OKLAHOMA
State Department of Health

Delivery via email to: don@victorianestatesal.com; survey@stonegatesl.com

November 5, 2024

License Number: **AL0901**

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

Survey Event ID: NC2V11

Dear Ms. Ratcliff:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 31, 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 Drove**
City, State, Zip: **Yukon, OK., 73099**
Provider #: **AL0901**
Complaint #: **OK00068205**
Investigation Date: **10/31/24**

ALLEGATION(S)
1. The center failed to ensure pets were vaccinated and/or health was maintained, and pets were cared for in a manner to prevent an unsanitary environment according to contracted services.

An unannounced on-site investigation was initiated 10/31/2024 at 09:40 a.m.

A sample of three 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 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 Summary of Complaint Investigation: A tour of the facility was conducted upon entrance and throughout the survey. Facility records were reviewed including pet policies, resident service plans, resident contracts, and pet vaccination records. The facility was observed for environmental concerns related to pets and pet care. Resident's rooms were observed for environmental concerns related to pets and pet care. Residents were interviewed concerning pet care. Staff were interviewed concerning pet care and environmental concerns related to pets at the center.

The attached State form, Statement of Deficiencies, 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: 10/31/2024

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 10/31/2024

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 (#OK00068205) was conducted on 10/31/24. No deficiencies were cited. Facility Census: 30	C 000		

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