

Delivery via email to: mheckman@montereau.net

June 21, 2023

License Number: CC7204AL

Ms. Marla Heckman, Administrator
Montereau Inc
6800 South Granite Avenue
Tulsa, OK 74136

RE: Survey Event ID: JGFT11

Dear Ms. Heckman:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **June 14, 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,

Katie Stagner

Katie Stagner
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CC7204AL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/14/2023
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NAME OF PROVIDER OR SUPPLIER MONTEREAU INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6800 SOUTH GRANITE AVENUE TULSA, OK 74136
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(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 06/13/23 through 06/14/23. No deficiencies were cited.	C 000		

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