Oklahoma State Department of Health
Creating a State of Health

October 4, 2019

License Number: AL7219

Ms. Elesia Phillips, Administrator
Comprehensive Community Rehab Services Al
10018 East 29th Street
Tulsa, OK 74129

RE: Survey Event ID: WOES11

Dear Ms. Phillips:

On **August 30, 2019**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on August 30, 2019.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;

(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;

(5) Include dates when corrective action and monitoring will be completed for each violation;

(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 271-6868 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
1000 N.E. 10th
Oklahoma City, OK 73117-1299

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Sincerely,

Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

Enclosure

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
	AL7219	A BUILDING _____ B WING _____	08/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE COMMUNITY REHAB SERV	10018 EAST 29TH STREET TULSA, OK 74129

(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 re-licensure survey was conducted on 08/29/19 and 08/30/19. The census was 5. The following deficient practice was cited.	C 000		
C 951 SS=F	310:663-9-5(a) - USE 6000 STAFF QUALIFICATIONS (a) All of the assisted living center's employees shall be subject to the requirements for criminal arrest checks applicable to nurses aides under 63 O.S. Supp. 1997, Section 1-1950.1. 63-1-1950.1(B) 1. Except as otherwise provided by subsection C of this section, before any employer makes an offer to employ or to contract with a nurse aide or other person to provide nursing care, health-related services or supportive assistance to any individual except as provided by paragraph 4 of this subsection, the employer shall provide for a criminal history background check to be made on the nurse aide or other person pursuant to the provisions of this section. If the employer is a facility home or institution which is part of a larger complex of buildings, the requirement of a criminal history background check shall apply only to an offer of employment or contract made to a person who will work primarily in the immediate boundaries of the facility, home or institution. 2. Except as otherwise specified by subsection D of this section, an employer is authorized to obtain any criminal history background records maintained by the Oklahoma State Bureau of Investigation which the employer is required or authorized to request by the provisions of this section.	C 951		

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

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C 951	Continued From page 1	C 951		

3. The employer shall request the Bureau to conduct a criminal history background check on the person and shall provide to the Bureau any relevant information required by the Bureau to conduct the check. The employer shall pay a fee of Fifteen Dollars ($15.00) to the Bureau for each criminal history background check that is conducted pursuant to such a request.

4. The requirement of a criminal history background check shall not apply to an offer of employment made to:

a. a nursing home administrator licensed pursuant to the provisions of Section 330.53 of this title,

b. any person who is the holder of a current license or certificate issued pursuant to the laws of this state authorizing such person to practice the healing arts,

c. a registered nurse or practical nurse licensed pursuant to the Oklahoma Nursing Practice Act,

d. a physical therapist registered pursuant to the Physical Therapy Practice Act,

e. a physical therapist assistant licensed pursuant to the Physical Therapy Practice Act,

f. a social worker licensed pursuant to the provisions of the Social Worker's Licensing Act,

g. a speech pathologist or audiologist licensed pursuant to the Speech-Language Pathology and Audiology Licensing Act,

h. a dietitian licensed pursuant to the provisions of the Licensed Dietitian Act,

i. an occupational therapist licensed pursuant to the Occupational Therapy Practice Act, or

j. an individual who is to be employed by a nursing service conducted by and for the

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C 951	Continued From page 2 adherents of any religious denomination, the tenets of which include reliance on spiritual means through prayer alone for healing. 5. At the request of the employer, the Bureau shall conduct a criminal history background check on any person employed by the employer, including the persons specified in paragraph 4 of this subsection at any time during the period of employment of such person. 63-1-1950.1(C) 1. An employer may make an offer of temporary employment to a nurse aide or other person pending the results of the criminal history background check on the person. The employer in such instance shall provide to the Bureau the name and relevant information relating to the person within seventy-two (72) hours after the date the person accepts temporary employment. The employer shall not hire or contract with a person on a permanent basis until the results of the criminal history background check are received. 2. An employer may accept a criminal history background report less than one (1) year old of a person to whom such employer makes an offer of employment or employment contract. The report shall be obtained from the previous employer or contractor of such person and shall only be obtained upon the written consent of such person.	C 951		

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C 951	Continued From page 3	C 951		

This LEVEL A is not met as evidenced by:
Based on interview and record review, it was determined the center failed to initiate the process for a fingerprint based national background check for 2 (#1 and #3) of 6 sampled employees upon hire. This failed practice resulted in the widespread potential for more than minimal harm for all 5 residents who resided in the center. Findings:

On 08/30/19 at 9:50 a.m., employee records were

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C 951	Continued From page 4 reviewed for Oklahoma State Bureau of Investigation (OSBI) criminal history background records. No current OSBI records were found for employee #1 and #3. Employee #1 said a fingerprint based national background had not been conducted for employee #1 and #3.	C 951		

Oklahoma State Department of Health

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N1105 SS=F	310:677-11-1 (a)(1)(2)(3) General Requirements - LTC (a) The facility shall: (1) Complete a performance review of every nurse aide at least once every twelve (12) months and provide two (2) hours of inservice training specific to their job assignment each month. (2) Have in-service education generally supervised by a registered nurse who has at least two years nursing experience with at least one (1) year of which shall be in the provision of long term care services. (3) Ensure that each nurse aide certification is current and not expired. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the center failed to ensure (1)long term care aide (LTCA #3) of 4 employees who provided hands on care maintained a current long term aide certification. This failed practice had the widespread potential for more than minimal harm for all 5 participants. Findings: On 08/30/19 at 10:15 a.m., employee records were reviewed. LTCA /employee #3's file contained an expired certificate. Employee #1/administrative assistant was asked for a current LTCA certificate for LTCA/employee #3. She said LTCA/employee #3 had an expired LTCA certificate no current certificate at this time.	N1105		

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

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7219	COMPREHENSIVE COMMUNITY REHAB SERVICES AL

Type of Survey (select all that apply)

2

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 32[illegible]	08/29/2019	08/30/2019	0.50	0.00	5.25	0.00	3.00	5.00
2. 182[illegible]3	08/29/2019	08/30/2019	0.50	0.00	3.00	0.00	1.25	0.00
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

OCT 0 8 2019 jm

Oklahoma State Department of Health
Creating a State of Health

October 31, 2019

License Number: AL7219

Ms. Elesia Phillips, Administrator
Comprehensive Community Rehab Services Al
10018 East 29th Street
Tulsa, OK 74129

RE: Survey Event WOES11

Dear Ms. Phillips:

On August 30, 2019, agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **This POC is not accepted - the center included no plan to monitor (QA) or in-service the Employees on citations**.

Please provide a new plan of correction for these deficiencies and return with amendments as soon as possible.

Sincerely,

Sue Davis

Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/

Oklahoma State Department of Health

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N 000	Initial Comments A re-licensure survey was conducted on 8/29/19 and 8/30/19. The census was 5. The following deficient practice was cited.	N 000		
N1105 SS=F	310:677-11-1 (a)(1)(2)(3) General Requirements - LTC (a) The facility shall: (1) Complete a performance review of every nurse aide at least once every twelve (12) months and provide two (2) hours of inservice training specific to their job assignment each month. (2) Have in-service education generally supervised by a registered nurse who has at least two years nursing experience with at least one (1) year of which shall be in the provision of long term care services. (3) Ensure that each nurse aide certification is current and not expired. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the center failed to ensure (1)long term care aide (LTCA #3) of 4 employees who provided hands on care maintained a current long term aide certification. This failed practice had the widespread potential for more than minimal harm for all 5 participants. Findings: On 08/30/19 at 10:15 a.m., employee records were reviewed. LTCA /employee #3's file	N1105	**Employee #3 reinstated her LTCA 10-22-19** **She will not be working in the capacity of taking care of any client until the fingerprint portion completed. This will be completed by 10-29-19.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N1105	Continued From page 1 contained an expired certificate. Employee #1/administrative assistant was asked for a current LTCA certificate for LTCA/employee #3. She said LTCA/employee #3 had an expired LTCA certificate no current certificate at this time.	N1105		
C 000	INITIAL COMMENTS A re-licensure survey was conducted on 08/29/19 and 08/30/19. The census was 5. The following deficient practice was cited.	C 000		

C 951 SS=F	310:663-9-5(a) - USE 6000 STAFF QUALIFICATIONS (a) All of the assisted living center's employees shall be subject to the requirements for criminal arrest checks applicable to nurses aides under 63 O.S. Supp. 1997, Section 1-1950.1. 63-1-1950.1(B) 1. Except as otherwise provided by subsection C of this section, before any employer makes an offer to employ or to contract with a nurse aide or other person to provide nursing care, health-related services or supportive assistance to any individual except as provided by paragraph 4 of this subsection, the employer shall provide for a criminal history background check to be made on the nurse aide or other person pursuant to the provisions of this section. If the employer is a facility home or institution which is part of a larger complex of buildings, the requirement of a criminal history background check shall apply only to an offer of employment or contract made to a person who will work primarily in the immediate boundaries of the facility, home or institution.	C 951		

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C 951	Continued From page 2 2. Except as otherwise specified by subsection D of this section, an employer is authorized to obtain any criminal history background records maintained by the Oklahoma State Bureau of Investigation which the employer is required or authorized to request by the provisions of this section. 3. The employer shall request the Bureau to conduct a criminal history background check on the person and shall provide to the Bureau any relevant information required by the Bureau to conduct the check. The employer shall pay a fee of Fifteen Dollars ($15.00) to the Bureau for each criminal history background check that is conducted pursuant to such a request. 4. The requirement of a criminal history background check shall not apply to an offer of employment made to: a. a nursing home administrator licensed pursuant to the provisions of Section 330.53 of this title, b. any person who is the holder of a current license or certificate issued pursuant to the laws of this state authorizing such person to practice the healing arts, c. a registered nurse or practical nurse licensed pursuant to the Oklahoma Nursing Practice Act, d. a physical therapist registered pursuant to the Physical Therapy Practice Act, e. a physical therapist assistant licensed pursuant to the Physical Therapy Practice Act, f. a social worker licensed pursuant to the provisions of the Social Worker's Licensing Act, g. a speech pathologist or audiologist licensed pursuant to the Speech-Language	C 951		

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C 951	Continued From page 3 Pathology and Audiology Licensing Act, h. a dietitian licensed pursuant to the provisions of the Licensed Dietitian Act, i. an occupational therapist licensed pursuant to the Occupational Therapy Practice Act, or j. an individual who is to be employed by a nursing service conducted by and for the adherents of any religious denomination, the tenets of which include reliance on spiritual means through prayer alone for healing. 5. At the request of the employer, the Bureau shall conduct a criminal history background check on any person employed by the employer, including the persons specified in paragraph 4 of this subsection at any time during the period of employment of such person. 63-1-1950.1(C) 1. An employer may make an offer of temporary employment to a nurse aide or other person pending the results of the criminal history background check on the person. The employer in such instance shall provide to the Bureau the name and relevant information relating to the person within seventy-two (72) hours after the date the person accepts temporary employment. The employer shall not hire or contract with a person on a permanent basis until the results of the criminal history background check are received. 2. An employer may accept a criminal history background report less than one (1) year old of a person to whom such employer makes an offer of employment or employment contract. The report shall be obtained from the previous employer or contractor of such person and shall only be	C 951		

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C 951	Continued From page 4 obtained upon the written consent of such person. This LEVEL A is not met as evidenced by: Based on interview and record review, it was determined the center failed to initiate the	C 951		

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C 951	Continued From page 5	C 951		

	process for a fingerprint based national background check for 2 (#1 and #3) of 6 sampled employees upon hire. This failed practice resulted in the widespread potential for more than minimal harm for all 5 residents who resided in the center. Findings: On 08/30/19 at 9:50 a.m., employee records were reviewed for Oklahoma State Bureau of Investigation (OSBI) criminal history background records. No current OSBI records were found for employee #1 and #3. Employee #1 said a fingerprint based national background had not been conducted for employee #1 and #3.		**Employee #1 completed and was cleared on OKScreen on 9-25-19** **Fingerprints were completed for employee #1 on 9-25-19 and has been cleared by OkScreen** **Employee #3 completed her fingerprints on 10-29 and was not allowed to work or be on premises until completed.**	

Oklahoma State Department of Health
Creating a State of Health

November 8, 2019

License Number: AL7219

Ms. Elesia Phillips, Administrator
Comprehensive Community Rehab Services Al
10018 East 29th Street
Tulsa, OK 74129

RE: Survey Event WOES11

Dear Ms. Phillips:

On August 30, 2019, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **October 22, 2019**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 271-6868.

Sincerely,

per Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

LC/ks

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
	AL7219	A. BUILDING _____ B WING _____	08/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE COMMUNITY REHAB SERVICES AL	10018 EAST 29TH STREET TULSA, OK 74129

(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
N 000	Initial Comments A re-licensure survey was conducted on 8/29/19 and 8/30/19. The census was 5. The following deficient practice was cited.	N 000		
N1105 SS=F	310:677-11-1 (a)(1)(2)(3) General Requirements - LTC (a) The facility shall: (1) Complete a performance review of every nurse aide at least once every twelve (12) months and provide two (2) hours of inservice training specific to their job assignment each month. (2) Have in-service education generally supervised by a registered nurse who has at least two years nursing experience with at least one (1) year of which shall be in the provision of long term care services. (3) Ensure that each nurse aide certification is current and not expired. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, it was determined the center failed to ensure (1)long term care aide (LTCA #3) of 4 employees who provided hands on care maintained a current long term aide certification. This failed practice had the widespread potential for more than minimal harm for all 5 participants. Findings: On 08/30/19 at 10:15 a.m., employee records were reviewed. LTCA /employee #3's file	N1105	**Employee #3 reinstated her LTCA 10-22-19** **She will not be working in the capacity of taking care of any client until the fingerprint portion completed. This will be completed by 10-29-19. By 11-4-19 Administrative assistant will create a document to monitor all CNA Licensure and notify CNA in writing 1 month before due date.**	I

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7219	A BUILDING _____ B WING _____	08/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE COMMUNITY REHAB SERVICES AL	10018 EAST 29TH STREET TULSA, OK 74129

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N1105	Continued From page 1 contained an expired certificate. Employee #1/administrative assistant was asked for a current LTCA certificate for LTCA/employee #3. She said LTCA/employee #3 had an expired LTCA certificate no current certificate at this time.	N1105		
C 000	INITIAL COMMENTS A re-licensure survey was conducted on 08/29/19 and 08/30/19. The census was 5. The following deficient practice was cited.	C 000		

C 951 SS=F	310:663-9-5(a) - USE 6000 STAFF QUALIFICATIONS (a) All of the assisted living center's employees shall be subject to the requirements for criminal arrest checks applicable to nurses aides under 63 O.S. Supp. 1997, Section 1-1950.1. 63-1-1950.1(B) 1. Except as otherwise provided by subsection C of this section, before any employer makes an offer to employ or to contract with a nurse aide or other person to provide nursing care, health-related services or supportive assistance to any individual except as provided by paragraph 4 of this subsection, the employer shall provide for a criminal history background check to be made on the nurse aide or other person pursuant to the provisions of this section. If the employer is a facility home or institution which is part of a larger complex of buildings, the requirement of a criminal history background check shall apply only to an offer of employment or contract made to a person who will work primarily in the immediate boundaries of the facility, home or institution.	C 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7219	A BUILDING _____ B WING _____	08/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE COMMUNITY REHAB SERVICES AL	10018 EAST 29TH STREET TULSA, OK 74129

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C 951	Continued From page 2 2. Except as otherwise specified by subsection D of this section, an employer is authorized to obtain any criminal history background records maintained by the Oklahoma State Bureau of Investigation which the employer is required or authorized to request by the provisions of this section. 3. The employer shall request the Bureau to conduct a criminal history background check on the person and shall provide to the Bureau any relevant information required by the Bureau to conduct the check. The employer shall pay a fee of Fifteen Dollars ($15.00) to the Bureau for each criminal history background check that is conducted pursuant to such a request. 4. The requirement of a criminal history background check shall not apply to an offer of employment made to: a. a nursing home administrator licensed pursuant to the provisions of Section 330.53 of this title, b. any person who is the holder of a current license or certificate issued pursuant to the laws of this state authorizing such person to practice the healing arts, c. a registered nurse or practical nurse licensed pursuant to the Oklahoma Nursing Practice Act, d. a physical therapist registered pursuant to the Physical Therapy Practice Act, e. a physical therapist assistant licensed pursuant to the Physical Therapy Practice Act, f. a social worker licensed pursuant to the provisions of the Social Worker's Licensing Act, g. a speech pathologist or audiologist licensed pursuant to the Speech-Language	C 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7219	A. BUILDING _____ B. WING _____	08/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE COMMUNITY REHAB SERVICES AL	10018 EAST 29TH STREET TULSA, OK 74129

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C 951	Continued From page 3 Pathology and Audiology Licensing Act, h. a dietitian licensed pursuant to the provisions of the Licensed Dietitian Act, i. an occupational therapist licensed pursuant to the Occupational Therapy Practice Act, or j. an individual who is to be employed by a nursing service conducted by and for the adherents of any religious denomination, the tenets of which include reliance on spiritual means through prayer alone for healing. 5. At the request of the employer, the Bureau shall conduct a criminal history background check on any person employed by the employer, including the persons specified in paragraph 4 of this subsection at any time during the period of employment of such person. 63-1-1950.1(C) 1. An employer may make an offer of temporary employment to a nurse aide or other person pending the results of the criminal history background check on the person. The employer in such instance shall provide to the Bureau the name and relevant information relating to the person within seventy-two (72) hours after the date the person accepts temporary employment. The employer shall not hire or contract with a person on a permanent basis until the results of the criminal history background check are received. 2. An employer may accept a criminal history background report less than one (1) year old of a person to whom such employer makes an offer of employment or employment contract. The report shall be obtained from the previous employer or contractor of such person and shall only be	C 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7219	A BUILDING _____ B WING _____	08/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE COMMUNITY REHAB SERVICES AL	10018 EAST 29TH STREET TULSA, OK 74129

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C 951	Continued From page 4 obtained upon the written consent of such person. This LEVEL A is not met as evidenced by: Based on interview and record review, it was determined the center failed to initiate the	C 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 951	Continued From page 5	C 951		

	process for a fingerprint based national background check for 2 (#1 and #3) of 6 sampled employees upon hire. This failed practice resulted in the widespread potential for more than minimal harm for all 5 residents who resided in the center. Findings: On 08/30/19 at 9:50 a.m., employee records were reviewed for Oklahoma State Bureau of Investigation (OSBI) criminal history background records. No current OSBI records were found for employee #1 and #3. Employee #1 said a fingerprint based national background had not been conducted for employee #1 and #3.		**Employee #1 completed and was cleared on OKScreen on 9-25-19** **Fingerprints were completed for employee #1 on 9-25-19 and has been cleared by OK Screen.** **Employee #3 completed her fingerprints on 10-29.** **As of 10-1-19 CCRS will provide background checks in house and will no longer use a 3rd party, which was, in part, cause of some of the delay in getting employee #1 and #3 screened. Administrative assistant will monitor new hire results and coordinate with the office manager. Once new hires are cleared by OK Screen, Administrative Assistant will put in file and notify employee to proceed with fingerprinting. New employees will not be on the schedule until screening completed, employee cleared and fingerprinting results are in the file.**	

Oklahoma State Department of Health
Creating a State of Health

January 14, 2020

License Number: AL7219

Ms. Elesia Phillips, Administrator
Comprehensive Community Rehab Services Al
10018 East 29th Street
Tulsa, OK 74129

RE: Survey Event WOES12

Dear Ms. Phillips:

On **January 7, 2020,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **August 30, 2019,** have now been corrected effective **October 29, 2019.**

If you have any questions concerning the information in this letter, please contact the Enforcement Coordinator at (405) 271-6868.

Sincerely,

Katie Stagner

for Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/kgs

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
	AL7219	A. BUILDING: _____ B. WING _____	R 01/07/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE COMMUNITY REHAB SERV	10018 EAST 29TH STREET TULSA, OK 74129

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{N 000}	Initial Comments A follow-up survey was conducted 01/07/2020. Resident census was 5. All deficient practice was cleared.	{N 000}		
{C 000}	INITIAL COMMENTS A follow-up survey was conducted 01/07/2020. Resident census was 5. All deficient practice was cleared.	{C 000}		

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

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7219	COMPREHENSIVE COMMUNITY REHAB SERVICES AL

Type of Survey (select all that apply)

2	D			

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A				

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 34460	01/07/2020	01/07/2020	0.50	0.00	1.50	0.00	1.25	0.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**