OKLAHOMA
State Department of Health

Delivery via email to: cfreeman@sagora.com

July 14, 2026

License Number: AL7240

Cassandra Freeman, Administrator
Bellarose Senior Living
18001 East 51st Street
Tulsa, OK 74134

Survey Event ID: LGEW11

Dear Ms. Freeman:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 7, 2026**. 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,

Malinda Perry

Malinda Perry, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Bellarose Senior Living**
Address: **18001 East 51st Street**
City, State, Zip: **Tulsa, OK, 74134**
Provider #: **AL7240**
Complaint #: **OK00084672**
Investigation Date(s): **07/02/26, 07/06/26, and 07/07/26**

ALLEGATION(S)
The center failed to ensure the resident was billed according to the level of care services received.
The center failed to ensure the contract contained the fees for services provided.
The center failed to ensure the resident's had the right to choose their physician.

An unannounced on-site investigation was initiated 07/02/2026 at 9:30 a.m.

A sample of three residents, including any identified residents, 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 Summary of Complaint Investigation: Upon entrance and throughout the survey staff were observed assisting residents with activities of daily living. Some residents were served meals in the dining room and others received their meal in their room.

The residents stated the staff were helpful and available for assistance if they needed them. The residents stated to their knowledge they received the care and services which they were billed. The residents stated they continued to see the physicians they did prior to entering the facility.

Policies and procedures, resident agreements, resident assessments, progress notes, and billing statements were reviewed.

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: 07/08/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Bellarose Senior Living**
Address: **18001 East 51st Street**
City, State, Zip: **Tulsa, OK, 74134**
Provider #: **AL7240**
Complaint #: **OK00085271**
Investigation Date(s): **07/02/26, 07/06/26, and 07/07/26**

ALLEGATION(S)
The center failed to ensure discharge notices/procedures were completed according to State Law.
The center failed to ensure accurate billing procedures.

An unannounced on-site investigation was initiated 07/02/2026 at 9:30 a.m.

A sample of three residents, including any identified residents, 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 Summary of Complaint Investigation: Upon entrance and throughout the survey staff were observed assisting residents with activities of daily living. Some residents were observed exiting the facility with family.

The residents stated the staff were helpful and available for assistance if they needed them. The residents stated to their knowledge they received the care and services which they were billed.

Policies and procedures, resident agreements, resident assessments, progress notes, discharge/move out documents, and billing statements were reviewed.

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: 07/08/2026

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Bellarose Senior Living**
Address: **18001 East 51st Street**
City, State, Zip: **Tulsa, OK, 74134**
Provider #: **AL7240**
Complaint #: **OK00091891**
Investigation Date(s): **07/02/26, 07/06/26, nnd 07/07/26**

ALLEGATION(S)
The facility failed to provide food in a sufficient quantity and a variety to prepare menus for three days.

An unannounced on-site investigation was initiated 07/02/2026 at 9:30 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: An observation of the dining room and kitchen was completed. A menu was posted by the entrance to the dining room. A kitchen staff member was observed placing menus at every place setting at each table in the dining room. The kitchen had canned food items in a storage room and a walk-in freezer with frozen food items.

The residents stated the facility served three meals a day and the food was good. One resident stated they did not like the food because the facility put pepper, gravy, or sauce on everything. The kitchen staff stated food was ordered and delivered to the facility twice a week.

Policies and procedures, resident contracts, resident assessments, resident weights, dietary menus, and food company invoices were reviewed.

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: 07/08/2026

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INVESTIGATIVE REPORT

Facility: **Bellarose Senior Living**
Address: **18001 East 51st Street**
City, State, Zip: **Tulsa, OK, 74134**
Provider #: **AL7240**
Complaint #: **OK00091979**
Investigation Date(s): **07/02/26, 07/06/26, and 07/07/26**

ALLEGATION(S)
The center failed to ensure a safe, clean, and homelike environment.

An unannounced on-site investigation was initiated 07/02/2026 at 9:30 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: Upon entrance and throughout the survey an environmental tour was completed. Doors were observed for leaks, mold, or damage.

The residents stated they had not seen any mold or smelled foul odors in the facility. The staff stated there had been some ceiling leaks and a company had been in the facility for repairs. The staff stated the carpets had been cleaned after the leak and were cleaned quarterly.

Facility maintenance and repair documents were reviewed.

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: 07/08/2026

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
	AL7240	A. BUILDING: _____ B. WING _____	C 07/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLAROSE SENIOR LIVING	18001 EAST 51ST STREET TULSA, OK 74134

(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 (#OK00084672, OK00085271, OK00091891, and #OK00091979) were conducted on 07/02/26 and 07/06/26 through 07/07/26. No deficiencies were cited. Facility Census: 92	C 000		

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