OKLAHOMA
State Department
of Health

Delivery via email to: exec@villagesatsouthernhills.com; aexec@villagesatsouthernhills.com; survey@stonegatesl.com

March 5, 2025

License Number: CC7207AL

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

RE: Survey Event ID: 6PWO11

Dear Mr. Sudbeck:

Enclosed is a report of the Relicensure inspection conducted at your Assisted Living Center on **March 4, 2025.** 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.

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
	CC7207AL	A. BUILDING: _____ B. WING _____	03/04/2025

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 A relicensure survey was conducted from 03/03/25 through 03/04/25. No deficiencies were cited. Facility Census: 43	C 000		

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