OKLAHOMA
State Department of Health

Delivery via email to: slambright@cardinalbay.org; kproctor@cardinalbay.org

March 18, 2026

License Number: AL1412

Ms. Karen Proctor, Administrator
Village On The Park - Oklahoma City
1515 Kingsridge Drive
Oklahoma City, OK 73170

Survey Event ID: MFEP11

Dear Ms. Proctor:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 5, 2026**. 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

Enclosure

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: **Village on the Park**
Address: **1515 Kingsridge Drive**
City, State, Zip: **OKC, OK,**
Provider #: **AL1412**
Complaint #: **88399**
Investigation Date(s): **03/04/26-03/05/26**

ALLEGATION(S)
The center failed to ensure staff was trained and qualified for assigned tasks.
The center failed to follow medication storage and disposal policies and procedures.
The center failed to protect residents from verbal abuse.

An unannounced on-site investigation was initiated 03/04/2026 at 2pm

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 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 center was conducted upon entrance and throughout survey. Resident rooms were observed for clutter, debris, or odors. Staff were observed watching one resident, cleaning rooms, and checking on residents periodically.

Resident records were reviewed including assessments, service plans, and nursing notes. CPR verifications were reviewed for all direct care staff.

Residents were interviewed regarding their feelings of safety, satisfaction with care, if they witnessed or felt abused. Staff members were interviewed regarding the last CPR training, examples of abuse, and medication destruction.

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: 03/05/2026

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
	AL1412	A. BUILDING: _____ B. WING _____	C 03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE ON THE PARK - OKLAHOMA CITY	1515 KINGSRIDGE DRIVE OKLAHOMA CITY, OK 73170

(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 (#OK00088399) was conducted from 03/04/26 through 03/05/26. No deficiencies were cited. Facility Census: 40	C 000		

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