OKLAHOMA
State Department
of Health

Delivery via email to: administrator@bartlesvilleAL.com; director@bartlesvilleal.com

June 7, 2023

License Number: AL7405

Ms. Lisa Mitchell, Administrator
Bartlesville Assisted Living
4605 Price Road
Bartlesville, OK 74006

RE: Survey Event ID: 1OFP11

Dear Ms. Mitchell:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **June 2, 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.

Sincerely,

Lisa Calvin

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

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INVESTIGATIVE REPORT

Facility: **Bartlesville Assisted Living**
Address: **4605 Price Road**
City, State, Zip: **Bartlesville, OK, 74006**
Provider #: **AL7405**
Complaint #: **OK00059802**
Investigation Dates: **06/01/23 and 06/02/23.**

ALLEGATIONS

1. The center failed to ensure residents were treated with dignity and respect.
2. The center failed to ensure residents received timely incontinent care.
3. The center failed to ensure dependent residents were fed in a timely manner.
4. The center failed to ensure dietary staff followed infection control policy and procedures when preparing meals.

An unannounced on-site investigation was initiated 06/01/2023 at 10:45 a.m.

A sample of 10 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 made upon entrance and at various times throughout the survey. Resident rooms and common areas were observed for odors and stains related to urinary or bowel incontinence. Staff were observed for their response to residents' need for incontinence care, assistance with meals, preparation of meals, infection control, and abusive interactions with residents.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, treatment records, dietician notes, feeding and water intake, output records, and activities of daily living (ADL) records. Facility policy and procedures were reviewed.

Residents were interviewed regarding staff's interactions with residents, timely incontinent care, assistance with feeding, timely meal service, staff's attention to infection control, and response times to resident requests for assistance.

Staff members were interviewed regarding infection control, feeding, timeliness of meals, timely response to resident requests for assistance, incontinence care, interactions between staff and residents.

Deficient practice was not cited. See the Statement of Deficiencies, Form 2567, for details.

Thank you for bringing your concerns to our attention.

Eric R. Ward, MPA BSN RN

Date report completed: 06/05/2023

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
	AL7405	A. BUILDING: _____ B. WING _____	06/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARTLESVILLE ASSISTED LIVING	4605 PRICE ROAD BARTLESVILLE, OK 74006

(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 06/01/23 through 06/02/23. A complaint investigation (#OK00059802) was conducted in conjunction with the survey. No deficiencies were cited.	C 000		

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