Quail Springs Assisted Living and Memory Care.
Address: 14300 North Portland
City, State, Zip: Oklahoma City, OK, 73134
Provider #: AL5514
Complaint #: OK00063342
Investigation Date(s): 12/17/24 through 12/20/24

ALLEGATION(S)
The center failed to ensure residents were not physically, verbally, or psychosocially abused.
The center failed to ensure assistance with activities of daily living was provided in a timely manner and according to the plan of care.
The center failed to ensure a clean, comfortable, and homelike environment.
The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 12/17/2024 at 2:00 p.m.

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 halls were observed for odors, assistance from staff. Resident rooms were observed for cleanliness, and staff were observed interacting and assisting residents.

Resident records were reviewed including assessments, plan of care, incident reports, and activities of daily living (ADL's) documentation. Facility policy and procedures were reviewed. Grievances were reviewed.

Residents were interviewed related to the provisions of receiving timely assistance, staffing, abuse, and homelike environment.

Staff members were interviewed regarding the facility policy for abuse, ADL's timely, and staffing.

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

OKLAHOMA
State Department
of Health

Long Term Care Service

Date report completed: 12/23/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Gardens At Quail Springs Assisted Living and Memory Care**
Address: **14300 North Portland**
City, State, Zip: **Oklahoma City, OK, 73134**
Provider #: **AL5514**
Complaint #: **OK00065675**
Investigation Date(s): **12/17/24 through 12/20/24**

ALLEGATION(S)
The center failed to ensure assistance with bathing was provided according to the contract and the plan of care.
The center failed to ensure adequate laundry services were provided according to the contract and according to the standard of care.
The center failed to ensure palatable food was served according to residents' preference.
The center failed to ensure residents were transported in a safe manner.

An unannounced on-site investigation was initiated 12/17/2024 at 2:00 p.m.

A sample of six 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 halls were observed for staff assisting residents with activities of daily living (adls). Meal service was observed, and food sampled.

Resident records were reviewed including assessments, plan of care, bathing documentation. Policy and procedures were reviewed. Grievance records were reviewed.

Residents were interviewed related to the provision of adl care, laundry services and access, food and mobility within the facility.

Staff members were interviewed regarding the facility policy and procedures for adl care, food, laundry and mobility.

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: 12/27/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Gardens At Quail Springs Assisted Living and Memory Care**
Address: **14300 North Portland**
City, State, Zip: **Oklahoma City, OK, 73134**
Provider #: **AL5514**
Complaint #: **OK00066627**
Investigation Date(s): **12/17/24 through 12/20/24**

ALLEGATION(S)
The center failed to ensure call pendants were answered in a timely manner.
The center failed to ensure food was served at a palatable temperature.

An unannounced on-site investigation was initiated 12/17/2024 at 2:00 p.m.

A sample of six 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 halls were observed for residents receiving assistance and residents requesting assistance. Staff were observed at meal service.

Resident records were reviewed including assessments, plan of care, meal temperatures, policy and procedures and grievances were reviewed.

Residents were interviewed related to the provision of call pendants and food.

Staff members were interviewed regarding the call pendants and food.

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: 12/27/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Gardens At Quail Springs Assisted Living and Memory Care**
Address: **14300 North Portland**
City, State, Zip: **Oklahoma City, OK, 73134**
Provider #: **AL5514**
Complaint #: **OK00073559**
Investigation Date(s): **12/17/24 through 12/20/24**

ALLEGATION(S)
The center failed to have and or implement an effective infection control plan to ensure the ice machine was maintained in clean working order.
The center failed to maintain a safe, clean, homelike environment.

An unannounced on-site investigation was initiated 12/17/2024 at 2:00 p.m.

A sample of six 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 halls were observed for homelike environment.

Resident records were reviewed including assessments and plan of care. Policy and procedures and grievances were reviewed.

Residents were interviewed related to the provision of receiving ice, sickness, and homelike environment.

Staff were interviewed regarding the facility policy and procedures regarding the ice machine and homelike environment.

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
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Date report completed: 12/27/2024

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
	AL5514	A. BUILDING: _____ B. WING _____	C 12/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT QUAIL SPRINGS ASSISTED AND M	14300 NORTH PORTLAND OKLAHOMA CITY, OK 73134

(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 Complaint investigations (#OK00063342, OK00065675, OK00066627, and #OK00073559) were conducted from 12/17/24 through 12/20/24. No deficiencies were cited.	C 000		

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