OKLAHOMA
State Department of Health

Delivery via email to: tara.chill@renlivingsw.com

September 9, 2026

License Number: AL6004

Tara Chill, Administrator
The Renaissance Villages Of Stillwater
1450 East McElroy
Stillwater, OK 74075

RE: Survey Event ID: 3Y0911

Dear Ms. Chill:

Enclosed is a report of the inspection with complaints conducted at your Assisted Living Center on **August 25, 2026.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Lisa Calvin

Lisa Calvin, 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: **The Renissance Villages of Stillwater**
Address: **1450 E McElroy,**
State, Zip: **Stillwater, OK 74075**
Provider #: **AL6004**
Complaint #: **OK00083378**
Investigation Date(s): 08/24/26 – 08/25/26

ALLEGATION(S)
The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 08/24/2026 at 9:55 a.m.

A sample of 6 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 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: 08/25/2026

OKLAHOMA State Department of Health

Rev. 04/2024

INVESTIGATIVE REPORT

Facility: **The Renissance Villages of Stillwater**
Address: **1450 E McElroy,**
State, Zip: **Stillwater, OK 74075**
Provider #: **AL6004**
Complaint #: **OK00084501**
Investigation Date(s): 08/24/26 – 08/25/26

ALLEGATION(S)
The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 08/24/2026 at 9:55 a.m.

A sample of 6 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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Oklahoma State Department of Health Long
Term Care Service

Date report completed: 08/25/2026

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Rev. 04/2024

INVESTIGATIVE REPORT

Facility: **The Renissance Villages of Stillwater**
Address: **1450 E McElroy,**
State, Zip: **Stillwater, OK 74075**
Provider #: **AL6004**
Complaint #: **OK00087666**
Investigation Date(s): 08/24/26 – 08/25/26

ALLEGATION(S)
The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 08/24/2026 at 9:55 a.m.

A sample of 6 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 resident treatment and conduct.

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Oklahoma State Department of Health Long
Term Care Service

Date report completed: 08/25/2026

OKLAHOMA State Department of Health

Rev. 04/2024

INVESTIGATIVE REPORT

Facility: **The Renissance Villages of Stillwater**
Address: **1450 E McElroy,**
State, Zip: **Stillwater, OK 74075**
Provider #: **AL6004**
Complaint #: **OK00090209**
Investigation Date(s): 08/24/26 – 08/25/26

ALLEGATION(S)
The center failed to protect residents from abuse by other residents.

An unannounced on-site investigation was initiated 08/24/2026 at 9:55 a.m.

A sample of 6 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 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.

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Date report completed: 08/25/2026

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INVESTIGATIVE REPORT

Facility: **The Renissance Villages of Stillwater**
Address: **1450 E McElroy,**
State, Zip: **Stillwater, OK 74075**
Provider #: **AL6004**
Complaint #: **OK00090456**
Investigation Date(s): 08/24/26 – 08/25/26

ALLEGATION(S)
The facility failed to protect residents from abuse by staff.
The facility failed to ensure residents were treated with dignity and respect.
The facility failed to notify family/legal surrogate of a change in condition.

An unannounced on-site investigation was initiated 08/24/2026 at 9:55 a.m.

A sample of 6 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 resident treatment and conduct.

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Date report completed: 08/25/2026

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INVESTIGATIVE REPORT

Facility: **The Renissance Villages of Stillwater**
Address: **1450 E McElroy,**
State, Zip: **Stillwater, OK 74075**
Provider #: **AL6004**
Complaint #: **OK00091873**
Investigation Date(s): 08/24/26 – 08/25/26

ALLEGATION(S)
The facility failed to protect residents from sexual abuse.

An unannounced on-site investigation was initiated 08/24/2026 at 9:55 a.m.

A sample of 6 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 resident treatment and conduct.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL6004	A. BUILDING: _____ B. WING _____	C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RENAISSANCE VILLAGES OF STILLWATER	1450 EAST MCELROY 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 (#OK00083378, OK00084501, OK00087666, OK00090209, OK00090456, and #OK00091873) was conducted from 08/24/26 through 08/25/26. No deficiencies were cited. Facility Census: 21	C 000		

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