OKLAHOMA
State Department
of Health

Delivery via email to: foglesby@villageatoakwood.com;
JWILSON@VILLAGEATOAKWOOD.COM

June 15, 2023

License Number: AL5534

Ms. Fidelia Oglesby, Executive Director/Administrator
Village At Oakwood
817 Southwest 59th Street
Oklahoma City, OK 73109

RE: Survey Event ID: LF0E11

Dear Ms. Oglesby:

Enclosed is a report of the inspection with a complaint investigation conducted at your Assisted Living Center on **June 7, 2023.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Lisa Calvin

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

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Village at Oakwood**
Address: **817 Southwest 59th Street**
City, State, Zip: **Oklahoma City, OK, 73109**
Provider #: **AL5534**
Complaint #: **OK00060259**
Investigation Date(s): **06/06/23 and 06/07/23**

ALLEGATION(S)

1. The facility failed to ensure proper infection control procedures were followed regarding COVID.
2. The facility failed to ensure residents were not violated.
3. The facility failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 06/06/2023 at 7:10 a.m.

A sample of 10 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 at other various times throughout the survey. Resident halls and rooms were observed for pests. Staff was observed interacting with residents. There were no COVID positive residents in the facility at the time of survey. There were no residents on lockdown or on quarantine.

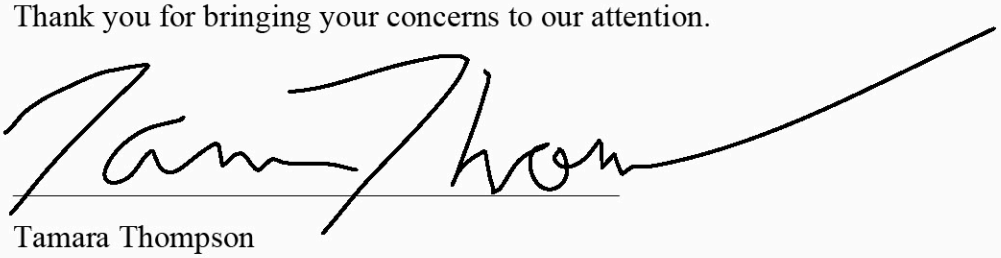
Resident records were reviewed including nurse notes. Facility documents were reviewed including pest control, covid testing, policy and procedures for COVID and pests.

Residents were interviewed regarding pests and COVID procedures. They were asked if they observed pests, and were asked about the testing and quarantine when COVID positive and facility outbreaks.

Staff member interviewed regarding the facility policy on pests and COVID.

Deficient practice was not cited. See the Statement of Deficiencies, Form 2567, for details.

Thank you for bringing your concerns to our attention.



Tamara Thompson

Date report completed: 06/09/2023

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
	AL5534	A. BUILDING: _____ B. WING _____	C 06/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT OAKWOOD	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 A re-licensure survey was conducted from 06/06/23 through 06/07/23. A complaint investigation (#OK00060259) was conducted in conjunction with the survey. No deficiencies were cited.	C 000		

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