OKLAHOMA
State Department
of Health

**Delivery via email to:** mnetters@oxfordseniorliving.com

November 18, 2024

License Number: AL7206

Ms. Michelle Netters, Administrator
Oxford Springs Tulsa Mc
6022 East 71st Street
Tulsa, OK 74136

**Survey Event ID: 1ZOC11**

Dear Ms. Netters:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 11, 2024**. 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,

Lisa Calvin

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

Enclosure

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# INVESTIGATIVE REPORT

**Facility:** **Oxford Springs Tulsa MC**
**Address:** **6022 East 71st Street**
**City, State, Zip:** **Tulsa, Ok., 74136**
**Provider #:** **AL7206**
**Complaint #:** **OK00064849**
**Investigation Date(s):** **10/04/24 and 10/11/24**

| ALLEGATION(S) |
|---|
| The center failed to ensure assistance with activities of daily living was provided in a timely manner and according to the plan of care and the contract. |
| The center failed to ensure essential supplies were provided to give care to residents and failed to ensure a clean, comfortable, and homelike environment. |
| The center failed to ensure adequate staff to meet the needs of the residents. |

An unannounced on-site investigation was initiated 10/04/2024 at 09:21 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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:**

Upon entering and throughout the two-day survey, tours of the facility were conducted. The residents were observed to be clean and well groomed and only transient odors related to incontinence were noted. The number of staff in the building during survey met the State's requirement.

The residents stated they received the care and services documented in their contracts. Families stated their family members received the care and services documented in their contracts. Staff stated most of the residents had their own incontinent supplies, but a few did not. Staff stated they would not take incontinent supplies from one resident to use on another because that would be misappropriation of the resident's property who had incontinent supplies. Staff stated they had enough staff to meet the needs of the residents. Staff stated some residents refused care at times and staff would return later to try again, ask other staff to try, and notify the nurse and/or administrator. Staff stated the facility was clean and they worked hard to maintain the cleanliness. Administration stated it was the responsibility of all staff to provide care and maintain a clean environment. Administration stated while it was the right for any resident to refuse care, the staff received training on dementia care and assistance with activities of daily living.

The sampled residents' clinical records were reviewed, including assessments, care plans, and service contracts. The facility's policy and procedures, staff in-services, staffing schedule, incident reports, and State Reportable Incidents were reviewed.

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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: 11/13/2024

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# INVESTIGATIVE REPORT

**Facility:** **Oxford Springs Tulsa MC**
**Address:** **6022 East 71st Street**
**City, State, Zip:** **Tulsa, Ok., 74136**
**Provider #:** **AL7206**
**Complaint #:** **OK00067633**
**Investigation Date(s):** **10/04/24 and 10/11/24**

## ALLEGATION(S)

| |
|---|
| The facility failed to provide supervision to prevent accidents |
| The facility failed to notify the family of a change in condition |
| The facility failed to ensure care was provided according to physician and plan of care. |

An unannounced on-site investigation was initiated 10/04/2024 at 09:21 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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:**

Upon entering and throughout the two-day survey, tours of the facility were conducted. The residents were observed to be clean and well-groomed and only transient odors related to incontinence were noted. Staff were noted to be vigilant of the residents. The number of staff in the building during survey met the State's requirement.

The residents stated they received the care and services documented in their contracts. Families stated their family members received the care and services documented in their contracts. Staff stated they were constantly monitoring residents and their surrounding for accident hazards in common areas and resident rooms. Staff stated they had enough staff to meet the needs of the residents. Staff stated residents had their own rooms and the right to privacy. Administration stated it was the responsibility of all staff to provide care and maintain a safe environment. Administration stated the residents had a right to privacy and the staff worked to balance the residents right to privacy with safety, the staff received training on dementia care, assistance with activities of daily living, and safety.

The sampled residents' clinical records were reviewed, including physician's progress notes, physician's orders, hospital records, assessments, care plans, and service contracts. The facility's policy and procedures, staff in-services, staffing schedule, incident reports, and State Reportable Incidents were reviewed.

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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: 11/14/2024

OKLAHOMA
State Department
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# INVESTIGATIVE REPORT

**Facility:** **Oxford Springs Tulsa MC**
**Address:** **6022 East 71st Street**
**City, State, Zip:** **Tulsa, Ok., 74136**
**Provider #:** **AL7206**
**Complaint #:** **OK00068015**
**Investigation Date(s):** **10/04/24 and 10/11/24**

| ALLEGATION(S) |
|---|
| The facility failed to ensure residents were free from sexual abuse |

An unannounced on-site investigation was initiated 10/04/2024 at 09:21 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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:**

Upon entering and throughout the two-day survey, tours of the facility were conducted. Staff to resident and resident to resident interactions were observed/monitored throughout the survey. The residents were observed to be clean and well-groomed and only transient odors related to incontinence were noted. Staff were noted to be vigilant of the residents. The number of staff in the building during survey met the State's requirement.

The residents stated they received the care and services documented in their contracts and denied abuse. Families stated their family members received the care and services documented in their contracts and denied suspicion or knowledge of abuse. Staff stated they were constantly monitoring residents and their surrounding for resident needs, both in the common areas and resident rooms. Staff stated they had enough staff to meet the needs of the residents. Administration stated it was the responsibility of all staff to provide care and maintain a safe environment. Administration stated the residents had a right to privacy and the staff worked to balance the residents right to privacy with safety, the staff received training on dementia care, assistance with activities of daily living, safety, and abuse/neglect.

The sampled residents' clinical records were reviewed, including physician's progress notes, physician's orders, assessments, care plans, and service contracts. The facility's policy and procedures, staff in-services, staffing schedule, incident reports/investigations, and State Reportable Incidents were reviewed.

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
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Date report completed: 11/14/2024

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL7206 | A. BUILDING: _____ B. WING _____ | C 10/11/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| OXFORD SPRINGS TULSA MC | 6022 EAST 71ST STREET TULSA, OK 74136 |

| (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<br><br>Complaint investigations (OK00064849, OK00067633, and OK00068015) were conducted on 10/04/24 and 10/11/24. No deficiencies were cited.<br><br>Facility Census: 36 | C 000 | | |

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