OKLAHOMA
State Department
of Health

Delivery via email to: PBIRGE@msn.com

January 31, 2024

License Number: AL7219

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

Survey Event ID: SFN011

Dear Ms. Willis:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 26, 2024**. 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: Comprehensive Community Rehabilitation Services
Address: 1800 East 29th Street
City, State, Zip: Tulsa, OK 74129
Provider #: AL7219
Complaint #: OK00061847
Investigation Date: 01/26/24

ALLEGATION

The facility failed to ensure residents who required a high level of care were referred for a higher level of care and failed to ensure adequate supervision was provided and safe transfer techniques were used to prevent falls.

An unannounced on-site investigation was initiated 01/26/2024 at 12:19 p.m.

A sample of four 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.
Grievance reports were reviewed. Staff training records were reviewed.
Resident records including assessments, care plans, physician orders, nursing notes, treatment records and Activities of Daily Living (ADL) sheets were reviewed.

Three 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: Click to Enter a Date

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Comprehensive Community Rehabilitation Services
Address: 10018 East 29th Street
City, State, Zip: Tulsa, OK 74129
Provider #: AL7219
Complaint #: OK00061888
Investigation Date: 01/26/24

ALLEGATION

The facility failed to ensure residents who required a high level of care were referred for a higher level of care and failed to ensure adequate supervision was provided and safe transfer techniques were used to prevent falls.

An unannounced on-site investigation was initiated 01/26/2024 at 12:19p.m.

A sample of four 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.
Grievance reports were reviewed. Staff training records were reviewed.
Resident records including assessments, care plans, physician orders, nursing notes, treatment records and Activities of Daily Living (ADL) sheets were reviewed.

Three 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: 01/29/2024

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 _____	C 01/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMPREHENSIVE COMMUNITY REHAB SERVICES A	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 Complaint investigations (#OK00061888, #OK00061847) were conducted on 1/26/24. No deficiencies were cited. Facility Census 4	C 000		

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