OKLAHOMA
State Department
of Health

Delivery via email to: Curtis@HeritageOKC.com; heritageassisted@gmail.com

June 18, 2024

License Number: AL0905

Mr. Curtis Aduddell, Administrator
Heritage Assisted Living
9025 Nw Expressway
Yukon, OK 73099

RE: Survey Event ID: PWEH11

Dear Mr. Aduddell:

Enclosed is a report of the licensure inspection with complaint investigation conducted at your Assisted Living Center on **June 11, 2024.** 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,

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility:	**Heritage Assisted Living**
Address:	**9025 Northwest Expressway**
City, State, Zip:	**Yukon, OK. 73099**
Provider #:	**AL 0905**
Complaint #:	**OK00062358**
Investigation Date:	**06/10/24 through 06/11/24**

ALLEGATION(S)

The center failed to ensure staff followed HIPAA laws related to resident information.

An unannounced on-site investigation was initiated 06/10/2024 at 9:20 a.m.

A sample of ten resident, 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 Centers for Medicare and Medicaid Services (CMS) 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, at other various times throughout the survey, and across multiple shifts. Observations were made of staff providing activities, serving meals, and report being done between staff at shift change.

Residents were interviewed related to staff bringing children to work and helping in kitchen and running the hallways.

Resident records were reviewed including assessments, physician orders, care plan, and orders

Staff members were interviewed regarding the facility policy for bringing children to work, HIPPA compliance. Facility had no grievances regarding children at work with staff. A child was observed helping with activities during observation on one day of survey, residents and staff enjoyed her help.

The attached CMS 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: 06/11/2024

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
	AL0905	A. BUILDING: _____ B. WING _____	C 06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ASSISTED LIVING	9025 NW EXPRESSWAY YUKON, OK 73099

(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 06/10/24 through 06/11/24. A complaint investigation (#OK00062358) was conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 71	C 000		

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