OKLAHOMA
State Department of Health

Delivery via email to: hre-ed@12oaks.net

June 25, 2024

License Number: AL7203

Ms. Lauren Paige Luker, Administrator
Heatheridge Assisted Living
2130 South 85th East Avenue
Tulsa, OK 74129

Survey Event ID: UKQB11

Dear Ms. Luker:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **June 21, 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

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: Heatheridge Residential and Assisted Living
Address: 2130 S. 85th E. Ave.
City, State, Zip: Tulsa, Ok 74129
Provider #: AL7203
Complaint #: OK00065042
Investigation Dates: 06/20/24 and 06/21/24

ALLEGATIONS
The center failed to have and/or implement an effective pest control program.
The center failed to ensure wound treatments were completed according to the physician's orders

An unannounced on-site investigation was initiated 06/20/2024 at 3:30 p.m.

A sample of four 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:

Upon entrance the facility was observed for pests. The lobby and hallways were observed to be clean and without odor. Resident rooms were observed being cleaned by housekeepers. Residents were interviewed regarding pests and if their needs were met.

Staff were interviewed regarding the pest control policy and wound management.

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

OKLAHOMA
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Date report completed: 06/21/2024

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
	AL7203	A. BUILDING: _____ B. WING _____	C 06/21/2024

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 A complaint investigation (#OK00065042) was conducted on 06/20/24 and 06/21/24). No deficiencies were cited. Facility Census: 77	C 000		

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