OKLAHOMA
State Department
of Health

Delivery via email to: tgm-ed@12oaks.net; jenniferb@seasonsliving.com

December 23, 2022

License Number: AL7216

Ms. Jennifer Braun, Administrator
The Grove At Midtown Senior Living
5211 South Lewis Avenue
Tulsa, OK 74105

Survey Event ID: N7X511

Dear Ms. Braun:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 21, 2022**. 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.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

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of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **The Grove at Midtown Senior Living**
Address: **5211 South Lewis Avenue**
City, State, Zip: **Tulsa, OK 74105**
Provider #: **AL7216**
Complaint #: **OK00059822**
Investigation Dates: **12/19/22 through 12/22/22**

ALLEGATION	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to ensure residents were not psychosocially abused.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 12/19/2022 at 1:15 p.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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to abuse was conducted.

Residents were observed throughout the facility interacting in activities and with peers/staff. Residents were observed to be well-groomed and free of odors. Staff were observed to interact with residents in a positive and professional manner. Residents were observed to be invited to and assisted to activities. Staff were observed to encourage activity participation, including on the Memory Care unit.

Residents were asked about their care. They denied any complaints. Sampled residents were asked if they approved of their living arrangements. They stated yes. Staff were knowledgeable when asked about residents

care and psychosocial needs. Family members were asked about their families care and room arrangements. They denied any complaints. The physician was interviewed regarding specific residents' diagnoses and placement on the memory care unit. They physician stated the residents in question were appropriate for the memory care unit related to their diagnoses.

Review of sampled residents' clinical record revealed documentation regarding placement in the Memory Care unit and diagnoses.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Jennifer Johnson RN

Date report completed: 12/21/2022

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INVESTIGATIVE REPORT
LICENSURE

Facility: **The Grove at Midtown Senior Living**
Address: **5211 South Lewis Avenue**
City, State, Zip: **Tulsa, OK 74105**
Provider #: **AL7216**
Complaint #: **OK00059838**
Investigation Dates: **12/19/22 through 12/21/22**

ALLEGATIONS	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to protect residents from neglect.	**US**
2. The facility failed to ensure residents were not unneccesarily chemically restrained.	**US**

☐ **Violations unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 12/21/2022 at 1:15 p.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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to neglect was conducted.

Residents were observed to be active throughout the facility and were well-groomed/odor free. Staff were observed to tend to residents' needs in a timely manner. Staff were observed to professionally and positively interact with residents.

Residents were asked if their care needs were met. They stated yes. The interviewed residents did not voice complaints related to care. Family members were asked if their family member received appropriate care. They stated yes. Staff were knowledgeable of residents' care needs when asked.

Records were reviewed and did not reveal residents were neglected. Review of sampled residents' clinical records did not reveal they had been neglected.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to chemical restraints was conducted.

Residents were observed to be active throughout the facility, including the memory care unit. Staff were observed to interact with residents and provide assistance in a timely manner.

Residents were asked how they felt on their medication. They stated they felt fine and did not voice any complaints. Staff were knowledgeable of the facilities protocol for administering an as needed medication when asked.

Review of sampled residents' medication orders and physician documentation did not reveal the residents were chemically restrained.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1 and #2. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Jennifer Johnson RN

Date report completed: 12/21/2022

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
	AL7216	A. BUILDING: _____ B. WING _____	C 12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GROVE AT MIDTOWN SENIOR LIVING	5211 SOUTH LEWIS AVENUE TULSA, OK 74105

(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 Complaint investigations (#OK00059822 and #OK00059838) were conducted on 12/19/22 through 12/21/22. No deficiencies were cited.	C 000		

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