OKLAHOMA
State Department of Health

Delivery via email to: hgt-ed@12oaks.net

February 29, 2024

License Number: AL1101

Ms. Carla Gay, Administrator
Heritage Grove At Tahlquah Assisted Living
1380 N Heritage Lane
Tahlequah, OK 74464

Survey Event ID: ID1G11

Dear Ms. Gay:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 22, 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
State Department
of Health

INVESTIGATIVE REPORT

Facility: Heritage Grove at Tahlequah
Address: 1380 N Heritage Lane
City, State, Zip: Tahlequah, OK 74464, Cherokee
Provider #:
Complaint #: OK00061224
Investigation Date(s): 02/22/24

ALLEGATION(S)

The center failed to maintain hot water for cooking and bathing
The center failed to provide baths according to schedule
The center failed to report a system failure, i.e., no hot water to the State Agency (OSDH)

An unannounced on-site investigation was initiated on 02/22/2024 at 11:00 a.m.

A sample of three 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:

Upon entrance and throughout the investigation, the facility was noted to have hot water in resident apartments, the kitchen and bathrooms.

Residents were interviewed and reported having hot water and denied any problems related to hot water being out for a brief period of time. Staff were interviewed and reported having hot water. Family member were interviewed and denied any problems related to hot water being out for a brief period of time.

Reviewed electronic health records including, but not limited to, diagnoses, progress notes, and physician's orders.

Reviewed facility documents including, but not limited to, payroll records, staffing schedules, maintenance records, invoices, and state reportable incident report.

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: 02/22/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Heritage Grove at Tahlequah
Address: 1380 N Heritage Lane
City, State, Zip: Tahlequah, OK 74464, Cherokee
Provider #:
Complaint #: #OK00062603
Investigation Date(s): 02/22/24

ALLEGATION(S)

The center failed to ensure adequate staff to provide care for dependent residents.

An unannounced on-site investigation was initiated on 02/22/2024 at 11:00 a.m.

A sample of three 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:

Upon entrance and throughout the investigation staff were observed assisting residents in common areas, the dining room and their apartments.

Interviewed residents and they reported receiving assistance with their needs in a timely manner. Residents denied any problems receiving assistance regardless of time of day or staffing levels. Interviewed staff and they reported being able to provide care to residents in a timely and effective manner. Interviewed family members and they reported satisfaction with staffing levels and care provided to their loved ones.

Reviewed electronic health records including, but not limited to, diagnoses, progress notes, and physician's orders.

Reviewed facility documents including, but not limited to, payroll records, staffing schedules, maintenance records, invoices, and state reportable incident report.

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: 02/22/2024

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1101	A. BUILDING: _____ B. WING _____	C 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE GROVE AT TAHLQUAH ASSISTED LIVING	1380 N HERITAGE LANE TAHLEQUAH, OK 74464

(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 investigations (#OK00061224 and #OK00062603) were conducted on 02/22/24. No deficiencies were cited. Facility Census: 38	C 000		

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