OKLAHOMA
State Department
of Health

Delivery via email to: dmasten@sagora.com

January 2, 2024

License Number: AL7240

Ms. Deborah Masten, Administrator
Bellarose Senior Living
18001 East 51st Street
Tulsa, OK 74134

RE: Survey Event ID: WCCI11

Dear Ms. Masten:

Enclosed is a report of the inspection with complaint investigations conducted at your Assisted Living Center on **December 20, 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.

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: Bellarose Assisted Living
Address: 18001 East 51st Street
City, State, Zip: Tulsa, OK 74134
Provider #: AL7240
Complaint #: OK00061541
Investigation Dates: 12/18/23 Through 12/20/23

ALLEGATIONS

The facility failed to provide care according to the admission contract.
The facility failed to prevent the development of new/worsened pressure wounds and failed to ensure pain medication was given in a timely manner
The facility failed to ensure assistance with activities of daily living according to contract plan of care.
The facility failed to have and/or implement an effective infection control program
The facility failed to ensure call lights were working.

An unannounced on-site investigation was initiated 12/18/2023 at 11:30 a.m.

A sample of Five residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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, the presence of obnoxious and/or foul odors and call lights.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past facility staffing schedules were reviewed for staffing patterns and compared to the State mandated staffing requirements. Grievance reports were reviewed. Staff training records related to staffing were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, treatment records and Activities of Daily Living (ADL) sheets were reviewed.
Nine

Five residents were interviewed regarding if they felt their care needs were being met. 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: 12/20/2023

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: Bellarose Assisted Living
Address: 18001 East 51st Street
City, State, Zip: Tulsa, OK 74134
Provider #: AL7240
Complaint #:
Investigation Dates: 12/18/23 Through 12/20/23

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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
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INVESTIGATIVE REPORT

Facility: Bellarose Assisted Living
Address: 18001 East 51st Street
City, State, Zip: Tulsa, OK 74134
Provider #: AL7240
Complaint #: OK00061790
Investigation Dates: 12/18/23 Through 12/20/23

ALLEGATION

The facility failed to ensure residents were assisted with incontinent care in a timely manner.

An unannounced on-site investigation was initiated 12/18/2023 at 11:30 a.m.

A sample of five 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 halls were observed for odors and potential urine saturation of residents. Staff were observed for assisting residents with toileting needs, including providing incontinent care.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, treatment records, dietician notes, and activities of daily living (ADL) records. Facility policy and procedures were reviewed. Grievance records were reviewed.
Residents were interviewed related to incontinent care. They were asked if they received their care in a timely manner.
Staff members were interviewed regarding facility policy regarding incontinent care. They were asked about their ability to provide the appropriate care in a timely manner

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: 12/20/2023

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INVESTIGATIVE REPORT

Facility: Bellarose Assisted Living
Address: 18001 East 51st Street
City, State, Zip: Tulsa, OK 74134
Provider #: AL7240
Complaint #: #OK00061852
Investigation Dates:

ALLEGATIONS

The facility failed to have and or implement an effective pharmacy procedure to ensure medications are administered according to the physicians' orders.
The facility failed to ensure adequate staff to meet the needs of the residents
The facility failed to have or implement an effective pest control program.

An unannounced on-site investigation was initiated 12/18/2023 at 11:30 a.m.

A sample of five residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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 halls were observed for odors and potential urine saturation of residents. Staff were observed for assisting residents with toileting needs, including providing incontinent care and medication administration.

Resident records were reviewed including assessments, care plans, physician orders and nursing notes. Facility policy and procedures, grievance reports and staffing schedule were reviewed.

Residents were interviewed related to incontinent care and medication administrations. They were asked if they received their care in a timely manner.

Staff members were interviewed regarding the facility policy on incontinent care and pest control. They were asked about their ability to provide the appropriate care in a timely manner.

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: 12/20/2023

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
	AL7240	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLAROSE SENIOR LIVING	18001 EAST 51ST STREET TULSA, OK 74134

(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 from 12/18/23 through 12/20/23. Complaint investigations (#OK00061852, #OK00061790, #OK00061541, and #OK00061531) were conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 62	C 000		

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