OKLAHOMA
State Department of Health

Delivery via email to: darcia.alexandre@yahoo.com

January 12, 2024

License Number: RC7280
Survey Event ID: EOWZ11

Ms. Darcia Alexandre, Administrator
Bethesda Residential Care Home
5527 S 74th East Ave
Tulsa, OK 74145

Dear Ms. Alexandre:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **January 2, 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,

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: Bethesda Residential Care Home
Address: 5527 S 74th East Ave
City, State, Zip: Tulsa, OK, 74145
Provider #: RC7280
Complaint #: OK00061970
Investigation Date(s): 12/28/23-01/02/24

ALLEGATION(S)

The home failed to ensure residents responsible party were provided a 30 day discharge notice.
The facility failed to ensure residents were not involuntarily secluded.
The Facility failed to provide activities for residents.
The facility failed to ensure residents responsible party received all or partial refund at the time of discharge.

An unannounced on-site investigation was initiated 12/28/2023 at 8:30 A.M.

A sample of 1 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey.

Facility & Resident Records and were reviewed with no concerns reported.

Facility director and family members were interviewed with no concerns reported.

Resident were interviewed with no concerns reported.

A tour of the facility was conducted and no concerns reported.

Resident Funds were reviewed with no concerns reported.

Policy and procedures were reviewed with no concerns reported.

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: 01/04/2024

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
	RC7280	A. BUILDING: _____ B. WING _____	C 01/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA RESIDENTIAL CARE HOME	**5527 S 74TH EAST AVE TULSA, OK 74145**

(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
R 000	INITIAL COMMENTS A complaint investigation (#OK00061970) was conducted from 12/28/23 through 01/02/24. No deficiencies were cited. Facility Census: 1	R 000		

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