

Delivery via email to: tnail@montereau.net

March 1, 2024

License Number: CC7204AL

Mr. Tadd Weese, Administrator
Montereau Inc
6800 South Granite Avenue
Tulsa, OK 74136

Survey Event ID: HOWS11

Dear Mr. Weese:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 15, 2024**. 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,

Clorissa Nubine

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

Enclosure

INVESTIGATIVE REPORT

Facility: Montereau Inc
Address: 6800 South Granite Avenue
City, State, Zip: Tulsa, OK 74136
Provider #: CC7204AL
Complaint #: OK00060846
Investigation Date(s): 02/13/24 through 02/15/24

ALLEGATION(S)

The facility failed to ensure residents' property was not misappropriated.
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The facility failed to notify the State Agency (OSDH) of misappropriation of resident property.

An unannounced on-site investigation was initiated 02/13/2024 at 11:45 a.m.

A sample of seven 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:

Residents were observed throughout the investigation to be well groomed and appropriately dressed for the season. Residents were observed during interactions with staff during care provided.

Record reviews were conducted for residents medical records, incident reports, reportable incidents, policy and procedures, and staff records.

Residents were asked if they had concerns of missing or stolen property, or treatment from staff or other care providers. Residents were asked if they had concerns of items that were missing or stolen, did they know who to tell and how did the staff respond.

Staff were asked what steps were taken to prevent lost or stolen property. Staff were asked if they were aware of any resident that had items that had been lost or stolen, and what steps were taken by the facility to investigate the allegations. Staff were asked what was in place to ensure third party care givers would not take advantage of the residents.

The attached Statement of Deficiencies, Form 2567 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: 02/26/2024

INVESTIGATIVE REPORT

Facility: Montereau Inc
Address: 6800 South Granite Avenue
City, State, Zip: Tulsa, OK 74136
Provider #: CC7204AL
Complaint #: OK00061644
Investigation Date(s): 02/13/24 through 02/15/24

ALLEGATION(S)

The facility failed to ensure medications were administered according to the physicians' orders.
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The facility failed to have and/or implement an effective pharmacy policy to ensure discontinued medications were not given in error.

An unannounced on-site investigation was initiated 02/13/2024 at 11:45 a.m.,

A sample of seven 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:

Residents were observed throughout the investigation to be alert, and interact easily with staff and visitors.

Residents were observed to discuss medication orders and regimen with the medication nurses. Medication Administration tasks was observed as residents received their medications as ordered and discussed their medical health and medication with the staff.

Record review was conducted for medication orders, and medication orders were compared with the medication administration observation. Medical records were reviewed for medication errors or changes in residents' conditions. Other records reviewed included policy and procedures, incident reports, and state reportable incident reports.

Residents were asked if they received their medications as ordered or had any concerns regarding their orders and the medications they received. Residents were asked if they had concerns of their medications, who would they report the concern to and how did the staff respond.

Staff were asked if they were aware of any event that involved medication errors. Staff were asked, if a medication error had occurred, what protocol was followed, and who was the error reported to.

The attached Statement of Deficiencies, Form 2567 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: 02/27/2024

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CC7204AL	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/15/2024
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NAME OF PROVIDER OR SUPPLIER MONTEREAU INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6800 SOUTH GRANITE AVENUE TULSA, OK 74136
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(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	<p>INITIAL COMMENTS</p> <p>Complaint investigations (#OK00060847, and #OK00061644) were conducted on 02/13/24 and 02/15/24. No deficiencies were cited.</p> <p>Facility Census: 71</p>	C 000		

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