OKLAHOMA
State Department
of Health

Delivery via email to: achavez@mgmhealthcare.com

July 20, 2023

License Number: AL7211

Amber Chavez, Administrator
Forest Hills Assisted Living Retirement And Care
4304 West Houston
Broken Arrow, OK 74012

Survey Event ID: 4YC811

Dear Ms. Chavez:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 6, 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.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

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INVESTIGATIVE REPORT

Facility: Forest Hills Assisted Living
Address: 4304 West Houston
City, State, Zip: Broken Arrow, OK 74012
Provider #: AL7211
Complaint #: OK00060804
Investigation Dates: 07/05/23 through 07/06/23

ALLEGATIONS

The facility failed to ensure residents were not neglected.

An unannounced on-site investigation was initiated 07/05/2023 at 12:30p.m.

A sample of four 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:

A tour of the facility was conducted upon entrance and at various other times throughout the survey. Resident hallways were observed for staff assistance with resident care needs and the presence of obnoxious and/or foul odors.

Resident records were reviewed including assessments, physician orders and care plans. Facility policy and procedures were reviewed. Grievance records, resident council minutes and state reportables were reviewed.

Resident were interviewed regarding their care needs being met in a timely manner.

Staff members were interviewed regarding staffing. They were asked about their ability to provide the appropriate care in a timely manner.

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: 07/07/2023

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
	AL7211	A. BUILDING: _____ B. WING _____	C 07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HILLS ASSISTED LIVING RETIREMENT AND	4304 WEST HOUSTON BROKEN ARROW, OK 74012

(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 (#OK00060804) was conducted from 07/05/23 through 07/06/23. No deficiencies were cited.	C 000		

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