OKLAHOMA
State Department
of Health

Delivery via email: exec@villagesatsouthernhills.com; don@villagesatsouthernhills.com

September 3, 2021

License Number: CC7207AL
Event ID: 5YSU11

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

RE: Results of a Complaint Investigation Conducted in Conjunction with a COVID-19 Special Focus Survey on August 19, 2021

Dear Mr. Sudbeck:

Please find enclosed, the results of a COVID-19 Special Focus Infection Control Survey and investigation of complaint #OK00057504 conducted on **August 19, 2021**. No deficiencies were cited. Please confirm receipt by **reply to all** from the email that transmitted this notice.

************No further action is required of The Villages At Southern Hills.************

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 (405) 426-8200.

Sincerely,

Katie Stagner

Digitally signed by
Katie Stagner
Date: 2021.09.03
08:15:53 -05'00'

Katie Stagner | Enforcement Analyst
Protective Health Services, Long Term Care
Oklahoma State Department of Health

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: The Villages at Southern Hills Assisted Living
Address: 5721 S. Lewis
City, State, Zip: Tulsa, OK 74105
Provider #: CC7207AL
Complaint #: OK00057504
Investigation Dates: 08/17/21 through 08/19/21

ALLEGATION	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to ensure the right to abuse free/dignified treatment, failed to provide services as contracted and/or ensure residents were not admitted that required care above what the center could provide.	US

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

An unannounced on-site investigation was initiated on Tuesday, August 17, 2021 at 5:15 a.m.

A sample of five 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 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.

Upon entrance to the facility and during the three days of the survey, residents and staff interactions were observed. There were not any residents observed to be fearful of staff. Staff were observed to treat residents with dignity and respect. Residents were observed to be clean, dry, and well groomed. Staff were observed to provide care to the residents and answered call lights in a timely manner on all three shifts.

Residents and a resident family member were asked about care and services at the facility. No concerns were voiced regarding neglect/abuse, help to the bathroom, or incontinent care. All residents asked stated they received all care and services needed. They stated the staff provided whatever help was needed. One sampled

resident who needed incontinent care stated the staff responded timely and provided the care needed on each of the three shifts. None of the residents interviewed had any concerns regarding neglect or abuse.

Direct care staff from all three shifts were asked about the care and services they provided. They were asked what occurred if a resident required more help than usual. They stated they were assisted at whatever level was required at the time. All staff interviewed were knowledgeable regarding abuse/neglect and the abuse protocol at the facility.

Staff training was reviewed and documented staff were trained on abuse and resident care.

Resident contracts were reviewed. There was documentation incontinent care and/or assistance to the bathroom would be provided as needed to each resident and was included in the contracted care.

The facility's resident council minutes were reviewed from May to July 2021. No concerns were submitted regarding abuse/neglect or assistance with personal care.

The facility's abuse policy and procedures and facility incidents for the last year were reviewed.

The DON, facility director, and administrator were asked about contracted and personal care at the facility. The facility director stated all basic care was included in the contract and was provided as needed. They were asked if there were any issues regarding care being provided. They stated there had been one resident/family member who had a concern and they had investigated the concern and were unable to determine what had occurred. They stated they provided additional training to the employee involved and had resolved to not assign the employee to care for the resident in the future. They stated the resident involved no longer resided at the facility.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation number one. 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.

Kay for Teresa Pritchett

Teresa Pritchett, RN, CHFS

Date report completed: 08/24/2021

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 _____	C 08/19/2021

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 08/17 through 08/19/21, the Oklahoma State Department of Health completed a COVID-19 Focused Survey to determine if the facility was in compliance with implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. Complaint #OK00057504 was investigated 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