OKLAHOMA
State Department of Health

Delivery via email to: jbraun@grovemidtown.com

November 5, 2025

License Number: AL7216

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

Survey Event ID: 3EX811

Dear Ms. Braun:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 27, 2025**. 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,

Tempal Killman

Tempal Killman, Enforcement Analyst
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 South Lewis Avenue
City, State, Zip: Tulsa, OK, 74105
Provider #: AL7216
Complaint #: OK00066637
Investigation Date(s): 10/22/25, 10/23/25, and 10/27/25

ALLEGATION(S)

The facility failed to provide care and services to prevent the development and worsening of pressure ulcers/wounds and urinary tract infections.
The facility failed to ensure medications were administered as per physician's orders and per plan of care.
The facility failed to allow residents' families/representatives to voice grievances on behalf of residents.
The facility failed to provide a clean, sanitary, homelike environment.
The facility failed to provide a safe environment.

An unannounced on-site investigation was initiated 10/22/2025 at 5:10 p.m.

A sample of six 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 Centers for Medicare and Medicaid Services (CMS) 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: Environmental observations were completed upon entrance and throughout the survey. Resident rooms and common areas were clean and without foul odors. Staff were observed assisting residents with transfers and repositioning.

Residents and families stated the facility was clean and staff assist them with activities of daily living. Residents stated they received their medication as ordered by the physician to their knowledge. Staff stated wound care was provided by a third-party provider such as home health, hospice, or a wound care provider.

Policies and procedures, resident assessments, physician orders, care plans, medication administration records, treatment records, incident reports, investigative documentation, and grievance reports were reviewed.

The attached CMS 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: 10/28/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: The Grove at Midtown
Address: 5211 South Lewis Avenue
City, State, Zip: Tulsa, OK, 74105
Provider #: AL7216
Complaint #: OK00087095
Investigation Date(s): 10/22/25, 10/23/25, and 10/27/25

ALLEGATION(S)

The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 10/22/2025 at 5:10 p.m.

A sample of six 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 Centers for Medicare and Medicaid Services (CMS) 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 interaction was observed between staff and residents. Observations were made of staff assisting residents with activities of daily living. Residents were clean and without foul odors.

The residents who could be interviewed denied abuse and stated staff assisted them and provided care. The staff stated that abuse was not tolerated and would be addressed immediately.

Policies and procedures, resident assessments, care plans, physician orders, incident reports, investigative documentation, in-services/education, and grievances were reviewed.

The attached CMS 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: 10/28/2025

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
	AL7216	A. BUILDING: _____ B. WING _____	C 10/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GROVE AT MIDTOWN	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 (#OK00066637 and #OK00087095) was conducted on 10/22/25 through 10/23/25, and 10/27/25. No deficiencies were cited. Facility Census: 103	C 000		

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