OKLAHOMA
State Department
of Health

Delivery via email to: Rbalmer@uvrc.com

April 10, 2025

License Number: AL7214

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

RE: Survey Event ID: TCRV11

Dear Mr. Balmer:

On **April 8, 2025**, agents from our office concluded a State Licensure survey 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 **April 8, 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 a 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
IDRCoordinator@health.ok.gov
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,

Clorissa Nubine

Clorissa Nubine, 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
	AL7214	A. BUILDING: _____ B. WING _____	04/08/2025

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 A relicensure survey was conducted from 04/07/25 through 04/08/25. Facility Census: 102	C 000		
C 391 SS=F	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 in the kitchen for: a. 1 of 4 refrigerators; and b. 1 of 1 warming cabinet. The administrator identified 102 residents received nutrition from the kitchen. Findings: On 04/07/25 at 3:20 p.m., six out of 24 food items were observed opened with no open and use by date: a. a metal container filled with grapes in the refrigerator, b. a metal container filled with tuna in the refrigerator, c. a metal container filled with chocolate pudding in the refrigerator,	C 391		

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

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 _____	04/08/2025

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 391	Continued From page 1 d. a metal container filled with chopped onions in the refrigerator, e. a metal container filled with coffee cake in the refrigerator, and f. a metal container partially filled with mashed potatoes in the warming cabinet. An undated policy titled "Food Safety Requirements," read in part, "The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded"..."The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared." On 4/07/25 at 3:20 p.m., the dining services manager was shown the above concerns. They stated, "They should have a label and date on them."	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: Rbalmer@uvrc.com

April 22, 2025

License Number: AL7214

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

RE: Survey Event TCRV11

Dear Mr. Balmer:

On **April 8, 2025**, a Licensure inspection 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 will be corrected and you will be in substantial compliance by **May 10, 2025**.

We will conduct to verify that all violations have been corrected. If you have any questions, please contact this office 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
	AL7214	A. BUILDING: _____ B. WING _____	04/08/2025

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 A relicensure survey was conducted from 04/07/25 through 04/08/25. Facility Census: 102	C 000		
C 391 SS=F	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 in the kitchen for: a. 1 of 4 refrigerators; and b. 1 of 1 warming cabinet. The administrator identified 102 residents received nutrition from the kitchen. Findings: On 04/07/25 at 3:20 p.m., six out of 24 food items were observed opened with no open and use by date: a. a metal container filled with grapes in the refrigerator, b. a metal container filled with tuna in the refrigerator, c. a metal container filled with chocolate pudding in the refrigerator,	C 391		

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
	AL7214	A. BUILDING: _____ B. WING _____	04/08/2025

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 391	Continued From page 1 d. a metal container filled with chopped onions in the refrigerator, e. a metal container filled with coffee cake in the refrigerator, and f. a metal container partially filled with mashed potatoes in the warming cabinet. An undated policy titled "Food Safety Requirements," read in part, "The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded"..."The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared." On 4/07/25 at 3:20 p.m., the dining services manager was shown the above concerns. They stated, "They should have a label and date on them."	C 391	C 391 POC Counseling of staff involved with oversight of labeling and dating food properly was completed by the Dining Manager. Counseling attached. Dining Service Manager and Consulting Dietitian created and conducted an In-service on food storage, preparation and service, including proper labeling and dating. Sign-in sheet attached. Dining Manager or designee will check warm and cold food storage for proper labeling and dating daily x 2 weeks, then weekly x 2 weeks, then randomly thereafter. Food labeling and dating checklist attached.	4/11/2025 4/11/2025 5/10/2025

UNIVERSITY VILLAGE RETIREMENT COMMUNITY

PERFORMANCE COUNSELING FORM

EMPLOYEE INFORMATION	
Employee: Amanda Kuschnereit	**Date: 04-11-2025**
Title: Supervisor	**Department: DINING SERVICES**
In Attendance (name and title): **Tony Sanzalone, Dining Services Manager**	**Type of Notice:** ☐Verbal ☒Written ☐Suspension ☐Termination

CURRENT SUBJECT / PROBLEM

On April 7, 2025, the state reported that there were several issues observed in the kitchen area:

- **Blood was dripped across the floor from a pan that was being carried.**
- **Items were not properly labeled and dated.**
- **Wet and/or icy spots were present on the floor, creating a safety hazard.**

Despite being made aware of these concerns, Amanda did not take immediate action to address them—particularly the blood spill. She continued transporting the pan across the kitchen, potentially spreading contamination to other areas and increasing the risk of food safety and sanitation violations.

The items not being properly labeled resulted in a written tag. The Surveyor had mentioned the issue and returned later to find it was not yet addressed.

Any safety hazards should be addressed immediately.

IMPACT OF SUBJECT / PROBLEM

The items not being properly labeled resulted in a written tag.

PLAN FOR CORRECTIVE ACTION

Amanda will ensure she follows all guideline for health and safety for the state of Oklahoma.

CONSEQUENCES FOR NON-COMPLIANCE

Could result in further disciplinary action.

ADDITIONAL COMMENTS / ACKNOWLEDGEMENT OF RECEIPT

Employee Initials: 

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Amanda Kuschnerat 4-11-25

Employee's Name (please print) *Signature* *Date*

4.11.25

Manager's Name (please print) *Signature* *Date*

11 APR 2025

Human Resources Approval (signed prior to delivery) *Date*

UNIVERSITY VILLAGE

Experience the Not-For-Profit Difference

In-Service Sign In Sheet

Date of In-service: 4-11-25 Topic: Labeling and Dating

Speaker: F&B Manager and Supervisor Information Covered: Proper Label and Dating

Location: UV Other (Circle one) How to Properly Label and Date

Start Time: 1:45 End: 2:15

Printed Name of Attendee	Signature	Dept
Gavin Freeland	Gavin Freeland	DS
RAE Lyn Meyers	Rae Lyn Meyers	RS
Kevin Frayer	Kevin Frayer	DS
Nate Hally		Senior Soup Chef
Bobby H.	Bobby H	DW
M. Sloan	M. Sloan	
Robert Gonzales		
Isaac LeNoir		DS
Amanda Kuschel	Amanda Kuschel	DS
Onechamba Grace Agor		DS
Ally Lasater		DS
Lauren Pace		DS
Evelyn Arellano	Evelyn Arellano	DS
Cindy Kimble	Cindy Kimble	DS
Marcus Vivas C		DW

UNIVERSITY VILLAGE

Experience the Not-For-Profit Difference

In-Service Sign In Sheet

Date of In-service: _____ Topic: Labeling and Dating

Speaker: F&B Manager and Supervisor Information Covered: Proper Label and Dating

Location: UV Other
(Circle one)

How to Properly Label and Date

Start Time: _____ End: _____

Printed Name of Attendee	Signature	Dept
Rebecca Shea		4.11.25
Beth Baker		4.11.25
Jenifer Salaises		4/11/25
Esther		4/11/25
Roslyn		4/11/25
Mang Kim		DS
Robin Sinclair		RO

Dietary staff must wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent their hair from contacting exposed food. Dietary staff maintaining nails that are clean and neat, and wearing intact disposable gloves in good condition, and that are changed appropriately will also help reduce the spread of microorganisms. Since jewelry can harbor microorganisms, it is recommended that dietary staff keep jewelry to a minimum and cover hand jewelry with gloves when handling food[9].

Food Receiving and Storage

When food is brought into the nursing home, inspection for safe transport and quality upon receipt and proper storage helps ensure its safety. Keeping track of when to discard perishable foods and covering, labeling, and dating all foods stored in the refrigerator or freezer is indicated.

When food is brought into the facility from an off-site kitchen (any kitchen that is not operated by the facility) and the food preparation entity is approved or considered satisfactory by and is inspected by other federal, State, or local authorities, verify the last approved inspection of the supplier and continue to inspect the facility for safe food handling and storage and food quality.

- ***Dry Food Storage*** *- Dry storage may be in a room or area designated for the storage of dry goods, such as single service items, canned goods, and packaged or containerized bulk food that is not PHF/TCS. The focus of protection for dry storage is to keep non-refrigerated foods, disposable dishware, and napkins in a clean, dry area, which is free from contaminants. Controlling temperature, humidity, rodent and insect infestation helps prevent deterioration or contamination of the food. Dry foods and goods should be handled and stored to maintain the integrity of the packaging until they are ready to use. It is recommended that foods stored in bins (e.g., flour or sugar) be removed from their original packaging.*

  Keeping food off the floor and clear of ceiling sprinklers, sewer/waste disposal pipes, and vents can also help maintain food quality and prevent contamination. Desirable practices include managing the receipt and storage of dry food, removing foods not safe for consumption, keeping dry food products in closed containers, and rotating supplies.

- ***Refrigerated Storage*** *- PHF/TCS foods must be maintained at or below 41 degrees F, unless otherwise specified by law. Frozen foods must be maintained at a temperature to keep the food frozen solid.*

  Refrigeration prevents food from becoming a hazard by significantly slowing the growth of most microorganisms. Inadequate temperature control during refrigeration can promote bacterial growth. Adequate circulation of air around refrigerated products is essential to maintain appropriate food temperatures. Foods in a walk-in unit should be stored off the floor.

  Practices to maintain safe refrigerated storage include:

- *Monitoring food temperatures and functioning of the refrigeration equipment daily and at routine intervals during all hours of operation;*
- *Placing hot food in containers (e.g., shallow pans) that permit the food to cool rapidly;*
- *Separating raw animal foods (e.g., beef, fish, lamb, pork, and poultry) from each other and storing raw meats on shelves below fruits, vegetables or other ready-to-eat foods so that meat juices do not drip onto these foods; and*
- *Labeling, dating, and monitoring refrigerated food, including, but not limited to leftovers, so it is used by its use-by date, or frozen (where applicable) or discarded.*

NOTE: *Chemical products, including, but not limited to cleaning supplies, should be stored away from food items.*

Safe Food Preparation

Many steps in safe food preparation must be controlled or monitored to prevent foodborne illness. Identification of potential hazards in the food preparation process and adhering to critical control points can reduce the risk of food contamination and thereby prevent foodborne illness.

Commercially pre-washed, pre-cut, and pre-packaged lettuce and other fruits and vegetables are considered edible without further preparation.

- ***Cross-Contamination*** *- Cross-contamination can occur when harmful substances or disease-causing microorganisms are transferred to food by hands, food contact surfaces, sponges, cloth towels, or utensils that are not cleaned after touching raw food and then touch ready-to-eat goods. Cross-contamination can also occur when raw food touches or drips onto cooked or ready-to-eat foods. Examples of ways to reduce cross-contamination include, but are not limited to:*
  - *Store raw meat (e.g., beef, pork, lamb, poultry, and seafood) separately and in drip-proof containers and in a manner that prevents cross-contamination of other food in the refrigerator;*
  - *Between uses, store towels/cloths used for wiping surfaces during the kitchen's daily operation in containers filled with sanitizing solution at the appropriate concentration per manufacturer's specifications (see Manual Washing and Sanitizing section). Periodically testing the sanitizing solution helps assure that it maintains the correct concentration[10].*

    Wash and sanitize cutting boards made of acceptable materials (e.g., hardwood, acrylic) between uses, consistent with applicable code[11], and
  - *Clean and sanitize work surfaces and food-contact equipment (e.g., food processors, blenders, preparation tables, knife blades, can openers, and slicers) between uses.*

Food Storage, Preparation, and Service

(Food Storage Items Labeled)

DATE	MET YES = Y MET NO = N	IF NOT MET – DOCUMENT STAFF MEMBER INITIALS AND RESOLUTION	Initials

Observation Signatures and Initial

_____ _____ _____ _____

OKLAHOMA
State Department of Health

Delivery via email to: Rbalmer@uvrc.com

May 15, 2025

License Number: AL7214
Survey Event ID: TCRV12

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

Dear Mr. Balmer:

On **May 14, 2025**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **April 8, 2025,** have now been corrected and your facility is in compliance with licensure standards effective **May 10, 2025**.

If you have any questions concerning the information in this letter, please contact this office 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

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 _____	R 05/14/2025

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 An offsite/paper revisit was conducted on 05/14/25. The facility was in substantial compliance.	{C 000}		