OKLAHOMA
State Department
of Health

Delivery via email to: tnail@montereau.net

April 2, 2024

License Number: CC7204AL

Ms. Traci Nail, Administrator
Montereau Inc
6800 South Granite Avenue
Tulsa, OK 74136

Survey Event ID: Q6J511

Dear Ms. Nail:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 19, 2024**. 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.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: **Montereau Inc.**
Address: **6800 South Granite Avenue**
City, State, Zip: **Tulsa, OK 74136**
Provider #: **AL7204**
Complaint #: **OK00063393**
Investigation Date(s): **03/18/24 and 03/19/24**

ALLEGATION(S)

The facility failed to protect residents from abuse.

An unannounced on-site investigation was initiated 03/18/2024 at 2:00 P.M.

A sample of four 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:

Upon entrance a tour of the facility was conducted. Residents were observed to be dressed appropriately and well groomed. The facility was clean and free of odors. Residents were observed in the dining areas, group activities, common areas, and in private apartments. Staff was observed to provide care as needed in a timely manner to met the needs of the residents. Staff was observed to interact with residents in a respectful manner.

Resident records, including sampled resident records, were reviewed for assessments, physician orders, care plans and service plans. A sample of staff records were reviewed for certifications and background checks. The facility policy and procedures, investigations, in-services and education documentation was reviewed.

Residents were interviewed related to care and treatment of staff providing services for their needs. Staff were interviewed related to policy and procedures and education of abuse.

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: 03/20/2024

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
	CC7204AL	A. BUILDING: _____ B. WING _____	C 03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTEREAU INC	6800 SOUTH GRANITE AVENUE TULSA, OK 74136

(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 (#OK00063393) was conducted on 03/18/24 and 03/19/24. No deficiencies were cited. Facility Census: 46	C 000		

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