Oklahoma State Department of Health
Creating a State of Health

August 5, 2019

License Number: AL7210

Ms. Magen James, Administrator
The Courtyards At The Ambassador Memory Care Assis
1380 East 61st Street
Tulsa, OK 74136

Survey Event ID: 13X511

Dear Ms. James:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **June 25, 2019**. 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) 271-6868.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **The Courtyards at the Ambassador Memory Care**
Address: **1380 East 61st Street**
City, State, Zip: **Tulsa, Ok. 74136**
Provider #: **AL7210**
Complaint #: **OK00053942**
Investigation Date(s): **06/25/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure residents were not restrained.	**US**
2. The center failed to provide adequate staff to meet the needs of the residents.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Tuesday, June 25, 2019 at 3:00 p.m.

A sample of 7 residents including any identified resident was selected for the investigation based on the concerns relevant to the allegations.

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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.
An investigation specific to facility using restraints on residents was conducted.

A tour of the facility was conducted, residents were observed interacting with staff in the hallway and common areas of the center. Staff members were interviewed about restraints used on residents in the center. All staff denied use of any restraint on any resident. No resident was observed with restraints or restrained throughout this investigation.

On 06/25/19 at 3:35 p.m., a home health licensed practical nurse (LPN) was interviewed. The LPN stated, "Overall, I think the residents get good care here." She stated she wasn't aware of any use of restraints.

At 4:30 p.m., the resident care coordinator (RCC) stated the resident would often get in the chair and forget how to put the chair back in an upright position after reclining, in order to get out. The resident would then climb over the side of the chair. The physical therapist wanted to unplug the recliner chair so the resident would not recline the chair and forget how to get out of the reclined chair. The family didn't like it, and asked the center not to unplug the chair anymore so the resident could recline and elevate her legs. Frequently the resident's sister would come to visit and unplugged the recliner chair and would forget to plug the chair back when she left the center. A sign was placed above the chair on the wall and headboard in the resident room that said, "Please do not unplug the chair".

The Resident was observed sitting in her lift chair watching television when staff came to escort her down to dinner. The Resident's lift chair was plugged into the electrical wall socket and the resident was observed when she operated the lift chair to the standing position, up to her walker and walked toward the dining area with assistance from staff.

At 5:1:5 p.m., a table of four residents finishing their evening meal were asked about restraints. All residents stated, "No restraints were ever used."

Deficient practice was unsubstantiated for allegation # one. No further action is required.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to center having adequate staff to meet the needs of the residents.

Interviewed staff and they all stated call lights were answered as soon as possible. Staff stated someone was at the nurse desk until help would come to respond to the call light. Staff members were observed checking the call lights board and walked toward the apartment that called for assistance.

Observed the 3-11 shift answer call lights quickly/within a reasonable time period. If staff was busy, then another staff would answer the light, the staff worked as a team.

Deficient practice was unsubstantiated for allegation # two. No further action is required.

Determination Summary and Follow-Up Action:

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Lisa McAllister, BSN, RN - Survey Manager for

Carole Andrews, RN

Date report completed: 07/30/2019

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
	AL7210	A. BUILDING: _____ B. WING _____	06/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT THE AMBASSADOR ME	1380 EAST 61ST STREET 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 An abbreviated survey was conducted to investigate complaint #OK53942. The census was 27. No deficient practice was cited.	C 000		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7210	THE COURTYARDS AT THE AMBASSADOR MEMORY CARE ASSIS

Type of Survey (select all that apply)

3								

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A								

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor Use the surveyor's identification number

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID JV								
1. 32388	06/25/2019	06/25/2019	0.25	0.00	2.75	0.00	1.75	0.50
2. 18273 CA	06/25/2019	06/25/2019	0.25	0.00	2.75	0.00	1.50	3.00
3.								
4.								
5.								
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10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

AUG 06 2019 JM