Oklahoma State Department of Health
Creating a State of Health

July 15, 2019

License Number: AL1402

Ms. Jessica Guillory, Administrator
Sommerset Neighborhood
1601 Southwest 119th Street
Oklahoma City, OK 73170

Survey Event ID: 56W211

Dear Ms. Guillory:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **June 24, 2019**. 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) 271-6868.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Sommerset Neighborhood**
Address: **1601 SW 119th St**
City, State, Zip: **OKC, OK 73170**
Provider #: **AL1402**
Complaint #: **53890**
Investigation Date(s): **06/24/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to have and/or implement their abuse policy.	US
2. The center failed to provide care and services according to the residents' contracts.	US

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Monday, June 24, 2019 at 8:50 a.m.

A sample of 12 residents 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 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to resident abuse was conducted.

There was no documentation of any allegation of resident abuse.

At 9:25 a tour of the center was completed. The interaction between the center staff and the residents was appropriate; no yelling, no rough interaction or yank of resident during resident care observed.

Hearing aids used by residents were observed. There were agency staff providing care at the center. None of the residents or family members at the center complained about the staff or the care they received. The center

provided documentation for physician ordered lab work and the necessary documentation about marks or bruises on skin. There were no residents observed with a black eye.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to contracted care and services was conducted.

The residents were clean, well groomed, including their fingernails with no foul odors from the residents.

Assisted living residents had their laundry done weekly; the memory care residents had their laundry done three times a week.

The resident identified in the complaint was no longer living at the center; and documentation was provided by the center about behavior and refusal of care.

Activities were observed of residents participating. The activity director provided a calendar of activities for the residents to participate in.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1 and allegation #2. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Melissa Swaim

Melissa Swaim RN

Date report completed: 06/24/2019

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
	AL1402	A. BUILDING: _____ B. WING _____	C 06/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOMMERSET NEIGHBORHOOD	1601 SOUTHWEST 119TH STREET OKLAHOMA CITY, OK 73170

(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 abbreviated survey was conducted 06/24/19 to investigate complaint OK #00053890. Resident census was 110. No deficient practice was cited.	C 000		

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

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL1402	SOMMERSET NEIGHBORHOOD

Type of Survey (select all that apply)

[3] [ ] [ ] [ ] [ ]

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

[ ] [ ] [ ] [ ] [ ]

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 34460	06/24/2019	06/24/2019	0.50	0.00	4.75	0.00	1.75	1.00
2. 41872	06/24/2019	06/24/2019	0.50	0.00	4.75	0.00	2.00	0.00
3. 42023	06/24/2019	06/24/2019	0.25	0.00	4.75	0.00	1.00	0.00
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

JUL 16 2019