OKLAHOMA
State Department
of Health

Delivery via email to: Rbalmer@uvrc.com

February 24, 2025

License Number: AL7214

Mr. Ronald Balmer, Administrator
University Village Retirement Community
8555 South Lewis Avenue
Tulsa, OK 74137

Survey Event ID: VUQ811

Dear Mr. Balmer:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 13, 2025**. 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **University Village Assisted Living**
Address: **8555 S. Lewis Ave**
City, State, Zip: **Tulsa, OK, 74137**
Provider #: **AL7214**
Complaint #: **OK00073655**
Investigation Date(s): **02/12/25**

ALLEGATION
The center failed to ensure residents were not verbally or psychosocially abused.

An unannounced on-site investigation was initiated 02/13/2025 at 2:21 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 residents were observed during interaction with staff. Staff and residents were interviewed regarding all abuse types. Resident records were reviewed, incident reports, state reports with investigations, resident council meeting minutes and policies.

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: 02/18/2025

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INVESTIGATIVE REPORT

Facility: **University Village Assisted Living**
Address: **8555 S. Lewis Ave**
City, State, Zip: **Tulsa, OK, 74137**
Provider #: **AL7214**
Complaint #: **OK00073655**
Investigation Date(s): **02/12/25**

ALLEGATION
The center failed to ensure residents were not sexually, physically or psychosocially abused.

An unannounced on-site investigation was initiated 02/13/2025 at 2:21 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.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7214	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNIVERSITY VILLAGE RETIREMENT COMMUN	8555 SOUTH LEWIS AVENUE TULSA, OK 74137

(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 Complaint investigations (#OK00073655 and #OK00077444) were conducted from 02/12/25 through 02/13/25. No deficiencies were cited. Facility Census: 95	C 000		

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