
Delivery via email to: jbrown@grovetidtown.com

May 12, 2025

License Number: AL7216

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

RE: Survey Event ID: YWHL11

Dear Ms. Braun:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **May 6, 2025**. No deficiencies were cited. Oklahoma State 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

Tempal Killman, Enforcement Analyst
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: AL7216	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/06/2025
NAME OF PROVIDER OR SUPPLIER THE GROVE AT MIDTOWN		STREET ADDRESS, CITY, STATE, ZIP CODE 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 05/05/25 through 05/06/10. No deficiencies were cited. Facility Census: 89	C 000		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE