Oklahoma State Department of Health
Creating a State of Health

July 15, 2019

License Number: CC7207AL

Mr. Lee Sudbeck, Administrator
The Villages At Southern Hills
5721 South Lewis Ave
Tulsa, OK 74105

RE: Survey Event ID: YTLJ11

Dear Mr. Sudbeck:

Enclosed is a report of the inspection and complaint investigaton conducted at your Assisted Living Center on **June 12, 2019.** 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) 271-6868.

Sincerely,

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

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **The Villages at Southern Hills**
Address: **5721 South Lewis Ave.**
City, State, Zip: **Tulsa, OK, 74105**
Provider #: **CC7207AL**
Complaint #: **OK53461**
Investigation Date(s): **06/11/19 and 06/12/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to provide care according to contracts and care plans.	US

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

An unannounced on-site investigation was initiated on Tuesday, June 11, 2019 at 9:15 a.m.

A sample of 8 residents including any identified resident, 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 Description of Significant Findings Related to Each Allegation is Provided Below:

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

A tour of the center was conducted and residents were observed interacting with the staff and other residents. The resident identified in the complaint no longer lived at the center (expired 03/2019), however his spouse continues to have a room at the center. At the time of this investigation his spouse was out of the center. Interviews with residents and staff were conducted though out the investigation. The center provided all requested documentation.

A review of resident #8's medical records was conducted. Hospice documents/Physician orders documented multiple pain medication changes the last few weeks resident #8 was at the center. Documentation showed per family request on orders was followed. Hospice communication notes, dated 3/11/19 and 3/19/19, documented resident # 8 was lethargic at times and awakened enough to drink water with no difficulty. Resident's daughter

was upset in regards of amount of medication administered. Doctor notified and to discuss the medication regimen with family. Hospice resident actively dying protocol was in place.

Resident #8's care tracker sheets documented every 1-2 hours on residents activity (sleeping, changed, eating, refused meal) and location (room, dining room etc.). Resident #8's tracker sheets documented resident was taken to the dining room in a wheelchair at times and food was taken to resident's room.

Staff said meals were taken to resident #8's room and if he wanted to go to the dining room he was taken via wheelchair, when he refused meals he would be offered shakes. Staff said if resident #8 was sleeping they did not wake him, they waited until he aroused and he was not awaken to administer medications (pain or other).

The director of nurses (DON) was asked about resident #8 and if he was over medicated. She said she was a part-time hospice nurse and thought he actually needed more a more proactive medication regimen for increased pain, but they followed doctor's orders and his daughter's wishes. The center and hospice worked together to manage resident #8's care. The DON said the family thought we were not feeding him but we always took food to him even when he was not hungry.

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.

Justina Leach RN/CHFS

Date report completed: 06/20/2019

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
	CC7207AL	A. BUILDING: _____ B. WING _____	06/12/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VILLAGES AT SOUTHERN HILLS	5721 SOUTH LEWIS AVE TULSA, OK 74105

(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 On 6/11/19 and 6/12/19 a re-licensure survey was conducted in conjunction with complaint #OK53461. The census was 42. 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
CC7207AL	THE VILLAGES AT SOUTHERN HILLS

Type of Survey (select all that apply)

2	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				

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. 3238[illegible]	06/11/2019	06/12/2019	25.25	0.00	11.00	0.00	3.25	1.00
2. 18[illegible]3	06/11/2019	06/12/2019	0.50	0.00	6.50	0.00	1.75	0.00
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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**

JUL 16 2019