OKLAHOMA
State Department
of Health

Delivery via email to: bratcliff@stonegatesl.com

February 23, 2024

License Number: AL0901

Ms. Brandy Ratcliff, Administrator
Victorian Estates
1129 Cameo Drive
Yukon, OK 73099

Survey Event ID: 985Q11

Dear Ms. Ratcliff:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **February 1, 2024**. 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) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Victorian Estates
Address: 1129 Cameo Drive
City, State, Zip: Yukon, Ok 73099, Oklahoma
Provider #:AL0901
Complaint #: OK00061682
Investigation Date(s): 01/31/24 and 02/01/24

ALLEGATION(S)

The center failed to ensure medical records were provided to residents' representatives as requested.

An unannounced on-site investigation was initiated 01/31/2024 at 2:15 p.m.

A sample of 6 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance.

Resident records were reviewed including, care plans, physician orders, nursing notes, resident assessments, faxes and invoices. Facility policy and procedures were reviewed.

Residents were interviewed related to medical records and billing records were provided to residents' and representatives.

Staff were interviewed in relation to resident and/or representative requests for medical and billing records.

The attached CMS 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 02/20/2024

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
	AL0901	A. BUILDING: _____ B. WING _____	C 02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN ESTATES	1129 CAMEO DRIVE YUKON, OK 73099

(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 complaint investigation (OK00061682) was conducted on 01/31/24 and 02/01/24. Facility Census: 34	C 000		

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