OKLAHOMA
State Department of Health

Delivery via email to: magen.james@ambassadorok.com; Ellen.kremeier@bridgesok.com; Susan.easterling@bridgesok.com

License Number: AL7210

Ms. Magen James, Administrator
The Courtyards At The Ambassador Memory Care Assis
1380 East 61st Street
Tulsa, OK 74136

RE: Survey Event ID: GGVS11

Dear Ms. James:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **October 20, 2025.** 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,

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

Enclosure

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INVESTIGATIVE REPORT

Facility: The Courtyards at the Ambassador Memory Care
Address: 1380 East 61st Street
City, State, Zip: Tulsa, OK, 74136
Provider #: AL7210
Complaint #: OK00086607
Investigation Date(s): 10/15/25 and 10/20/25

ALLEGATION(S)
The center failed to protect residents from abuse by staff.
The facility failed to ensure staff were not retaliated against for reporting abuse on behalf of residents.

An unannounced on-site investigation was initiated 10/15/2025 at 9:05 a.m.

A sample of eight 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 entrance and throughout the survey resident and staff interaction was observed. Staff were observed assisting residents with meals and activities of daily living. Residents were observed to not have visible bruises or injuries.

Residents stated staff were pleasant and assisted them when needed. The residents denied staff abuse. The staff stated resident abuse was not tolerated.

Policies and procedures, resident assessments, resident care plans, incident reports, investigative documentation, in-services, employee files, and grievances 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
Long Term Care Service

Date report completed: 10/21/2025

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7210	A. BUILDING: _____ B. WING _____	C 10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT THE AMBASSADOR MEMORY	1380 EAST 61ST 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 A relicensure survey with complaint (#OK00086607) was conducted on 10/15/25 and 10/20/25. No deficiencies were cited. Facility Census: 30	C 000		

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