



Delivery via email to: Cmorris11@brookdale.com

February 22, 2024

License Number: AL7207

Ms. Cassandra Freeman, Administrator
Brookdale Owasso
12807 East 86th Place North
Owasso, OK 74055

RE: Survey Event ID: HE4111

Dear Ms. Freeman:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **February 15, 2024**. 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,

A handwritten signature in black ink that reads "Lisa Calvin". The signature is written in a cursive, flowing style.

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7207	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2024
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NAME OF PROVIDER OR SUPPLIER BROOKDALE OWASSO	STREET ADDRESS, CITY, STATE, ZIP CODE 12807 EAST 86TH PLACE NORTH OWASSO, OK 74055
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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>INITIAL COMMENTS</p> <p>A relicensure survey was conducted from 02/13/24 through 02/15/24. No deficiencies were cited.</p> <p>Facility Census: 36</p>	C 000		

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