OKLAHOMA
State Department
of Health

Delivery via email to: jessica.bolen@legendseniorliving.com

September 26, 2023

License Number: AL7267

Jessica Bolen, Administrator
The Stonehaven Assisted Living And Memory Care
10802 East 81st Street
Tulsa, OK 74133

Survey Event ID: 45K811

Dear Ms. Bolen:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 14, 2023**. 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

INVESTIGATIVE REPORT

Facility: The Stonehaven Assisted Living and Memory Care
Address: 10802 East 81st Street
City, State, Zip: Tulsa, OK 74133
Provider #: AL7267
Complaint #: OK00061240
Investigation Date: 09/14/23

ALLEGATIONS

The center failed to assess, monitor and intervene for a resident in distress.
The center failed to follow residents' care plans according to the contracts and failed to coordinate care with the hospice company.
The center failed to ensure residents were not physically, verbally or psychosocially abused.
The center failed to provide timely incontinent care, provide clean linens and answer call lights in a timely manner.

An unannounced on-site investigation was initiated 09/14/2023 at 09:06 AM

A sample of four 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 various other times throughout the survey. Resident hallways were observed for staff assistance with resident care needs and the presence of obnoxious and/or foul odors.

Resident records including care plans, contracts, incident reports and grievances were reviewed.

Residents were interviewed regarding if they felt their needs were met. Staff members were interviewed regarding the facility's policy on answering call lights.

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: 09/15/2023

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
	AL7267	A. BUILDING: _____ B. WING _____	C 09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE STONEHAVEN ASSISTED LIVING AND MEMORY	10802 EAST 81ST STREET 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 (OK00061240) was conducted on 09/14/23. No deficiencies were cited.	C 000		

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