OKLAHOMA
State Department of Health

Delivery via email to: ddonley@aberdeenheights.com; ddonley@aberdeenmc.com

April 22, 2024

License Number: AL7201

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

Survey Event ID: FPOX11

Dear Ms. Donley:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **April 17, 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

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of Health

INVESTIGATIVE REPORT

Facility **Aberdeen Heights Assisted Living**
Address: **7220 South Yale**
City, State, Zip: **Tulsa, OK, 74136**
Provider #: **AL7201**
Complaint #: **OK00063798**
Investigation Dates: **04/16/24 and 04/17/24**

ALLEGATION(S)
The center failed to ensure medications were administered according to the physicians' orders.
The center failed to assess, monitor and intervene in a timely manner for a resident with a fall.
The center failed to ensure assistance with activities of daily living was received in a timely manner and according to the plan of care and the standard of care.
The center failed to have and/or implement an effective infection control program

An unannounced on-site investigation was initiated 05/16/2023 at 12:30 p.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 assistance with ADLs, assistance by staff as needed, and incontinent care. Staff was observed for infection control practices and response to requests for assistance.

Residents and staff were questioned regarding assistance with ADLs, medications, and staff response time when needing assistance.

Record reviews consisted of grievances, fall logs, resident clinical records, incident reports, and policies and procedures.

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

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Date report completed: 04/18/2024

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 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABERDEEN HEIGHTS ASSISTED LIVING COMMUNITY	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 complaint investigation (#OK00063798) was conducted from 04/016/24 through 04/17/24. No deficiencies were cited. Facility Census: 49	C 000		

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