Oklahoma State Department of Health
Creating a State of Health

February 25, 2020

License Number: AL7210

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

RE: Survey Event ID: TWX511

Dear Ms. James:

On **February 14, 2020**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on February 14, 2020.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;

(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 271-6868 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
1000 N.E. 10th
Oklahoma City, OK 73117-1299

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Sincerely,

Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc
Enclosure

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 _____	02/14/2020

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 A re-licensure survey was conducted on 02/12/20 through 02/14/20. Current census was 27. The following deficiencies were cited.	C 000		
C 322 SS=F	310:663-3-3(a)2 DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (2) nursing supervision during nursing intervention; This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to include the description of the provision of nursing supervision during nursing intervention in the residents' agreements/contracts for 8 (#1 through #8) of 8 sampled residents. This failed practice had the widespread potential for more than minimal harm. Findings: On 02/12/20 at 4:30 p.m., the residents' agreement/contracts were reviewed with the administrator, who was asked to locate the provision of nursing supervision during nursing intervention in the contracts. She stated she did not think there was anything about that in the agreements/contracts.	C 322		
C 329 SS=F	310:663-3-3(a)(9) DESCRIPTION OF SERVICES	C 329		

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 _____	02/14/2020

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 329	Continued From page 1 (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (9) provisions for evacuation of the building structure and staff to meet the evacuation needs of residents. This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to include the provisions for evacuation of the building structure and staff to meet the evacuation needs of residents in the residency agreements/contract for 8 (#1 through #8) of 8 sampled residents. This failed practice had the widespread potential for more than minimal harm. Findings: On 02/12/20 at 4:35 p.m., the residents' agreement/contracts were reviewed with the administrator, who was asked to locate the provision for evacuation of the building structure and staff to meet the evacuation needs of residents in the residency agreement/contracts. She stated she did not think that was in the agreements/contracts.	C 329		
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements.	C 391		

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 _____	02/14/2020

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 391	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations in regards to: a. Floor maintained and in good repair; b. Chipped/broken plates; and c. Clean equipment. These failed practices had the widespread potential for more than minimal harm for all 27 residents who received their nutrition from the kitchen. Findings: On 02/12/20 at 10:57 a.m., a kitchen sanitation tour was conducted and the following was observed: 310:257-11-1. Indoor areas, surface characteristics Floor covering around three metal floor drains and 1 white drain was observed to be broken, cracked, curled up, and missing. There was a large piece of missing floor covering, approximately 3 feet long and 1.5 feet wide, under some dishwasher racks. A smaller piece of floor covering was missing under a chest ice machine. Cement was visible where the floor covering was missing. The dietary manager stated the floor covering was torn, cracked, and missing due to wear and tear. She added the covering had been in that condition for a long time. 310:257-7-1. Characteristics	C 391		

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 _____	02/14/2020

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 391	Continued From page 3 Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: (1) Safe; (2) Durable, corrosion-resistant; and non-absorbent; (3) Sufficient in weight and thickness to withstand repeated warewashing; (4) Finished to have a smooth, easily cleanable surface, and; (5) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition. At 11:53 a.m. the first lunch meal was served on a thin white plate that was broken and chipped around the edge. There was a stack of 26 other plates that was to be used for the lunch meal, and many of them had broken/chipped areas on the edges. The dietary manager was asked how many of those plates were broken/chipped on the edges, and she then counted and stated, "Eight." She stated the broken/chipped plates had been used for a while because there was a shortage of plates available for use. 310:257-7-82. Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (c) Nonfood-contact surfaces of equipment shall be kept free of an accumulations of dust, dirt, food residue, and other debris.	C 391		

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 _____	02/14/2020

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 391	Continued From page 4 310:257-11-41. Cleaning, frequency and restrictions (a) The physical facilities shall be cleaned as often as necessary to keep then clean. At 12:52 p.m., the top of a convection oven was completely covered with thick grime and dust. Cook/employee #2 stated it was dirty and the employees had overlooked it. At 12:54 p.m., a blackish colored thick sticky substance was all around the drawer and cabinet pulls, across the drawer fronts and the front wooden piece under a sink in front of the steam table. Cook/employee #2 stated she did not know what the discolored substance was, but looked like glue or something.	C 391		
C1329 SS=F	310:663-13-2(9) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (9) conformity with state law; This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure every resident service agreement/contract contained a clear statement that depicted the contract was in conformity with state law for 8 (#1 through #8) of 8 sampled residents. This failed practice had the widespread potential for more than minimal harm. Findings: On 02/13/20 at 2:25 p.m., the service contracts for residents #1 through #8 were reviewed with	C1329		

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 _____	02/14/2020

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
C1329	Continued From page 5 the assistance of the administrator and there was no clear statement that depicted the contracts were in conformity with state law. The administrator stated that provision was not in the contracts.	C1329		

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)

[2]

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)
1. 25837	02/12/2020	02/14/2020	0.50	0.00	17.00	0.00	6.25	6.00
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
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**

FEB 26 2020

Oklahoma State Department of Health
Creating a State of Health

March 10, 2020

License Number: AL7210

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

RE: Survey Event TWX511

Dear Ms. James:

On February 14, 2020, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **March 18, 2020**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 271-6868.

Sincerely,

Sue Davis
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

SD/cn

Oklahoma State Department of Health
Creating a State of Health

March 16, 2020

License Number: AL7210

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

RE: Survey Event TWX511

Dear Ms. Stevens:

On February 14, 2020, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **March 18, 2020**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 271-6868.

Sincerely,

Sue Davis
Long Term Care Enforcement Coordinator
Oklahoma State Department of Health

SD/tk

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 _____	02/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT THE AMBASSADOR MEMORY	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 A re-licensure survey was conducted on 02/12/20 through 02/14/20. Current census was 27. The following deficiencies were cited.	C 000		
C 322 SS=F	310:663-3-3(a)2 DESCRIPTION OF SERVICES (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (2) nursing supervision during nursing intervention; This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to include the description of the provision of nursing supervision during nursing intervention in the residents' agreements/contracts for 8 (#1 through #8) of 8 sampled residents. This failed practice had the widespread potential for more than minimal harm. Findings: On 02/12/20 at 4:30 p.m., the residents' agreement/contracts were reviewed with the administrator, who was asked to locate the provision of nursing supervision during nursing intervention in the contracts. She stated she did not think there was anything about that in the agreements/contracts.	C 322	**How corrective action will be accomplished for those residents found to have been affected the deficient practice:** The facility will ensure there is nursing supervision during nursing interventions. The agreements/ contracts will be reviewed and revised to include nursing interventions. All new admissions will contain the new agreement/ contract including interventions. Agreements/ contracts will be monitored with each new admission until compliance is achieved. **How the facility will identify other residents having the potential to be affected by the same deficient practice:** There were 27 residents identified residing in the facility. Inservice was scheduled for 3-10-20 regarding nursing interventions in the agreements/ contracts and will continue through 3-18-20 as needed. **What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur:** Effective immediately the Administrator will conduct random audits for new admissions. Once compliance is achieved the Administrator will conduct random audits monthly through 2 QA meetings to ensure continued compliance. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** The Quality Assurance Committee will monitor the effectiveness of the plan until compliance is achieved and continue to monitor for two quarters after compliance.	3-18-20
C 329 SS=F	310:663-3-3(e)(9) DESCRIPTION OF SERVICES	C 329		

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 _____	02/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT THE AMBASSADOR MEMORY	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 329	Continued From page 1 (a) The assisted living center shall describe the service to be provided or arranged in the assisted living center with respect to the following services: (9) provisions for evacuation of the building structure and staff to meet the evacuation needs of residents. This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to include the provisions for evacuation of the building structure and staff to meet the evacuation needs of residents in the residency agreements/contract for 8 (#1 through #8) of 8 sampled residents. This failed practice had the widespread potential for more than minimal harm. Findings: On 02/12/20 at 4:35 p.m., the residents' agreement/contracts were reviewed with the administrator, who was asked to locate the provision for evacuation of the building structure and staff to meet the evacuation needs of residents in the residency agreement/contracts. She stated she did not think that was in the agreements/contracts.	C 329	**How corrective action will be accomplished for those residents found to have been affected the deficient practice:** The facility will ensure provisions for evacuation of the building and staff to meet the evacuation needs of residents is included in the residency agreements/ contracts. The agreement/contracts will be reviewed and revised to include the evacuation plan. Agreements/contracts will be monitored with each new admission until compliance is achieved. **How the facility will identify other residents having the potential to be affected by the same deficient practice:** There were 27 residents identified residing in the facility. Inservice was scheduled for 3-10-20 regarding evacuation plans included in the agreements/contracts and will continue through 3-18-20. **What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur:** Effective immediately the Administrator will conduct random audits for new admissions. Once compliance is achieved the Administrator will conduct random audits monthly through 2 QA meetings to ensure continued compliance. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** The Quality Assurance Committee will monitor the effectiveness of the plan until compliance is achieved and continue to monitor for two quarters after compliance.	3-18-20
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements.	C 391		

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 _____	02/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT THE AMBASSADOR MEMORY	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 391	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations in regards to: a. Floor maintained and in good repair; b. Chipped/broken plates; and c. Clean equipment. These failed practices had the widespread potential for more than minimal harm for all 27 residents who received their nutrition from the kitchen. Findings: On 02/12/20 at 10:57 a.m., a kitchen sanitation tour was conducted and the following was observed: 310:257-11-1. Indoor areas, surface characteristics Floor covering around three metal floor drains and 1 white drain was observed to be broken, cracked, curled up, and missing. There was a large piece of missing floor covering, approximately 3 feet long and 1.5 feet wide, under some dishwasher racks. A smaller piece of floor covering was missing under a chest ice machine. Cement was visible where the floor covering was missing. The dietary manager stated the floor covering was torn, cracked, and missing due to wear and tear. She added the covering had been in that condition for a long time. 310:257-7-1. Characteristics	C 391	**How corrective action will be accomplished for those residents found to have been affected the deficient practice:** The facility will ensure it is in compliance with Chapter 257 Food Service Establishment Regulations. The areas identified will be cleaned, repaired or replaced as needed. The Dietary Supervisor will conduct daily rounds to ensure compliance is achieved. **How the facility will identify other residents having the potential to be affected by the same deficient practice:** There were 27 residents identified residing in the facility. Inservice was scheduled for 3-4-20 regarding maintenance of the kitchen and equipment and notification to appropriate staff when areas of concern are identified and will continue through 3-18-20 as needed. **What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur:** Effective immediately the Dietary Supervisor and/or designee will conduct rounds and make observations daily to establish and maintain compliance. Once compliance is achieved the Dietary Supervisor and/or designee will conduct rounds and make observations monthly through 2 QA meetings to ensure continued compliance. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** The Quality Assurance Committee will monitor the effectiveness of the plan until compliance is achieved and continue to monitor for two quarters after compliance.	3-18-20

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 _____	02/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT THE AMBASSADOR MEMORY	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 391	Continued From page 3 Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be: (1) Safe; (2) Durable, corrosion-resistant; and non-absorbent; (3) Sufficient in weight and thickness to withstand repeated warewashing; (4) Finished to have a smooth, easily cleanable surface, and; (5) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition. At 11:53 a.m. the first lunch meal was served on a thin white plate that was broken and chipped around the edge. There was a stack of 26 other plates that was to be used for the lunch meal, and many of them had broken/chipped areas on the edges. The dietary manager was asked how many of those plates were broken/chipped on the edges, and she then counted and stated, "Eight." She stated the broken/chipped plates had been used for a while because there was a shortage of plates available for use. 310:257-7-82. Equipment, food-contact surfaces, nonfood-contact surfaces, and utensils (c) Nonfood-contact surfaces of equipment shall be kept free of an accumulations of dust, dirt, food residue, and other debris.	C 391		

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 _____	02/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT THE AMBASSADOR MEMORY	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 391	Continued From page 4 310:257-11-41. Cleaning, frequency and restrictions (a) The physical facilities shall be cleaned as often as necessary to keep them clean. At 12:52 p.m., the top of a convection oven was completely covered with thick grime and dust. Cook/employee #2 stated it was dirty and the employees had overlooked it. At 12:54 p.m., a blackish colored thick sticky substance was all around the drawer and cabinet pulls, across the drawer fronts and the front wooden piece under a sink in front of the steam table. Cook/employee #2 stated she did not know what the discolored substance was, but looked like glue or something.	C 391		
C1329 SS=F	310:663-13-2(9) CONTENTS OF CONTRACT Each resident service contract shall contain a clear statement of the following: (9) conformity with state law; This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure every resident service agreement/contract contained a clear statement that depicted the contract was in conformity with state law for 8 (#1 through #8) of 8 sampled residents. This failed practice had the widespread potential for more than minimal harm. Findings: On 02/13/20 at 2:25 p.m., the service contracts for residents #1 through #8 were reviewed with	C1329		

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 _____	02/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT THE AMBASSADOR MEMORY	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
C1329	Continued From page 5 the assistance of the administrator and there was no clear statement that depicted the contracts were in conformity with state law. The administrator stated that provision was not in the contracts.	C1329	**How corrective action will be accomplished for those residents found to have been affected the deficient practice:** The facility will ensure resident service contracts contain a clear statement of conformity with state law. The agreements/contracts will be reviewed and revised to include the conformity with state law. Agreements/contracts will be monitored with each new admission until compliance is achieved. **How the facility will identify other residents having the potential to be affected by the same deficient practice:** There were 27 residents identified residing in the facility. Inservice was scheduled for 3-10-20 regarding contacts/agreements including conformity with state law and will continue through 3-18-20 as needed. **What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur:** Effective immediately the Administrator will conduct random audits for new admissions. Once compliance is achieved the Administrator will conduct random audits monthly through 2 QA meetings to ensure continued compliance. **How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** The Quality Assurance Committee will monitor the effectiveness of the plan until compliance is achieved and continue to monitor for two quarters after compliance.	3-18-20

OKLAHOMA
State Department
of Health

Delivery via email to: *magen.james@ambassadorok.com*

November 17, 2020

License Number: AL7210

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

RE: Survey Event TWX512

Dear Ms. James:

On **November 12, 2020,** an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 14, 2020,** have now been corrected effective **March 18, 2020.**

If you have any questions concerning the information in this letter, please contact us in Enforcement at (405) 271-6868.

Sincerely,

Users, Lisa D Calvin
Digitally signed by Users, Lisa D Calvin
Date: 2020.11.17 09:30:52 -06'00'

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

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 _____	R 11/12/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE COURTYARDS AT THE AMBASSADOR MEMORY	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 A paper revisit was conducted on 11/12/2020. Credible evidence of correction was submitted for all deficiencies.	{C 000}		

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