OKLAHOMA
State Department of Health

Delivery via email to: rcd@saintannretirementcenter.com

August 14, 2026

License Number: AL5522

Ms. Joyce Clark, Administrator
Saint Ann Assisted Living
7501 West Britton Road
Oklahoma City, OK 73132

Survey Event ID: S9LY11

Dear Ms. Clark:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 6, 2026**. 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Saint Ann Assisted Living**
Address: **7501 W Britton Rd**
City, State, Zip: **OKC, OK 73132**
Provider #: **AL5522**
Complaint #: **OK00092441**
Investigation Date(s):08/04/26 – 08/06/26

ALLEGATION(S)
The facility failed to protect residents from abuse by another resident.

An unannounced on-site investigation was initiated 08/04/2026 at 12:15 p.m.

A sample of 3 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:

An investigation related incident reports, policy, investigations, police reports, a partial ring video footage, facility video footage, and resident records were conducted.

At the time of the survey, no residents complained about other residents entering their room.

At the time of the survey, staff expressed an understanding of abuse and who they would report to.

At the time of the survey, no deficient practice was cited in relation to resident-to-resident abuse.

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: 08/06/2026

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
	AL5522	A. BUILDING: _____ B. WING _____	C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANN ASSISTED LIVING	7501 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132

(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 complaint investigation (#OK00092441) was conducted from 08/04/26 through 08/06/26. No deficiencies were cited. Facility Census: 30	C 000		

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