OKLAHOMA
State Department
of Health

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

October 11, 2024

License Number: AL0905

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

Survey Event ID: RKLN11

Dear Mr. Aduddell:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 2, 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,

Lisa Calvin

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

Enclosure

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Heritage Assisted Living**
Address: **9025 NW Expressway**
City, State, Zip: **Yukon, OK 73099**
Provider #: **AL0905**
Complaint #: **OK00067929**
Investigation Date(s): **10/02/24**

ALLEGATION(S)
The center failed to ensure the elevator was operational.

An unannounced on-site investigation was initiated 10/02/2024 at 10:10 a.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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:

Observations were made of residents going up and down the stairs to the second floor with staff assistance if needed. An emergency transfer blanket was observed on the first and second floor to assist with emergency evacuation if a resident required it. The elevator was observed being worked on.

Residents were asked how they would evacuate in an emergency while being in a wheelchair. All residents stated they were able to walk with assistance and staff also had an emergency transfer blanket to assist down the stairs if needed. They were asked about appointments outside of the facility and all stated they are able to go outside the facility and they had no concerns.

Staff was asked about the elevator being down and emergency response. They were asked how residents in wheelchairs were able to get out in an emergency and or for appointments outside of the facility. All staff had knowledge of the emergency blanket and how to use it. The staff stated residents with wheelchairs all could walk with assistance and that included navigating the stairs.

The facility emergency plan, letters to the families regarding the upgrading of the elevator control panel and the care plan addendums related to the upgrade were reviewed.

The attached State form, Statement of Deficiencies, 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: 10/08/2024

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 10/02/2024

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 Complaint investigation (OK00067929) was conducted on 10/02/24. No deficiencies were cited. Facility Census: 70	C 000		

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