OKLAHOMA
State Department
of Health

Delivery via email to: ddonley@aberdeenmc.com

February 22, 2024

License Number: AL7201

Ms. Dinah Donley, Administrator
Aberdeen Heights Assisted Living Community
7220 South Yale
Tulsa, OK 74136

RE: Survey Event ID: TKKZ11

Dear Ms. Donley:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **February 14, 2024.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Aberdeen Heights Assisted Living Community**
Address: **7220 S Yale**
City, State, Zip: **Tulsa, OK 74136**
Provider #: **AL7201**
Complaint #: **OK00060551**
Investigation Dates: **02/13/24 and 02/14/24**

ALLEGATIONS

enter text
The center failed to ensure residents were not physically, verbally and psychosocially abused.
The center failed to ensure residents were treated with dignity and respect
The center failed to ensure dependent residents received assistance with incontinent care in a timely manner.

An unannounced on-site investigation was initiated 02/13/2024 at 1:15 p.m.

A sample of three 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 Summary of Complaint Investigation:

Throughout the survey, the facility was observed for cleanliness and observed for environmental concerns. The residents were observed for care, assistance by staff as needed, and incontinent care.

Residents and staff were questioned regarding their care, abuse, call lights, abuse education, and incontinent care.

Record reviews were conducted of grievance logs, resident council meeting minutes, resident clinical records, incident reports, and policies and procedures.

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: 02/16/2024

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
	AL7201	A. BUILDING: _____ B. WING _____	C 02/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABERDEEN HEIGHTS ASSISTED LIVING COMI	7220 SOUTH YALE TULSA, OK 74136

(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 was conducted from 02/13/14 through 02/14/24. A complaint investigation (#OK00060551) was conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 54	C 000		

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