Oklahoma State Department of Health
Creating a State of Health

December 23, 2019

License Number: AL7266

Ms. Debbie Lovelace, Administrator
Heritage Point Of Tulsa
9494 East 101st Street South
Tulsa, OK 74133

Survey Event ID: 4D4H11

Dear Ms. Lovelace:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 8, 2019.** 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) 271-6868.

Sincerely,

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

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Heritage Point of Tulsa**
Address: **9494 East 101st Street South**
City, State, Zip: **Tulsa, OK 74133**
Provider #: **AL7266**
Complaint #: **OK00054359**
Investigation Date(s): **12/08/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to have and/or implement their abuse policy.	US
2. The center failed to provide an accident free environment.	US

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

An unannounced on-site investigation was initiated on **12/08/2019** at 4:00 a.m.

A sample of seven 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 Description of Significant Findings Related to Each Allegation is Provided Below:

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

An investigation specific to resident to resident abuse was conducted.
On 12/08/19 at 4:17 a.m. in building A there were no residents awake wandering. There were no verbal altercations between residents observed over a 9 hour period of time.
During record review with the director of nursing, there was no documentation a resident had caused any resident to fall. A resident had wandered into another resident's room and fell, but no other resident was around at the time of the fall or caused the fall. The staff stated a resident fell in another residents room because the resident wandered into the room or mistaken the room as their own. The resident who had fallen called out for help and staff assisted. It was an unwitnessed fall, but no other resident was around at the time of the fall. This resident had also crossed their feet causing them self to fall on another occasion which had been captured on video in the doorway of their room and hallway.
No resident was observed who displayed a "threatening manner" at the time of the survey.

Residents were interviewed and no resident was afraid of any other resident.

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

An investigation specific to the centers environment was conducted.

On 12/08/19 at 4:00 a.m. a tour of the centers grounds and each building was conducted. Nothing in the environment of the center was observed in the hallways or rooms contributed to any resident fall(s). There were residents who sang and hummed, but no resident was observed to be annoyed by it. The staff stated they would re-direct residents if they were annoyed. The residents were provided with activities during the day. No resident was observed wandering into another resident's room at the time of the survey.

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 state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Melissa Swaim RN

Date report completed: 12/10/2019

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Heritage Point of Tulsa**
Address: **9494 East 101st Street South**
City, State, Zip: **Tulsa, Ok. 74133**
Provider #: **AL7266**
Complaint #: **OK#54603**
Investigation Date(s): **12/08/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide care according to physician's orders	US

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

An unannounced on-site investigation was initiated on 12/08/2019 at 4:00 a.m.

A sample of 7 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 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 Description of Significant Findings Related to Each Allegation is Provided Below:

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

An investigation specific to resident care and following physician's orders was conducted.
On 12/08/19 at 4:00 a.m. a tour of the centers grounds and each building was conducted.
There were no residents observed wandering the hallways or entering other resident's rooms. The television was observed on, but it was not a distraction from resident care. The lobby area where the television was located in each building was a central location of both hallways and there was staff positioned at each side to monitor each hallway.

At 7:32 a.m. a resident named in the complaint was observed ambulating without a device, knocking on surfaces. During a 9 hour period of time, this resident was observed walking in the hallway, in the dining room for meals and participated in activities. At no time was the resident observed entering another residents' room. This resident was observed supervised and re-directed by staff and directed to meals, activities etc. The staff interviewed stated the resident will enter other resident rooms; however, they re-direct the resident when the

situation occurs. The resident was in a memory care center and multiple residents were observed being supervised and re-directed by staff.

At 7:59 a.m. a resident named in the complaint was observed accompanied by staff in a wheelchair to the dining room for breakfast with TED (thromboembolic disease) hose intact.
During record review, the medication administration record (MAR) documented the staff had placed them on the resident daily and removed them daily as ordered. There was no order to place the resident in bed after lunch. The resident was observed for a 9 hour period engaged in activities or in a manual wheelchair in the lobby area after lunch singing. The resident was not observed on a loveseat couch in the resident room.

Staffing records and time clock records were reviewed for 11/03/19. Staff was interviewed. The records documented there was staff and the staff interviewed all stated there was enough staff to care for the residents.

During record review of physician orders and the MAR, a resident named in the complaint received their medication 11/03/19 according to the physician's order.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation 1. 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 state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Tina Leach RN/ MJ Braun RN

Justina Leach RN/CHFS

Date report completed: 12/09/2019

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
	AL7266	A. BUILDING: _____ B. WING _____	C 12/08/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE POINT OF TULSA	9494 EAST 101ST STREET SOUTH TULSA, OK 74133

(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 abbreviated survey was conducted 12/08/19 to investigate complaints #OK 00054359 and #OK 00054603. Resident census was 47. No deficient practice was cited.	C 000		

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

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7266	HERITAGE POINT OF TULSA

Type of Survey (select all that apply)

3				

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 34460	12/08/2019	12/08/2019	1.00	0.00	9.25	0.00	4.50	3.00
2. 32388	12/08/2019	12/08/2019	1.00	0.00	9.25	0.00	2.25	6.00
3.								
4.								
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11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

DEC 23 2019