OKLAHOMA
State Department
of Health

Delivery via email to: mihunter@moradalakehefner.com

October 18, 2023

License Number: AL5507

Mr. Michael Hunter, Administrator
Northhaven Place
7535 West Hefner Road
Oklahoma City, OK 73162

Survey Event ID: 4G8V11

Dear Mr. Hunter:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 11, 2023**. 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
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **NORTHHAVEN PLACE**
Address: **7535 WEST HEFNER ROAD**
City, State, Zip: **OKLAHOMA CITY, OK, 73162**
Provider #: **AL 5507**
Complaint #: **OK00056207**
Investigation Date(s): **10/11/2023**

ALLEGATION(S)

The center failed to provide adequate care, and failed to notify resident representatives with changes in condition.

An unannounced on-site investigation was initiated 10/11/2023 at 10:00 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:

A tour of the center was conducted upon entrance, and at other times throughout the survey.

Staff were observed assisting residents with activities of daily living. Residents were observed in their rooms, hallways, and common areas.

Staff were interviewed on the center's policies on accidents, and notification of residents' representatives relating to changes in condition. Residents were interviewed on what care the center provided them relating to any changes in condition.

Records reviewed included facility policies and procedures, physician's orders, assessments, resident service notes, incident reports, and investigation interview/witness forms.

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: 10/12/2023

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
	AL5507	A. BUILDING: _____ B. WING _____	C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHHAVEN PLACE	7535 WEST HEFNER ROAD OKLAHOMA CITY, OK 73162

(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 (#OK00056207) was conducted on 10/11/23. No deficiencies were cited.	C 000		

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