STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375568	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tulsa Center for Rehabilitation and Healthcare	6202 East 61st Street Tulsa, OK 74136

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, record review, and interview, the facility failed to ensure dignity was maintained while residents were assisted with meals for 1 (#2) of 3 sampled residents reviewed for dignity.The administrator identified eight residents who were dependent on staff for eating.Findings:On 05/14/26 at 12:30 p.m., LPN #3 was observed standing while assisting Resident #2 with the noon meal.A quarterly assessment, dated 04/22/26, showed Resident #2 had a BIMS score of 10 which indicated moderate cognitive impairment. The assessment showed Resident #2 was dependent on staff for eating.On 05/14/26 at 12:50 p.m., LPN #3 stated staff should sit while assisting residents with eating to maintain dignity when dining.On 05/14/26 at 1:10 p.m., the DON stated staff should be seated next to the resident they were assisting to ensure dignity with dining.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375568	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tulsa Center for Rehabilitation and Healthcare	6202 East 61st Street Tulsa, OK 74136

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, record review, and interview, the facility failed to maintain infection control for residents with indwelling urinary catheters for 1 (#5) of 3 sampled residents reviewed for infection control.The administrator identified 11 residents with indwelling urinary catheters.Findings:On 05/14/26 at 11:00 a.m., CNA #3 and LPN #3 were observed to transfer Resident #5 from their bed to their wheelchair using a mechanical lift. CNA #3 was observed to place the catheter drainage bag on the floor. CNA #3 was observed to run over the catheter drainage bag with the wheel of the mechanical lift. CNA #3 was observed to slide the catheter bag along the floor from the front of the wheelchair to the back of the wheelchair.An annual assessment, dated 04/02/26, showed Resident #5 had a BIMS score of 15 which indicated intact cognition. The assessment showed Resident #5 had an indwelling urinary catheter and was dependent on staff for transfer from bed to chair.On 05/14/26 at 11:08 a.m., CNA #3 stated catheter bags should not be placed on the floor.On 05/14/26 at 11:10 a.m., LPN #3 stated catheter drainage bags should not be placed on the floor, slid along the floor, or ran over with the wheel of the mechanical lift.On 05/14/26 at 1:10 p.m., the DON stated catheter drainage bags should always be kept off the floor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	375568	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Tulsa Center for Rehabilitation and Healthcare	6202 East 61st Street Tulsa, OK 74136

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure the call light system was functioning for 3 (#4, 6, and #8) of 5 sampled residents reviewed for functioning call lights. The administrator identified 121 residents resided at the facility.On [DATE] at 5:24 a.m., the call lights in room [ROOM NUMBER] and room [ROOM NUMBER] were observed to be on in the hallway. The call light alert box at the nurses' station was observed to show cord out for room [ROOM NUMBER] and room [ROOM NUMBER]. On [DATE] at 10:50 a.m., the call light box for room [ROOM NUMBER] was observed to be missing. Bare wires were observed to hang from the wall where it had been located.A policy titled Call Lights: Accessibility and Timely Response, dated 2025, read in part, Assure the facility is adequately equipped with a call light at each residents' bedside.Staff will report problems with a call light or call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied.A Call Box Check Log, dated [DATE] through [DATE], showed rooms [ROOM NUMBER] had missing call light boxes.On [DATE] at 10:50 a.m., Resident #6 stated their call light did not work and there had been issues with it for several weeks. On [DATE] at 11:01 a.m., CNA #6 stated they knew room [ROOM NUMBER] and room [ROOM NUMBER]'s call lights did not work. They stated they were not aware the call lights in room [ROOM NUMBER] and room [ROOM NUMBER] did not work and was not sure if the residents had other ways to let them know they needed something. CNA #6 stated they usually checked on everyone frequently and residents would yell at them if they needed something.On [DATE] at 11:16 a.m., the maintenance supervisor stated there had been ongoing issues with the call light boxes requiring repairs and replacements, with several call light boxes missing. On [DATE] at 1:30 p.m., the DON stated there were ongoing issues with call lights. The DON stated residents were provided whistles or bells if their call lights did not work. The DON stated they were not sure which lights were not working.