Oklahoma State Department of Health
Creating a State of Health

July 30, 2019

License Number: RC7208
Survey Event ID: OJRR11

Ms. Patricia Behrens, Administrator
Country Club Of Woodland Hills Apts
6333 South 91st East Avenue
Tulsa, OK 74133

Dear Ms. Behrens:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **July 1, 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

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

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Country Club At Woodland Hills**
Address: **6333 South 91st East Avenue**
City, State, Zip: **Tulsa, OK, 74133**
Provider #: **RC 7208**
Complaint #: **OK00053613**
Investigation Date(s): **07/01/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to have a pest free environment.	**US**

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

An unannounced on-site investigation was initiated on Monday, July 1, 2019 at 1:00 p.m..

A sample of four residents including any identified resident(s) was selected for the investigation based on the concerns relevant to the allegation(s).

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 an effective pest control program was conducted.

Observations made in resident rooms and throughout the unit were conducted and no insects, rodents, or any pests were seen.

Two of three residents interviewed stated they had not seen, nor had any problems with any type of pest in their rooms. One of the residents and her son stated she had seen a mouse in her room back in the colder months, but the home put out mouse traps and no other mouse had been seen.

Two of three employees interviewed sated they been told of a mouse problem back in the winter months and their pest control company came immediately with traps and stick pads. No other complaints had been received from any resident regarding pests. The administrator stated the construction on the residents' patios had been in progress when she was informed of the mouse problem, but she had not received any reports recently of any pests in the home.

Record reviews of resident council meetings for the last six months had only one entry of mice documented in one room back in January 2019. Pest control receipts for pest prevention were reviewed for every month from January 2019 through June 2019.

At the time of investigation, there was no deficient practice related to insects, rodents, or pests in the home.

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.

Marie Remer, RN, CHFS IV

Date report completed: 07/05/2019

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
	RC7208	A. BUILDING: _____ B. WING _____	07/01/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CLUB AT WOODLAND HILLS	6333 SOUTH 91ST EAST AVENUE 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
R 000	INITIAL COMMENTS An abbreviated survey was conducted on 07/01/19 to investigate complaint #OK00053613. Current census was 19. No deficient practice was cited.	R 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
RC7208	COUNTRY CLUB AT WOODLAND HILLS

Type of Survey (select all that apply)

2							

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. [redacted]25837	07/01/2019	07/01/2019	0.50	0.00	4.75	0.00	2.50	0.75
2. [redacted]2023	07/01/2019	07/01/2019	0.25	0.00	4.75	0.00	3.00	0.25
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4.								
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10.								
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**

JUL 31 2019