



OKLAHOMA
State Department
of Health

Delivery via email: administrator@tulsanc.com

August 3, 2020

License Number: NH7230
Event ID: RQ3P11

Ms. Kaitlyn Mills, Administrator
Tulsa Nursing Center
10912 East 14th Street
Tulsa, OK 74128

RE: July 21, 2020 COVID-19 Special Focus Survey

Dear Ms. Mills:

Please find enclosed, the results of a COVID-19 Special Focus Infection Control Survey conducted **July 21, 2020**. No deficiencies were cited. Please confirm receipt by **reply to all** from the email that transmitted this notice.

*******No further action is required of Tulsa Nursing Center.*******

Oklahoma Statutes require 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 Patty Scott, Enforcement Manager at (405) 820-9922.

Sincerely,

Katie
Stagner

Digitally signed by Katie Stagner
DN: cn=Katie Stagner,
o=Oklahoma State Department of
Health, ou=Long Term Care,
email=katies@health.ok.gov, c=US
Date: 2020.08.03 15:23:56 -05'00'

Katie Stagner | Enforcement Analyst
Protective Health Services, Long Term Care
Oklahoma State Department of Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/03/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375389	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OR SUPPLIER TULSA NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10912 EAST 14TH STREET TULSA, OK 74128		
(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) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted by the Oklahoma State Department of Health on behalf of the Centers for Medicare & Medicaid Services (CMS) on July 21, 2020. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.</p> <p>Total residents: 81</p>	F 000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NH7230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
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NAME OF PROVIDER OR SUPPLIER TULSA NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 10912 EAST 14TH STREET TULSA, OK 74128
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LL000	<p>Initial Comments</p> <p>On 07/21/20, the Oklahoma State Department of Health completed a COVID-19 Focused Survey to determine if the facility was in compliance with implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. No deficiencies were cited.</p> <p>Total residents: 81</p>	LL000		

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