

Delivery via email to: foglesby@villageatoakwood.com;
jwilson@villageatoakwood.com

January 10, 2023

License Number: AL5534

Ms. Fidelia Oglesby, Administrator
Village at Oakwood
817 Southwest 59th Street
Oklahoma City, OK 73109

Survey Event ID: 4KEV11

Dear Ms. Oglesby:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 5, 2023**. 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.

Sincerely,

Katie Stagner

Katie Stagner
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

**INVESTIGATIVE REPORT
LICENSURE**

Facility: Village at Oakwood
Address: 817 SW 59th Street
City, State, Zip: OKC, OK 73109
Provider #: AL5534
Complaint #: OK00059960
Investigation Date(s): 01/03/23-01/05/23

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The facility failed to provide adequate supervision to prevent injuries and death.	US
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☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 01/03/2023 at 11:35 a.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:

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

An investigation specific to incident reports, staffing, resident records, and resident service agreements was conducted.

Incident reports, staffing, resident records and resident service agreements were reviewed.

Resident's were observed moving freely inside and outside of the center.

At the time of the survey, residents stated they could come and go freely inside and outside of the center. They stated the doors were locked from the outside and required them to push a button upon return to the center for entrance back into the center as a safety precaution.

At the time of the survey, staff stated no resident posed a threat to themselves, safety concerns were documented and monitored in care plans, medication administration records, risk management plans coordinated with their case manager and care team.

At the time of the survey, there was no deficient practice related to resident supervision.

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 state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

A handwritten signature in cursive script that reads "Melissa Swaim RN". The signature is written in dark ink and is positioned above the printed name.

Melissa Swaim RN

Date report completed: 01/05/2023

**INVESTIGATIVE REPORT
LICENSURE**

Facility: Village at Oakwood
Address: 817 SW 59th Street
City, State, Zip: OKC, OK 73109
Provider #: AL5534
Complaint #: OK00059474
Investigation Date(s): 01/03/23-01/05/23

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The center failed to notify the resident's responsible party of a significant change in condition.	US
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☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 01/03/2023 at 11:35 a.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:

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

An investigation specific to incident reports was conducted.

Incident reports and resident records were reviewed.

At the time of the survey, no resident complained about their emergency contact being notified.

At the time of the survey, staff stated they notified the resident emergency contact if/when a resident was sent to the hospital.

At the time of the survey, there was no deficient practice related to resident responsible party notification.

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 state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

A handwritten signature in cursive script that reads "Melissa Swaim RN". The signature is written in black ink and is positioned above a horizontal line.

Melissa Swaim RN

Date report completed: 01/05/2023

**INVESTIGATIVE REPORT
LICENSURE**

Facility: Village at Oakwood
Address: 817 SW 59th Street
City, State, Zip: OKC, OK 58983
Provider #: AL5534
Complaint #: OK00058983
Investigation Date(s): 01/03/23-01/05/23

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The center failed to ensure the physician's orders were followed regarding the availability of the residents' medications.	US
2. The center failed to provide a clean, comfortable and homelike environment.	US
3. The center failed to maintain the resident's dignity by giving her another resident's food tray.	US

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

An unannounced on-site investigation was initiated on 01/03/2023 at 11:35 a.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:

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

An investigation specific to physician ordered self-administered treatments was conducted.

Physician orders and treatment administration records were reviewed.

Physician ordered self-administered treatments were observed in resident rooms.

At the time of the survey, no resident complained about not having their physician ordered self-administered treatments.

At the time of the survey, staff stated physician ordered self-administered treatments were monitored on Friday's during the dayshift and would reorder the physician ordered self-administered treatment when needed.

At the time of the survey, there was no deficient practice related to medication availability.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to housekeeping services was conducted.

Housekeeping scheduled services and resident records were reviewed.

Housekeepers were observed throughout the survey providing services to residents. There were no odors, trash, or untidy rooms observed throughout the survey.

At the time of the survey, residents stated housekeeping provided services once a week.

At the time of the survey, housekeeping staff stated they provided services once a week. Staff stated they removed trash from resident rooms throughout their shift. They stated soiled incontinence products were removed from the resident apartment at the time of service.

At the time of the survey, there was no deficient practice related to clean, comfortable, homelike environment.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to diet and food services was conducted.

Dietary records, resident records, and physician orders were reviewed.

At the time of the survey, residents reviewed the menu provided to each dining room table. They stated there were daily specials, breakfast could be ordered any time of day, and there were other options provided which could be ordered according to their preference.

At the time of the survey, staff stated they offered open dining where the residents were given many options to have meals provided in the dining room, meals to go, and room trays when needed. Food services was managed as a restaurant where residents could eat at a time of their choice during the open hours.

At the time of the survey, there was no deficient practice related to dignity.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1-#3. 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 state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

A handwritten signature in cursive script, reading "Melissa Swaim RN", is written over a horizontal line.

Melissa Swaim RN

Date report completed: 01/05/2023

**INVESTIGATIVE REPORT
LICENSURE**

Facility: Village at Oakwood
Address: 817 SW 59th Street
City, State, Zip: OKC, OK 73109
Provider #: AL5534
Complaint #: OK00056029
Investigation Date(s): 01/03/23-01/05/23

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The center failed to ensure residents were not overmedicated.	US
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☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 01/03/2023 at 11:35 a.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:

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

An investigation specific to physician orders, medication administration records, monthly medication reviews, quarterly pharmacy reviews, and physician/APRN-CNP (Advanced Practice Registered Nurse-Certified Nurse Practitioner) notes was conducted.

Resident records were reviewed. Physician ordered medications were administered as ordered.

No resident observed appeared to be overmedicated.

At the time of the survey, no resident complained about being overmedicated.

At the time of the survey, staff stated monthly medication reviews were conducted by a registered nurse, in addition to the medication reviews the physician or APRN-CNP conducted medication reviews at the time of their resident visits.

At the time of the survey, there was no deficient practice related to overmedication.

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 state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

A handwritten signature in cursive script, reading "Melissa Swaim", is written over a horizontal line.

Melissa Swaim RN

Date report completed: 01/05/2023

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5534	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/05/2023
NAME OF PROVIDER OR SUPPLIER VILLAGE AT OAKWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 817 SOUTHWEST 59TH STREET OKLAHOMA CITY, OK 73109		
(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 (#OK00056029, OK00058983, OK00059474, and #OK00059960) were conducted 01/03/23 through 01/05/23. No deficiencies were cited.	C 000		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE