

Delivery via email to: PBirge@msn.com

April 13, 2023

License Number: AL7219

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

RE: Survey Event ID: YUP311

Dear Ms. Phillips:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **April 12, 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.

Sincerely,



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

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLIER COMPREHENSIVE COMMUNITY REHAB SERVICES A		STREET ADDRESS, CITY, STATE, ZIP CODE 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 relicensure survey was conducted on 04/12/23. No deficiencies were cited.	C 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE