OKLAHOMA
State Department of Health

Delivery via email to: administrator@bartlesvilleAL.com

July 26, 2024

License Number: AL7405

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

RE: Survey Event ID: WH8811

Dear Ms. Mitchell:

Enclosed is a report of the inspection with a complaint investigation conducted at your Assisted Living Center on **July 25, 2024.** 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

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INVESTIGATIVE REPORT

Facility: **Bartlesville Assisted Living**
Address: **4605 Price Road**
City, State, Zip: **Bartlesville, OK, 74006, Washington**
Provider #: **AL7405**
Complaint #: **OK00061167**
Investigation Dates: **07/24/24 and 07/25/24**

ALLEGATION
The facility failed to ensure adequate staff to meet the needs of the residents

An unannounced on-site investigation was initiated 07/24/2024 at 8:30 am

A sample of ten 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 hallways were observed for staff assistance with resident care needs and the presence of obnoxious and/or foul odors.

A visual count of direct care nursing staff on duty was taken. Grievance reports and minutes from Resident Council were reviewed. Staff training records related to staffing were reviewed.

Residents, staff, and visitors were interviewed regarding staffing.

The attached State form, Statement of Deficiencies, 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: 07/25/2024

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
	AL7405	A. BUILDING: _____ B. WING _____	C 07/25/2024

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 07/24/24 through 07/25/24. A complaint investigation (#OK00061167) was conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 56	C 000		

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