OKLAHOMA
State Department
of Health

Delivery via email to: deshannonn@colonialoaks.com; trischad@colonialoaks.com

November 9, 2022

License Number: AL7238

Ms. Trischa Deagusa, Administrator
Colonial Oaks At Tulsa
7807 S Mingo Rd
Tulsa, OK 74133

Survey Event ID: E80D11

Dear Ms Deagusa:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **November 3, 2022**. 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.

Sincerely,

Lisa Calvin

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

OKLAHOMA
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of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Colonial Oaks**
Address: **7807 A Mingo Road**
City, State, Zip: **Tulsa, Ok, 74133**
Provider #: **AL7238**
Complaint #: **OK00059509**
Investigation Date: **09/28/22 and 11/03/22**

ALLEGATION	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to ensure residents were not neglected.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 09/28/2022 at 3:30 a.m..

A sample of 3 residents including any identified resident, 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

The facility was immaculately clean and orderly. Residents were clean, groomed, and dressed. Residents were observed participating in activities, and in other community areas. No resident was observed to be in distress. A staff member was observed to be with residents at all times. Staff were observed assisting residents to the dining room for dinner. All staff listed as being on duty were observed to be in the facility.

As this is a memory care facility, most residents are not able to be interviewed. One resident stated the staff were available whenever they needed assistance, at night as well as in the day. The resident stated the staff are very friendly and helpful, and their needs were met. Staff stated they were able to complete all their assigned tasks, and the facility most likely overstaffs each shift.

A review of staffing sheets for 1 month documented every shift was staffed at or above guidelines. A requested review of incident reports and state reportable revealed no allegations of neglect had been made in the past month.

Determination Summary and Follow-Up Action

Deficient practice was unsubstantiated for allegation 1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Leasa Welch RN

Date report completed: 11/06/2022

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
	AL7238	A. BUILDING: _____ B. WING _____	C 11/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL OAKS AT TULSA	7807 S MINGO RD TULSA, OK 74133

(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 (#OK00059509) was conducted on 09/28/22 and 11/03/22. No deficiencies were cited.	C 000		

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

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Delivery via email to: deshannonn@colonialoaks.com; trischad@colonialoaks.com

November 9, 2022

License Number: AL7238

Ms. Trischa Deaguero, Administrator
Colonial Oaks At Tulsa
7807 S Mingo Rd
Tulsa, OK 74133

Survey Event ID: E80D11

Dear Ms Deaguero:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **November 3, 2022**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

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Sincerely,

Lisa Calvin

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