OKLAHOMA
State Department of Health

Delivery via email to: administrator@bartlesvilleal.com

August 4, 2025

License Number: AL7405

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

RE: Survey Event ID: K2J611

Dear Ms. Mitchell:

Enclosed is a report of the inspection with complaint investigations conducted at your Assisted Living Center on **July 31, 2025.** 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: Bartlesville AL
Address: 4605 S Price Rd
City, State, Zip: Bartlesville,OK,74066
Provider #: AL7405
Complaint #: OK00084871
Investigation Date(s): 07/30/25-07/31/25

ALLEGATION(S)
The center failed to protect residents from sexual abuse by staff.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 07/30/2025 at 8:45 a.m.

A sample of 10 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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: Upon entrance into the facility a resident was sitting outside in a chair, greeted by them. Once in the facility staff were observed interacting with some residents in the lobby area. The facility was clean with no foul odor detected residents were observed being treated with dignity, respect and no abuse of any form was observed. The administrator gave the initial tour of the facility and stated they have a census of 53 residents in the community. All doors to the salon, laundry, maintenance room and medication room are locked. The doors on all the exits have a keypad for exit and entry. In memory care they have an outside courtyard which is enclosed.

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: 07/30/2025

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 07/31/2025

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 with complaint (#OK00084871) was conducted from 07/30/25 through 07/31/25. No deficiencies were cited. Facility Census: 53	C 000		

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