OKLAHOMA
State Department
of Health

Delivery via email to: wwaller@AberdeenMC.com

May 6, 2022

License Number: AL7258

Mr. Bill Waller, Administrator
Aberdeen Memory Care Of Tulsa
7210 South Yale Avenue
Tulsa, OK 74136

RE: Survey Event ID: 8FPR11

Dear Mr. Waller:

Enclosed is a report of the inspection and complaint investigation conducted at your Assisted Living Center on **April 22, 2022.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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 Reviewer/Analyst
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Aberdeen Memory Care of Tulsa**
Address: **7210 South Yale Avenue**
City, State, Zip: **Tulsa, Ok, 74136**
Provider #: **AL7258**
Complaint #: **OK00056920**
Investigation Date(s): **04/20/22, 04/21/22, and 04/23/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to: treat residents with dignity and respect, provide safe and adequate care, notify resident representatives with changes in condition, have a system in place to track resident belongings, and provide medical records as requested.	**US**
2. The center failed to ensure the administrator had a valid license.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Wednesday, April 20, 2022 at 1:30 p.m..

A sample of eight residents including any identified resident, was selected for the investigation based on the concerns relevant to the allegations.

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

The facility was clean and without odors. Residents were observed in their rooms, in activities, receiving assistance from staff, and at meals. Residents were clean and groomed. Staff was observed speaking with residents in a calm and respectful manner. Staff was observed redirecting residents calmly and politely. Equipment and furniture were clean and in good repair.

Staff stated they received training on dignity and respect. They stated that being respectful and calm was very important to them and the residents. Staff stated the residents were allowed to bring their own furniture and other belongings into the facility. Resident belongings were labeled and were returned to family members. Staff stated family members were notified of any resident changes in condition. Staff stated medical records would be supplied to family members upon receipt of a written request.

Progress notes documented family members and/or resident representative were notified of resident changes in condition. Incident reports did not document reports of missing items. Incident reports documented abuse and neglect allegations were reported, investigated and residents were protected. Policy and procedure for release of medical records documented written requests were needed for release of records.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

Staff reported they were qualified to perform their designated duties.

Record review of personnel files documented all staff reviewed held current licenses, or held the required qualifications in relation to their area of work.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation 1 and 2. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Leasa Welch RN

Date report completed: 04/25/2022

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
	AL7258	A. BUILDING: _____ B. WING _____	C 04/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABERDEEN MEMORY CARE OF TULSA	7210 SOUTH YALE AVENUE TULSA, OK 74136

(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 04/20/22 through 04/22/22. A complaint investigation (#OK00056920) was conducted in conjunction with this survey. No deficiencies were cited.	C 000		

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