OKLAHOMA
State Department
of Health

Delivery via email to: Curtis@HeritageOKC.com

November 7, 2025

License Number: AL0905

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

RE: Survey Event ID: EE3Z11

Dear Mr. Aduddell:

On **October 31, 2025**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **October 31, 2025**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: http://www.ok.gov/health. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to OSDH.LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Heritage Assisted Living
Address: 9025 NW Expressway
City, State, Zip: Yukon, OK, 73099
Provider #: AL0905
Complaint #: OK00069036
Investigation Date(s): 10/30/25 through 10/31/25

ALLEGATION(S)

1. The center failed to ensure residents' medications were not misappropriated.
2. The center failed to ensure medication was administered according to the physician's orders.
3. The center failed to ensure residents were assisted during an emergency according to the emergency plan and/or contract.
4. The center failed to provide qualified staff.

An unannounced on-site investigation was initiated 10/30/2025 at 9:00 a.m.

A sample of 10 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey.

Resident records were reviewed including assessments, physician orders, nursing notes, treatment records, contracts, policies, staff licenses, and medication administration records. Residents and family representatives were interviewed about facility policy, medication administration, safety concerns, and staff care. Staff were interviewed regarding medication administration, and safety of 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: 11/04/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Heritage Assisted Living**
Address: **9025 NW Expressway**
City, State, Zip: **Yukon, OK, 73099**
Provider #: **AL0905**
Complaint #: **OK00074074**
Investigation Date(s): **10/30/25 through 10/31/25**

ALLEGATION(S)

1. The center failed to ensure medications were administered according to the physicians' orders.
2. The center failed to ensure adequate supervision was provided and failed to ensure necessary equipment was maintained to prevent accidents.

An unannounced on-site investigation was initiated 10/30/2025 at 9:00 a.m.

A sample of 10 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey.

Resident records were reviewed including assessments, physician orders, nursing notes, treatment records, contracts, policies, staff licenses, and medication administration records. Residents and family representatives were interviewed about facility policy, medication administration, safety concerns, and staff care. Staff were interviewed regarding medication administration, and safety of 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: 11/04/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Heritage Assisted Living**
Address: **9025 NW Expressway**
City, State, Zip: **Yukon, OK, 73099**
Provider #: **AL0905**
Complaint #: **OK00086203**
Investigation Date(s): **10/30/25 through 10/31/25**

ALLEGATION(S)

1. The facility failed to have adequate staffing to meet residents' needs.

An unannounced on-site investigation was initiated 10/30/2025 at 9:00 a.m.

A sample of 10 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey.

Resident records were reviewed including assessments, physician orders, nursing notes, treatment records, contracts, policies, staff licenses, and medication administration records. Residents and family representatives were interviewed about facility policy, medication administration, safety concerns, and staff care. Staff were interviewed regarding medication administration, and safety of 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: 11/04/2025

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 10/31/2025

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 with complaints (#OK00069036, OK00074074, and #OK00086203) was conducted from 10/30/25 through 10/31/25. Deficiencies were cited as a result of the survey. Facility Census: 69	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview, the center failed to ensure: a. open food items were labeled with the date they were prepared or opened in 3 of 5 refrigerators/freezers; and b. food was covered and sealed in 2 of 5 refrigerators/freezers in the food service area. The director of nursing identified 69 residents received nutrition from the kitchen. Findings: On 10/30/25 at 9:32 a.m., the following observations were made in the double door refrigerator by the serving line: a. one 4 quart container with fruit cocktail did not have a date when it was opened;	C 391		

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 10/31/2025

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 391	Continued From page 1 b. salsa in small square uncovered container did not have date indicating when it was opened; c. shredded cheeses in square uncovered container did not have a date indicating when it was opened; e. cut onions in a uncovered Styrofoam container did not have a date indicating when it was prepared; f. a metal pan with cooked chicken did not have a date indicating when it was prepared; g. a plastic tube of opened sausage did not have a date indicating when it was opened; h. a squeeze container of mustard had no date indicating when it was opened; i. six single proportions of diced ham servings did not have a date indicating when they were prepared; j. whole ham in metal pan was uncovered and did not have a date indicating when it was opened; k. peanut butter and jelly sandwiches, cheese sandwiches, and ham sandwiches wrapped in plastic on a tray did not have the date they were prepared; l. cottage cheese in five pound container was opened and did not have the date the product was opened; m. yellow sliced cheese was open and wrapped in plastic did not have a date indicating when it was opened; n. one bag of open flour tortillas wrapped in plastic did not have the date indicating when it was opened; and o. sliced cake in a clamshell/to go container did not have the date it was prepared. On 10/30/25 at 9:35 a.m., the following observations were made in the freezer in the dish area: a. a plastic bag unsealed and open had frozen sausage patties that were not labeled with the	C 391		

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 10/31/2025

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 391	Continued From page 2 date they were opened; b. a bag of frozen chicken fingers was open and not sealed, and did not have the date the product was opened; and c. a box containing hamburger patties was open and not covered and did not have the date they were opened for use. On 10/30/25 at 9:40 a.m., a two quart plastic container had diced tomatoes and onions was observed in the double door reach in refrigerator by the dry storage. There was no date indicating when the product was opened or prepared. On 10/30/25 at 10:15 a.m., the administrator was shown the above items in the refrigerator and freezers. The administrator stated the executive chef had gotten complacent and should of labeled the open items with the date and the food items should have been covered, sealed, and dated. On 10/30/25 at 10:33 a.m., the executive chef was shown the unlabeled and unsealed items in the refrigerators and freezers and ask what the policy was. The executive chef stated that all items should be labeled with the date they were opened and all items should be covered and sealed in the refrigerators and freezers.	C 391		

OKLAHOMA
State Department
of Health

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

November 19, 2025

License Number: AL0905

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

RE: Survey Event EE3Z11

Dear Mr. Aduddell:

On **October 31, 2025,** agents from our office completed an Assisted Living Center survey with complaint investigations at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **C0391:** The plan of correction does not specify the time frame monitoring will occur.

Please provide an AMENDED plan of correction for these deficiencies and return with amendments as soon as possible.

Respectfully,

Lisa Calvin

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

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 11/18/2025** **Facility Name:** Heritage Assisted Living **License Number:** AL0905 **Survey Event ID:** EE3Z11 **Date Survey Completed: 10/31/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C391	Based on: Observation and interview, the center failed to ensure: a. open food items were labeled with the date they were prepared or opened in 3 of the 5 refrigerators/freezers and b. food was covered and sealed in2 of 5 refrigeratorss/freezers in the food service area.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Dietary consultant provided a guide on proper food storage, Labeling and Dating. All dietary staff have been inserviced on the guide. Dietary Consultant will also inservice staff on their next visit.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All Residents are potentially affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All food items will be properly labeled, dated and stored by Kitchen staff.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Enter methods to ensure corrections are sustained: Dietary Supervisor will check behind staff while on duty for compliance and report to QA Added to QA as a problem Part of written QA
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/30/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required.	**Date 11/18/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

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

November 20, 2025

License Number: AL0905

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

RE: Survey Event EE3Z11

Dear Mr. Aduddell:

On **October 31, 2025,** agents from our office completed an Assisted Living Center survey with complaints at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The Amended plan of correction you submitted is not acceptable for the following reasons:

- **C0391:** The plan of correction needs to specify the length of time they will monitor to ensure compliance.

Please provide 2nd Amended plan of correction for these deficiencies and return with amendments as soon as possible.

Respectfully,

Lisa Calvin

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

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE**
	Current Date: 11/18/2025
	Facility Name: Heritage Assisted Living
	License Number: AL0905
	Survey Event ID: EE3Z11
	Date Survey Completed: 10/31/2025

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C391	Based on: Observation and interview, the center failed to ensure: a. open food items were labeled with the date they were prepared or opened in 3 of the 5 refrigerators/freezers and b. food was covered and sealed in2 of 5 refrigeratorss/freezers in the food service area.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Dietary consultant provided a guide on proper food storage, Labeling and Dating. All dietary staff have been inserviced on the guide. Dietary Consultant will also inservice staff on their next visit.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All Residents are potentially affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All food items will be properly labeled, dated and stored by Kitchen staff.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Enter methods to ensure corrections are sustained: Dietary Supervisor will check behind staff weekly for compliance and report to QA Added to QA as a problem Part of written QA
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/30/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required.	**Date 11/19/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. **Surveyor:** Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

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

November 21, 2025

License Number: AL0905

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

RE: Survey Event EE3Z11

Dear Mr. Aduddell:

On **October 31, 2025**, a Licensure inspection with complaint investigations was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your 2nd Amended plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **November 30, 2025**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 11/18/2025** **Facility Name:** Heritage Assisted Living **License Number:** AL0905 **Survey Event ID:** EE3Z11 **Date Survey Completed: 10/31/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391	Based on: Observation and interview, the center failed to ensure: a. open food items were labeled with the date they were prepared or opened in 3 of the 5 refrigerators/freezers and b. food was covered and sealed in2 of 5 refrigeratorss/freezers in the food service area.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Dietary consultant provided a guide on proper food storage, Labeling and Dating. All dietary staff have been inserviced on the guide. Dietary Consultant will also inservice staff on their next visit.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All Residents are potentially affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All food items will be properly labeled, dated and stored by Kitchen staff.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Enter methods to ensure corrections are sustained: Dietary Supervisor will check behind staff weekly for compliance and report to QA Added to QA as a problem which will be monitored for the next year Part of written QA
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/30/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required.	**Date 11/20/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. **Surveyor:** Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

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

December 5, 2025

License Number: AL0905

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

RE: Survey Event EE3Z12

Dear Mr. Aduddell:

On **December 4, 2025,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey with complaints on **October 31, 2025,** have now been corrected effective **November 30, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

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 _____	R-C 12/04/2025

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 An offsite/paper revisit was conducted on 12/04/25. The facility was in substantial compliance.	{C 000}		

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