OKLAHOMA
State Department of Health

Delivery via email to: kribre@brookdale.com

September 11, 2026

License Number: AL6001

Ms. Kristel Brewer, Administrator
Brookdale Stillwater
1616 East McElroy Road
Stillwater, OK 74075

Survey Event ID: HCPY11

Dear Ms. Brewer:

Enclosed is a report of the Relicensure inspection with a complaint investigation conducted at your Assisted Living facility on **August 28, 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,

Tempal Killman

Tempal Killman, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

Rev. 04/2024

INVESTIGATIVE REPORT

Facility: **Brookdale Stillwater**
Address: **1616 E McElroy RD,**
City, State, Zip: **Stillwater, OK 74075**
Provider #: **AL6001**
Complaint #: **OK00086776**
Investigation Date(s): 08/27/26 – 08/28/26

ALLEGATION(S)
The facility failed to ensure residents were free from abuse.
The facility failed to ensure staff certifications were up to date.
The facility failed to ensure medications were administered according to the physician orders.

An unannounced on-site investigation was initiated 08/27/2026 at 9:32 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, medicine storage, and contracts. Residents and family representatives were interviewed about facility policy, level of care, staffing, and procedures. Staff were interviewed about resident treatment and conduct.

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: 08/28/2026

OKLAHOMA State Department of Health

Rev. 04/2024

INVESTIGATIVE REPORT

Facility: **Brookdale Stillwater**
Address: **1616 E McElroy RD,**
City, State, Zip: **Stillwater, OK 74075**
Provider #: **AL6001**
Complaint #: **OK00086909**
Investigation Date(s): 08/27/26 – 08/28/26

ALLEGATION(S)
The center failed to ensure staff was qualified for their assigned tasks.
The facility failed to protect residents from verbal abuse.
The facility failed to follow infection control and sanitation policies and procedures for food handlers.
The center failed to ensure controlled drugs were properly stored and secured.

An unannounced on-site investigation was initiated 08/27/2026 at 9:32 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.

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Term Care Service

Date report completed: 08/28/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6001	A. BUILDING: _____ B. WING _____	C 08/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE STILLWATER	1616 EAST MCELROY ROAD STILLWATER, OK 74075

(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 (#OK00086776 and #OK00086909) was conducted from 08/27/26 through 08/28/26. No deficiencies were cited. Facility Census: 31	C 000		

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