

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2026
NAME OF PROVIDER OR SUPPLIER Covenant Living at Inverness		STREET ADDRESS, CITY, STATE, ZIP CODE 3800 West 71st Street South Tulsa, OK 74132	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to maintain a clean ice machine and service meals in a manner which limited the risk of cross contamination. The DON identified 39 residents ate meals prepared in the kitchen and served from the satellite kitchen. Findings: On 07/06/26 at 2:15 p.m., the ice machine in the kitchen was observed with the kitchen manager and Maintenance #1. The front panel was removed, and the front panel and the mechanical area of the ice machine was observed. There was a grey tube which ran downward and into the water reservoir. A green substance, speckled with brown and with brown and green edges, was observed under the water line and in the bend of the grey tube. There were green and black spots observed on the walls of the water reservoir and on the front covering. On 07/07/26 at 11:40 a.m., in the satellite kitchen, Dining Services Associate #1 and the dining manager were observed to use gloved hands to retrieve and plate the hamburger buns for the residents who ordered the sloppy joes. Dining Services Associate #1 and the dining manager were observed to touch multiple surfaces, utensils, plates, trays, and their own person/clothing with the same gloved hands they used to plate the hamburger buns for the sloppy joes. On 07/06/26 at 2:16 p.m., the kitchen manager stated they could see the green substance observed under the water line and in the bend of the grey tube and the green and black spots on the walls of the water reservoir and on the front covering. The kitchen manager stated they would have the ice machine cleaned. On 07/10/26 at 3:18 p.m., Dining Services Associate #1 stated they utilized a dedicated utensil for each item they served, used clean tablecloths for each meal, made sure their hands were washed or used hand sanitizer, and utilized gloves to maintain infection control when plating meals. On 07/10/26 at 3:25 p.m., the dining manager stated they assisted with serving most meals from the satellite kitchen. The dining manager stated they did use their gloved hands to handle the bread when plating the sloppy joes as well as touching other surfaces. The dining manager stated they washed their hands before and after each task.		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
--	-------	-----------