OKLAHOMA
State Department of Health

Delivery via email to: Britani Chappell <bchappell@trinitywoodstulsa.com>

September 13, 2024

License Number: AL7226

Ms. Britani Chappell, Administrator
Trinity Woods, Inc
3130 South Sandusky Ave
Tulsa, OK 74135

Survey Event ID: 8XEX11

Dear Ms. Chappell:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 11, 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Trinity Woods Assisted Living**
Address: **3130 South Sandusky Ave**
City, State, Zip: **Tulsa, OK 74135**
Provider #: **Al7226**
Complaint #: **OK00067117**
Investigation Dates: **09/10/24 and 09/11/24**

ALLEGATION
The facility failed to ensure residents were not physically, verbally, or psychosocially abused.

An unannounced on-site investigation was initiated 09/10/2024 at 11:25 a.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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:

Residents were observed relaxing in common areas and in their rooms. Staff were observed attending to residents and assisting with ADLs.

Staff were interviewed regarding abuse, facility policies and education on abuse.

Record reviews included facility policies, incident reports, electronic medical records and abuse investigations.

The attached State form, Statement of Deficiencies, 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: 09/11/2024

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
	AL7226	A. BUILDING: _____ B. WING _____	C 09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRINITY WOODS, INC	3130 SOUTH SANDUSKY AVE TULSA, OK 74135

(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 complaint investigation (#OK00067117) was conducted from 09/10/24 through 09/11/24. No deficiencies were cited. Facility Census: 37	C 000		

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