Oklahoma State Department of Health
Creating a State of Health

October 16, 2019

License Number: AL7203

Mr. Adam Bechtold, Administrator
Heatheridge Assisted Living
2130 South 85th East Avenue
Tulsa, OK 74129

Survey Event ID: DP6W11

Dear Mr. Bechtold:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 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
LICENSURE

Facility: **Heatheridge Assisted Living**
Address: **2130 South 85th East Ave,**
City, State, Zip: **Tulsa, OK, 74129**
Provider #: **AL7203**
Complaint #: **OK54401**
Investigation Date(s): **09/24/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to protect and ensure the safety of the residents.	**US**

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

An unannounced on-site investigation was initiated on Tuesday, September 24, 2019 at 1:00p.m.

A sample of 3 residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: The center failed to protect and ensure the safety of the residents.
An investigation specific to the center failing to protect and ensure safety for residents was conducted.

Deficient practice was unsubstantiated related to this allegation.

The resident identified in the complaint moved into the center on 04-05-19, and had never left the grounds when taking walks. The resident was oriented times 2 and ambulated with a walker. The resident had walked to the center's connected property next door (part of the grounds) but did not say anything about leaving the center and going to Broken Arrow. Camera footage documented resident did not leave the campus earlier in the day.

The administrator said friends of the resident had visited her the day before and the resident still owned a house in Broken Arrow. The administrator thought the resident just decided to go to her house in Broken Arrow because it was on her mind from the visit the day before.

Residents at the center come and go as they choose, the doors are only locked at night. All residents are oriented times 2 or more.
The resident identified was immediately moved to a long term care facility when the incident occurred.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation 1. 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.

Justina Leach RN/CHFS

Date report completed: 09/30/2019

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
	AL7203	A. BUILDING: _____ B. WING _____	09/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATHERIDGE ASSISTED LIVING	2130 SOUTH 85TH EAST AVENUE TULSA, OK 74129

(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 on 09/24/19, to investigate complaint #OK54401. the census was 22. No deficient practice was cited.	C 000		

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

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7203	HEATHERIDGE ASSISTED LIVING

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								

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 SV 1. 32388	09/24/2019	09/24/2019	0.50	0.00	1.75	0.00	1.25	3.50
2. 18273 VA	09/24/2019	09/24/2019	0.50	0.00	1.75	0.00	1.00	0.50
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4.								
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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

OCT 17 2019