OKLAHOMA
State Department
of Health

Delivery via email to: jbraun@12oaks.net

December 21, 2023

License Number: AL7216

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

RE: Survey Event ID: N90I11

Dear Ms. Braun:

Enclosed is a report of the inspection with complaint investigations conducted at your Assisted Living Center on **November 30, 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.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: The Grove at Midtown
Address: 5211 S. Lewis Ave.
City, State, Zip: Tulsa, OK 74105
Provider #: AL7216
Complaint #: #OK00059495
Investigation Dates: 11/27/23 through 11/29/23

ALLEGATION

The facility failed to ensure adequate staff to provide care to dependent residents.

An unannounced on-site investigation was initiated 11/27/2023 at 3:25 p.m.
A sample of three 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident hallways were observed for staff assistance with resident care needs and the presence of obnoxious and/or foul odors.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past facility staffing schedules were reviewed for staffing patterns and compared to the State mandated staffing requirements. Grievance reports were reviewed.

Resident records including assessments, care plans, physician orders, nursing notes, treatment records and Activities of Daily Living (ADL) sheets were reviewed.

Four residents were interviewed regarding if they felt their care needs were being met. Two staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care.

The attached Statement of Deficiencies, Form 2567 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: 11/30/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: The Grove at Midtown
Address: 5211 S. Lewis Ave.
City, State, Zip: Tulsa, OK. 74105
Provider #: AL7216
Complaint #: #OK00061744
Investigation Dates: 11/27/23 through 11/29/23

ALLEGATIONS

The facility failed to prevent new or worsening pressure wounds and treat resident's pain due to wounds.
The facility failed to ensure access to toileting facilities was not impeded and residents were assisted with personal hygiene.
The facility failed to ensure residents were assisted to outside physician appointments.
The facility failed to provide adequate staff to provide care for dependent residents.

An unannounced on-site investigation was initiated 11/27/2023 at 3:25 p.m.

A sample of three 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident hallways were observed for staff assistance with resident care needs and the presence of obnoxious and/or foul odors. Resident rooms were observed for clutter.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past facility staffing schedules were reviewed for staffing patterns and compared to the State mandated staffing requirements. Grievance reports were reviewed.

Resident records including assessments, care plans, physician orders, nursing notes, treatment records and Activities of Daily Living (ADL) sheets were reviewed. Facility bus records were reviewed for appointments.

Four residents were interviewed regarding if they felt their care needs were being met. three staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care. Two staff members were interviewed regarding residents with wounds.

The attached Statement of Deficiencies, Form 2567 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: 11/30/2023

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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 11/30/2023

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 A relicensure survey was conducted from 11/27/23 through 11/29/23. Complaint investigations (#OK00059495 and #OK00061744) were conducted in conjunction with the survey. No deficiencies were cited. Facility census: 99	C 000		

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