OKLAHOMA
State Department of Health

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

January 8, 2026

License Number: AL0905

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

Survey Event ID: SWAJ11

Dear Mr. Aduddell:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 15, 2025**. 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
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Heritage Assisted Living**
Address: **9025 NW Expressway**
City, State, Zip: **Yukon**
Facility #: **AL0905**
Complaint #: **OK00088264**
Investigation Date(s): **12-15-25**

ALLEGATION(S)
The center failed to protect residents from sexual assault by other residents.

An unannounced on-site investigation was initiated 12/15/2025 at 11:20 a.m.

A sample of 7 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 spaces were observed for interactions between residents and staff. Staff were observed for assisting residents with care.

Resident records were reviewed including assessments, care plans, physician orders, and nursing notes. Facility policy on abuse was reviewed. Incident records for the entire year were reviewed for other sexual abuse allegations.

Residents were interviewed related to if they felt safe in the facility, if they had been touched or were aware of others being touched inappropriately, and if they felt their needs were being met. Staff were interviewed on the processes that were to take place if they were made aware of inappropriate touching, and if they were aware of any other times of inappropriate touching happening.

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: 12/15/2025

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 12/15/2025

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 complaint investigation (#OK00088264) was conducted on 12/15/25. No deficiencies were cited. Facility Census: 66	C 000		

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