OKLAHOMA
State Department
of Health

Delivery via email to: achavez@mgmhealthcare.com

March 6, 2025

License Number: AL7211

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

RE: Survey Event ID: ZCOK11

Dear Ms. Chavez:

On **February 21, 2025**, agents from our office concluded a State Licensure survey, with complaint investigations, at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **February 21, 2025**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:
(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and

compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Forest Hills Assisted Living Retirement and Care**
Address: **4304 West Houston**
City, State, Zip: **Broken Arrow, Ok. 74012**
Provider #: **AL7211**
Complaint #: **OK00060980**
Investigation Date: **02/20/25 through 02/21/25**

ALLEGATION(S)
1. The facility failed to assess, monitor and intervene for a resident with severe pain.

An unannounced on-site investigation was initiated 02/20/2025 at 09:00 a.m.

A sample of three participants, including any identified participants, 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: A tour of the facility was conducted upon entrance into the center. Residents were observed for pain management concerns. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, grievances, and medication administration records. Residents and staff were asked questions regarding pain management and medication administration.

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

Date report completed: 02/21/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Forest Hills Assisted Living Retirement and Care**
Address: **4304 West Houston**
City, State, Zip: **Broken Arrow, Ok. 74012**
Provider #: **AL7211**
Complaint #: **OK00061373**
Investigation Date: **02/20/25 through 02/21/25**

ALLEGATION(S)
1. The facility failed to assess, monitor and intervene for a resident with severe pain.

An unannounced on-site investigation was initiated 02/20/2025 at 09:00 a.m.

A sample of three participants, including any identified participants, 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: A tour of the facility was conducted upon entrance into the center. Residents were observed for safety, grievance and infection control concerns. Staff were observed interacting with residents, proper hand hygiene observed, no current covid positive residents at this time. Records reviewed included: Residents health records, facility reported incidents, grievances, and staff training records. Residents and staff were asked questions regarding safety, fire alarms, reporting grievances, and infection control/hand hygiene.

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

Date report completed: 02/21/2025

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 02/21/2025

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 relicensure survey was conducted from 02/20/25 through 02/21/25. Complaint investigations (#OK00060980 and #OK00061373) were conducted in conjunction with the survey. Facility Census: 73	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the center failed to ensure opened food items were labeled with the open and use by date for 12 of 12 food items observed. The administrator identified 73 residents received nutrition from the kitchen. Findings: On 02/20/25 at 9:20 a.m., the following food items were observed opened in the kitchen refrigerator and freezer with no label to show the open and use by date: a. a plastic container of eggs, b. a plastic container of red jello, c. a plastic container of pickles, d. a plastic container of fruit cocktail, e. a plastic container of black olives, f. a plastic bag of shredded cheese, g. a plastic container of tuna fish,	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 391	Continued From page 1 h. a plastic container of deli meat, i. a bag of frozen onion rings, j. a bag of frozen breaded okra, k. a bag of frozen french fries, and l. a box of frozen hamburger patties. An undated "Food Service Worker" policy, read in part, "All food service workers shall store and label foods properly." On 02/20/25 at 9:36 a.m., the dietary manager was shown the above concerns and asked what was the policy. The dietary manager stated they all should be dated and labeled.	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: AChavez@mgmhealthcare.com

March 11, 2025

License Number: AL7211

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

RE: Survey Event ZCOK11

Dear Ms. Chavez:

On **February 21, 2025**, a Licensure inspection with a complaint investigation was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and in a timely manner. **Our acceptance does not absolve the facility's responsibility for compliance** should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **February 26, 2025**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Ms. Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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 02/21/2025

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

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C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the center failed to ensure opened food items were labeled with the open and use by date for 12 of 12 food items observed. The administrator identified 73 residents received nutrition from the kitchen. Findings: On 02/20/25 at 9:20 a.m., the following food items were observed opened in the kitchen refrigerator and freezer with no label to show the open and use by date: a. a plastic container of eggs, b. a plastic container of red jello, c. a plastic container of pickles, d. a plastic container of fruit cocktail, e. a plastic container of black olives, f. a plastic bag of shredded cheese, g. a plastic container of tuna fish,	C 391		

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

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Plan of Correction

Forest Hills Assisted Living

Annual Survey: February 21, 2025

Correction Date: 2/26/2025

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as admission nor an agreement by the facility of the truth of the facts alleged or conclusions outlined in the statement of deficiencies. The plan of correction prepared for these deficiencies was executed solely because provisions of State and Federal law require it.

1) Immediate Fix
2) Potential Residents Affected
3) System Changes
4) Monitoring/QAPI
5) DOC

C 391 Food Storage, Preparation, and Service

1. A. a plastic container of eggs, was dated and labeled on 2/20/2025.
   B. a plastic container of red jello, was dated and labeled on 2/20/2025.
   C a plastic container of pickles, was dated and labeled on 2/20/2025
   D. a plastic container of fruit cocktail, was dated and labeled on 2/20/2025.
   E. a plastic container of black olives, was dated and labeled on 2/20/2025.
   F. a plastic bag of shredded cheese, was dated and labeled on 2/20/2025.
   G. a plastic container of tuna fish, was dated and labeled on 2/20/2025.
   H. a plastic container of deli meat, was dated and labeled on 2/20/2025.
   I. a bag of frozen onion rings, was dated and labeled on 2/20/2025.
   J. a bag of frozen breaded okra, was dated and labeled on 2/20/2025.
   K. a bag of frozen French fries, was dated and labeled on 2/20/2025.
   L. a box of frozen hamburger patties, was dated and labeled on 2/20/2025.
   100% audit of kitchen items completed on 2/20/2025 to ensure all items dated appropriately.
2. All Residents have the potential to be affected by this deficient practice.
3. Admin/Designee In-serviced all kitchen staff educated on 2/21/2025.
4. Admin/Designee will monitor through Facility Audit Tool to ensure all food is stored and dated and labeled per regulation daily 2/weeks then weekly for 4 weeks, and then monthly x3 months to ensure ongoing compliance. Monitored findings will be brought to the quarterly QAPI meeting for review.
5. Date of Compliance: 2/26/2025.

OKLAHOMA
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Delivery via email to: achavez@mgmhealthcare.com

March 14, 2025

License Number: AL7211

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

RE: Survey Event ZCOK12

Dear Ms. Chavez:

On **March 14, 2025,** an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 21, 2025,** have now been corrected effective **February 26, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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 _____	R-C 03/14/2025

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

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 03/14/25. The facility was in substantial compliance.	{C 000}		

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

OKLAHOMA
State Department
of Health

Delivery via email to: achavez@mgmhealthcare.com

March 14, 2025

License Number: AL7211

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

RE: Survey Event ZCOK12

Dear Ms. Chavez:

On **March 14, 2025,** an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 21, 2025,** have now been corrected effective **February 26, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
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	AL7211	A. BUILDING: _____ B. WING _____	R-C 03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 03/14/25. The facility was in substantial compliance.	{C 000}		

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