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**Delivery via email to:** [al@saintannretirementcenter.com](mailto:al@saintannretirementcenter.com)

May 30, 2023

License Number: AL5522

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

**RE: Survey Event ID: 61N011**

Dear Ms. Fulbright:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **May 23, 2023**. 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.

Sincerely,

*Katie Stagner*

Katie Stagner  
Long Term Care Enforcement Analyst  
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL5522</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/23/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SAINT ANN ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7501 WEST BRITTON ROAD OKLAHOMA CITY, OK 73132</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>A relicensure survey was conducted on 05/23/23. No deficiencies were cited.</p>	C 000		

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