Oklahoma State Department of Health
Creating a State of Health

December 13, 2019

License Number: AL5514

Ms. Lydia Stewart, Administrator
Villagio Of Oklahoma City
14300 North Portland
Oklahoma City, OK 73134

Survey Event ID: DUSL11

Dear Ms. Stewart:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **November 25, 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
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Villagio of Oklahoma City**
Address: **14300 North Portland**
City, State, Zip: **Oklahoma City, OK 73134**
Provider #: **AL5514**
Complaint #: **OK00054661**
Investigation Date(s): **11/25/19**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure residents were safely given medications and treatments according to physicians' orders.	US

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

An unannounced on-site investigation was initiated 11/25/2019 at 9:50 a.m.

A sample of four residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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 Description of Significant Findings Related to Each Allegation is Provided Below:

A specific investigation to ensure qualified staff performed glucose monitoring and insulin administration was conducted.

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

The center identified unqualified staff had performed blood glucose testing and insulin administration. The center reported the incident to the Oklahoma State Department of Health (OSDH). Certified medication aide (CMA) #4 had advanced training in respiratory and gastrostomy medication; however, CMA #4 did not have advanced training in blood glucose testing or insulin administration. CMA #5 had advanced training in respiratory, gastrostomy medications, and blood glucose testing; however, CMA #5 did not have advanced training for insulin administration. The administrator had determined the licensed practical nurse (LPN) #6 was aware the unqualified staff administered blood glucose testing and insulin. The administrator reported LPN #6

to the Oklahoma Board of Nursing (OBN) in response to the incident. Resident #2 identified in the complaint allegation did not previously or currently receive insulin administration. Resident #3 identified in the complaint allegation had expired after complications from a surgical procedure. Resident #4 was recently admitted to the center with blood glucose testing and insulin administration. Resident #4's blood glucose testing and insulin administration had been performed by qualified staff.

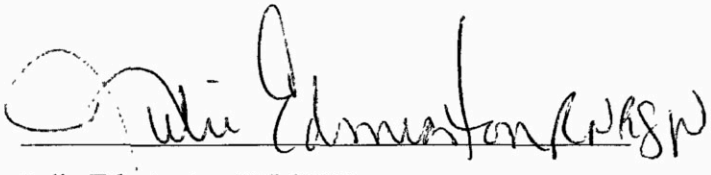
The center's policy titled, 'Medication Administration Policy' dated August 2019, documented, "...CMAs must have a current qualification from a training entity approved by the Department of Health..."

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 federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.



Julie Edmiaston RN, BSN

Date report completed: 12/02/2019

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
	AL5514	A. BUILDING _____ B. WING _____	11/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGIO OF OKLAHOMA CITY	14300 NORTH PORTLAND OKLAHOMA CITY, OK 73134

(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 An abbreviated survey was conducted to investigate complaint #OK00054661. Census was 46. No deficient practice was cited.	C 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
AL5514	VILLAGIO OF OKLAHOMA CITY

Type of Survey (select all that apply)

[3] [ ] [ ] [ ] [ ]

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. 30875	11/25/2019	11/25/2019	1.00	0.00	5.00	0.00	4.00	4.00
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3.								
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**

DEC 16 2019