OKLAHOMA
State Department
of Health

Delivery via email to: magen.james@ambassadorok.com; Ellen.kremeier@bridgesok.com; Susan.easterling@bridgesok.com

February 13, 2025

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: YIEY11

Dear Ms. James

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 10, 2025**. 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,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Courtyards at The Ambassador Memory Care**
Address: **1380 E 61st Street**
City, State, Zip: **Tulsa, OK, 74136**
Provider #: **AL7210**
Complaint #: **OK00075064**
Investigation Dates: **01/06/25, 01/30/25 and 02/10/25**

ALLEGATION
The center failed to provide adequate supervision to prevent elopement.

An unannounced on-site investigation was initiated 01/06/2025 at 10:12 a.m.

A sample of three 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:

Throughout the survey observations were conducted for supervision of residents to prevent elopement. Interviews were conducted with residents and staff regarding supervision. Records reviewed were resident clinical charts, incident reports, state reports with investigations, policy and resident contracts.

The attached State form, Statement of Deficiencies, 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: 02/11/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Courtyards at The Ambassador Memory Care**
Address: **1380 E 61st Street**
City, State, Zip: **Tulsa, OK, 74136**
Provider #: **AL7210**
Complaint #: **OK00075064**
Investigation Dates: **01/06/25, 01/30/25 and 02/10/25**

ALLEGATION
The center failed to ensure residents were not physically, verbally, or psychosocially abused.

An unannounced on-site investigation was initiated 01/06/2025 at 10:12 a.m.

A sample of three 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:

Throughout the survey observations were conducted of signs of abuse i.e. bruising, fear of staff, and no eye contact with staff or strangers. Interviews with staff and residents regarding abuse, training, and reporting of abuse. Record reviews were conducted with resident clinical records, incident reports, state reports with investigations, and hospital records.

The attached State form, Statement of Deficiencies, 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: 02/11/2025

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 _____	C 02/10/2025

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 Complaint investigations (#OK00075064 and #OK00076315) were conducted on 01/06/24, 01/30/25, and 02/10/25. No deficiencies were cited. Facility Census: 28	C 000		

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