OKLAHOMA
State Department of Health

Delivery via email to: ralsup@oxfordseniorliving.com; tmatos@oxfordseniorliving.com

September 30, 2024

License Number: AL7239

Ms. Trish Matos, RDO/Administrator
Oxford Glen At Owasso
11113 East 103rd Street North
Owasso, OK 74055

Survey Event ID: V0IO11

Dear Ms. Matos:

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

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: **Oxford Glen at Owasso**
Address: **11113 East 103rd Street North**
City, State, Zip: **Owasso, OK,74055, Tulsa**
Provider #: **AL7239**
Complaint #: **OK00066511**
Investigation Date: **09/25/24 and 09/26/24**

ALLEGATION

The center failed to ensure residents were free from sexual abuse.

An unannounced on-site investigation was initiated 09/25/2024 at 1:01 p.m.

A sample of three 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 Centers for Medicare and Medicaid Services (CMS) 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 to the facility and at various times during the survey. Resident rooms and common areas were observed for cleanliness, safety hazards, and homelike appearance. Residents were observed interacting with staff for outward signs of fear or other outward signs of abuse and neglect.

Resident records were reviewed including physician orders, service plans, and progress notes. Staff abuse training records were reviewed along with incident reports.

Residents were not cognitively able to provide pertinent information when interviewed. Staff, the ombudsman, and visitors were interviewed regarding abuse and neglect.

The attached CMS 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: 09/26/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Oxford Glen at Owasso**
Address: **11113 East 103rd Street North**
City, State, Zip: **Owasso, OK,74055, Tulsa**
Provider #: **AL7239**
Complaint #: **OK00066803**
Investigation Date: **09/25/24 and 09/26/24**

ALLEGATION

The center failed to ensure residents were free from sexual abuse.

An unannounced on-site investigation was initiated 09/25/2024 at 1:01 p.m.

A sample of three 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 Centers for Medicare and Medicaid Services (CMS) 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.

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Oklahoma State Department of Health
Long Term Care Service

Date report completed: 09/26/2024

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
	AL7239	A. BUILDING: _____ B. WING _____	C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OXFORD GLEN AT OWASSO	11113 EAST 103RD STREET NORTH OWASSO, OK 74055

(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 (#OK00066511 and #OK00066803) were conducted on 09/25/24 and 09/26/24. No deficiencies were cited. Facility Census: 38	C 000		

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