OKLAHOMA
State Department
of Health

Delivery via email to: mdavis@myvitalityliving.com

November 15, 2023

License Number: AL5519

Ms. Melanie Davis, Director of Nursing
Vitality Living Village
2333 Manchester Drive
Oklahoma City, OK 73120

Survey Event ID: 9DJN11

Dear Ms. Davis:

On **October 30, 2023,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template. Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action will be completed for each violation; and
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Vitality Living Village
Address: 2333 Manchester Drive
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5519
Complaint #: OK00061220
Investigation Date(s):10/27/23 and 10/30/23

ALLEGATION(S)

1.The center failed to have qualified administrative staff on-site.

An unannounced on-site investigation was initiated 10/27/2023 at 9:30 a.m.

A sample of 3 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 records.

A Summary of Complaint Investigation:

An investigation related to staffing schedules and rosters were conducted.

A tour of the center was conducted.

Staff stated they have been working with a registered nurse.

Staff stated they have an Interim Executive Director.

The attached Statement of Deficiencies, Form 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: 10/30/2023

Franklin A. Calvin Health Facility Surveyor III

10/30/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Vitality Living Village
Address: 2333 Manchester Drive
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5519
Complaint #: OK00061273
Investigation Date(s):10/27/23 and 10/30/23

ALLEGATION(S)
1.The center failed to ensure staffing positions were filled for Executive Director and Registered Nurse.
2.The center failed to ensure assistance was received with activities of daily living according to the contract.
3.The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 10/27/2023 at 9:30 a.m.

A sample of 3 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 records.

A Summary of Complaint Investigation:

An investigation related to assessments, physician notes, physician orders, hospice, care plans, incontinent care, fall risk assessments, skin assessments, incident reports, state reportable, resident council minutes, nursing. notes, staff rosters with hires dates, staff schedules were conducted.

A tour of the center was conducted.

Residents were observed receiving care as physician ordered.
Residents were observed for signs of neglect related to incontinent care.

Residents stated they had no issues with personal items missing.

At the time of the survey, no staff made any derogatory comments towards residents.

Staff stated they had an executive director 21 days ago and the company hired an interim executive director.

Staff stated they have been working with a Registered Nurse.

The attached Statement of Deficiencies, Form 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: 10/30/2023

Franklin A. Calvin Health Facility Surveyor III

10/30/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Vitality Living Village
Address: 2333 Manchester Drive
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5519
Complaint #: OK00061374
Investigation Date(s):10/27/23 and 10/30/23

ALLEGATION(S)
1.The center failed to ensure an Executive Director was in place to oversee the facility's business operations.
2.The center failed to provide timely incontinent care for dependent residents.
3.The center failed to ensure residents' property was not misappropriated.

An unannounced on-site investigation was initiated 10/27/2023 at 9:30 a.m.

A sample of 3 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 records.

A Summary of Complaint Investigation:

An investigation related to assessments, physician notes, physician orders, hospice, care plans, incontinent care, fall risk assessments, skin assessments, incident reports, state reportable, resident council minutes, nursing. Notes, staff schedules, staff rosters with date of hire were conducted.

A tour of the center was conducted.

Residents were observed receiving care as physician ordered.
Residents were observed for signs of neglect related to incontinent care.

Residents stated they had no issues with personal items missing.

At the time of the survey, no staff made any derogatory comments towards residents.
At the time of the survey the receptionist treated residents and family with kind regards.
Staff stated that they had an executive director 21 days ago and the company hired an interim executive director.

A review of documents reported all falls and fractures were reviewed by attending physician and physicians. assistant.

The attached Statement of Deficiencies, Form 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: 10/30/2023

Franklin A. Calvin Health Facility Surveyor III

10/30/2023

INVESTIGATIVE REPORT

Facility: Vitality Living Village
Address: 2333 Manchester Drive
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5519
Complaint #: OK00060561
Investigation Date(s):10/27/23 and 10/30/23

ALLEGATION(S)

1.The center failed to ensure residents were not physically, verbally or psychosocially abused.

An unannounced on-site investigation was initiated 10/27/2023 at 9:30 a.m.

A sample of 3 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 records.

A Summary of Complaint Investigation:

An investigation related to assessments, physician notes, physician orders, hospice, care plans, incontinent care, skin assessments, incident reports, state reportable, resident council minutes, nursing notes, contracts, service plans were conducted.

A tour of the center was conducted.

Residents were observed receiving care, resident transferring as physician ordered.
Residents were observed for signs of distress related to incontinent care.

At the time of the survey, staff were observed providing personal care with residents.

Staff stated they do resident rounds every two hours depending on the client level of care they check residents every 30 minutes to an hour.

Staff stated we follow our company policies regarding client care.

Staff state if they witness any signs of abuse they will report to the Director of Nursing.

Documents were reviewed for notifications that were made to the POA.

The attached Statement of Deficiencies, Form 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: 10/30/2023

Franklin A. Calvin Health Facility Surveyor III

10/30/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Vitality Living Village
Address: 2333 Manchester Drive
City, State, Zip: Oklahoma City, Ok 73120
Provider #: AL5519
Complaint #: OK00061674
Investigation Date(s):10/27/23 and 10/30/23

ALLEGATION(S)
1.The center failed to ensure residents were not physically, verbally or psychosocially abused.
2.The center failed to ensure residents' property was not misappropriated
3.The center failed to assistance with incontinent care was provided in a timely manner and according to contract and the plan of care.
4.The center failed to designate an executive director to ensure compliance with State Laws and maintain the highest practicable physical, mental and psychosocial well-being of each resident

An unannounced on-site investigation was initiated 10/27/2023 at 9:30 a.m.

A sample of 3 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 records.

A Summary of Complaint Investigation:

An investigation related to assessments, physician notes, physician orders, hospice, care plans, incontinent care, fall risk assessments, skin assessments, incident reports, state reportable, resident council minutes, nursing. Notes, staff schedules, staff rosters titles with hire dates were conducted.

A tour of the center was conducted.

Resident rooms were observed with no feces or urine.
Residents were observed receiving care, resident transferring as physician ordered.
Residents were observed for signs of distress, abuse and neglect.

Residents stated they had no issues with personal items missing.

At the time of the survey, no staff made any derogatory comments towards residents.
At the time of the survey the receptionist treated residents and family with kind regards.

Staff stated that they had an executive director 21 days ago and the company hired an interim executive director.

A review of documents reported all falls and fractures were reviewed by attending physician and/or physicians. assistant.

The attached Statement of Deficiencies, Form 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: 10/30/2023

Franklin A. Calvin Health Facility Surveyor III

10/30/2023

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
	AL5519	A. BUILDING: _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITALITY LIVING VILLAGE	2333 MANCHESTER 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 Complaint investigations (#OK000650561, OK00061220, OK00061273, OK00061674 and #OK00061374) were conducted on 10/27/23,10/30/23 and 11/01/23. No deficiencies were cited.	C 000		
C 930 SS=D	310:663-9-3(1-3) STAFF QUALIFICATIONS Each assisted living center shall designate an administrator responsible for the operation of the assisted living center. The administrator shall hold at least one (1) of the following credentials: (1) a license issued by the State Board of Examiners for Nursing Home Administrators; or (2) a residential care home administrator's certificate of training from an institution of higher learning whose program has been reviewed by the Department; or (3) a nationally recognized assisted living certicate of training and competency for assisted living administrators that has been reviewed and approved by the Department. This Rule is not met as evidenced by: Based on record review and interview the facility failed to designate an administrator responsible for the operations of the assisted living center. Findings: The Registered Nurse stated there are 42	C 930		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5519	A. BUILDING: _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITALITY LIVING VILLAGE	2333 MANCHESTER 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 930	Continued From page 1 residents living in the facility. During a review of documents with the Business Manager, facility failed to have a certified administrator designated from 09/30/23 through 10/31/23. On 11/01/23 at 2:38 p.m., the Business Manager stated we hired an Administrator on 11/01/23. On 11/01/23 at 3:03 p.m., the Registered Nurse stated the last Administrator termed on 09/30/23.	C 930		

OKLAHOMA
State Department
of Health

Delivery via email to: jbieger@myvitalityliving.com; mdavis@myvitalityliving.com

November 29, 2023

License Number: AL5519

Ms. Jessica Bieger, Administrator
Vitality Living Village
2333 Manchester Drive
Oklahoma City, OK 73120

Survey Event ID: 9DJN11

Dear Ms. Bieger:

On **October 30, 2023,** a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. **Our acceptance does not absolve the facility's responsibility for compliance** should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **November 30, 2023**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 11/21/2013
Facility Name: Vitality Living Village
License Number: AL5519
Survey Event ID: 9DJN11
Date Survey Completed: 10/20/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 930	Based on: The rule is not met as evidenced by: Based on record review and interview the facility failed to designate an administrator responsible for the operations of the assisted living center.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Administrator/Executive Director, Jessica Bieger, started employment on 11/1/2023.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The executive director and/or designee will conduct 7 random resident interviews to identify any operational concerns by 11/30/2023.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	In the absence of an administrator, the director of wellness, and/or business office director, will ensure operations continue at the assisted living center. A letter of authority will be posted for residents and/or POA viewing.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	The executive director and/or designee will interview 4 residents weekly for 4 weeks, bi-weekly for 4 weeks, and monthly for one month to ensure operational concerns are addressed accordingly. Results will be discussed and documented in the monthly QA meetings. Records of QA meeting will be kept in the QA binder. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/30/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F) DocuSigned by: Administrator signature required. 3ECE8644832410... **Date** Enter a date of signature. 11/22/2023 | 3:20:35 PM PST

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

Delivery via email to: jbieger@myvitalityliving.com; mdavis@myvitalityliving.com

January 16, 2024

License Number: AL5519

Ms. Jessica Bieger, Administrator
Vitality Living Village
2333 Manchester Drive
Oklahoma City, OK 73120

Survey Event ID: 9DJN12

Dear Ms. Bieger:

On **January 11, 2024,** an offsite/paper complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **October 30, 2023,** have now been corrected effective **November 30, 2023.**

If you have any questions concerning the information in this letter, please contact me at (405) 426-8200.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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
	AL5519	A. BUILDING: _____ B. WING _____	R-C 01/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITALITY LIVING VILLAGE	2333 MANCHESTER 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 An offsite/paper revisit was conducted on 01/11/23. All tags have been cleared for this survey.	{C 000}		

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