
Delivery via email to: dianeconnor448@gmail.com; dianecooper448@gmail.com;
betty.lanning555@gmail.com

January 26, 2023

License Number: AL5552

Ms. Diane Cooper Timmerman, Administrator
The Heaven House, LLC
1312 Westchester Drive
Oklahoma City, OK 73120

RE: Survey Event ID: G3K711

Dear Ms. Cooper Timmerman:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **January 24, 2023**. 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.

Sincerely,



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

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5552	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2023
NAME OF PROVIDER OR SUPPLIER THE HEAVEN HOUSE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1312 WESTCHESTER DRIVE OKLAHOMA CITY, OK 73120		
(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 01/24/23. No deficiencies were cited.	C 000		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE