OKLAHOMA
State Department
of Health

Delivery via email to: jessica.bolen@legendseniorliving.com

March 3, 2025

License Number: AL7267

Ms. Jessica Bolen, Administrator
The Stonehaven Assisted Living And Memory Care
10802 East 81st Street
Tulsa, OK 74133

RE: Survey Event ID: 1TL111

Dear Ms. Bolen:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **February 27, 2025.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: The Stonehaven Assisted Living
Address:10802 East 81st
City, State, Zip: Tulsa, OK. 74133
Provider #: AL7267
Complaint #: OK00064634
Investigation Date(s): 02/26/25 through 02/27/25

ALLEGATION(S)		
The center failed to ensure lab tests were completed in a timely manner and according to the plan of care and the standard of care		
The center failed to ensure assistance with activities of daily living was provided according to the contract and the plan of care		
The facility failed to ensure housekeeping services were provided according to the contract and the plan of care,		
The center failed to ensure residents representatives were notified of a change in condition.		
enter text		
The center failed to ensure adequate staff to meet the needs of the residents		

An unannounced on-site investigation was initiated 02/26/2025 at 8:30a.m.

A sample of five 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 into the center. Residents were observed for needing assistance with activities of daily living. Staff were observed interacting with residents. Records reviewes included: Residents health records, facility reported incidents. Residents, staff, and family members were asked questions regarding plan of care, assistance with activities of daily living, housekeeping, notifying residents representatives of a change in condition and ensuring adequate staff is available to meet the needs of residents.

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: 02/27/2025

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
	AL7267	A. BUILDING: _____ B. WING _____	C 02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE STONEHAVEN ASSISTED LIVING AND ME	10802 EAST 81ST STREET TULSA, OK 74133

(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 relicensure survey was conducted from 02/26/25 through 02/27/25. A complaint investigation (#OK00064634) was conducted in conjunction with the survey. No deficiencies were cited.	C 000		

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