Oklahoma State Department of Health
Creating a State of Health

September 26, 2019

License Number: AL5595

Mr. John Gulley, Administrator
Town Village Assisted Living
13000 North May Avenue
Nichols Hills, OK 73120

RE: Survey Event ID: PZ8D11

Dear Mr. Gulley:

On **August 27, 2019**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on August 27, 2019.

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 (attached). 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 and monitoring will be completed for each violation;

(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) 271-6868 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
1000 N.E. 10th
Oklahoma City, OK 73117-1299

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) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. 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.

Sincerely,

for Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

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
	AL5595	A. BUILDING _____ B. WING _____	08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWN VILLAGE ASSISTED LIVING	13000 NORTH MAY AVENUE NICHOLS HILLS, 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 A re-licensure survey was conducted on 08/22/19, 08/26/19, and 08/27/19. Current census was 27. The following deficient practices were cited.	C 000		
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements, This Rule is not met as evidenced by: Based on observation and interview, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations: 310:257-3-20. Effectiveness (a) Except as provided in (b) of this Section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food... 310:257-5-31. In-use utensils, between-use storage	C 391		

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

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C 391	Continued From page 1 During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored: (5) In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not Time/Temperature Control for Safety Food;... 310:257-5-34. Gloves, use limitation (a) If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. 310:257-5-60. Ready to eat, Time/temperature Control for Safety Food, date marking. (d) A date marking system that meets the criteria stated in (a) and (b) of this section include: (3) Marking the date or day the original container is opened in a food service establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified in (b) of this Section;... 310:257-9-67. Covering receptacles Receptacles and waste handling units for refuse, recyclables, and returnables shall be kept covered: (1) Inside the food service establishment if the receptacles and units: (A) Contain food residue and are not in continuous use;... These failed practices resulted in the wide spread potential for more than minimal harm for all 27 residents who consumed food prepared in the center's kitchen. Findings:	C 391		

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C 391	Continued From page 2 On 08/26/19 at 10:13 a.m., the following observations were made during a tour of the kitchen: 1) Cook/employee #1 placed raw pork chops in a flour mixture with his bare hands and no restraint was used to cover his facial hair; 2) Cook/employee #2 - no restraint was used to cover his facial hair; 3) A dispensing scoop in the ice machine and in the container of rice in dry storage; 4) 2.5 pound bag of shredded cheese not labeled with date; 5) 2.5 pound bag of parmesan cheese not sealed tightly or labeled with date; 6) 2.5 pound bag of mozzarella cheese not sealed tightly or labeled with date; and 7) 2 trash receptacles without lids at each end of the serving line while the raw meat was being prepared on the serving/prep table. The director of dining services stated he had worked in the kitchen for two months and the trash cans had never had lids on them. He stated they must have used beard restraints at one time because they had them in the building. He also stated the employees had forgotten to take the scoop out of the ice machine and the rice container. In addition the dining services director stated the three different cheeses should have been sealed tightly and labeled with the date they were opened. On 08/27/19 at 12:17 p.m., cook/employee #2 and dietary aid/employee #3 prepared/served the noon meal in to-go styrofoam containers without any hair restraints covering their heads. Cook/employee #2 stated we could not find any hair nets.	C 391		

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C 391	Continued From page 3 No lid was placed on the trash receptacle that was three quarters full of trash and food debris. The trash receptacle was located at the end of the serve/prep table. The other trash receptacle was full of trash and food debris was located under the other end of the serve/prep table. The director of dining services stated they had not had lids for the trash receptacles.	C 391		
C 930 SS=F	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 observation and interview, it was determined the center failed to have a certified or licensed administrator to be responsible for the center's operation. This failed practice had the widespread potential for more than minimal harm for all 27 residents. Findings:	C 930		

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C 930	Continued From page 4 On 08/22/19 at 12:10 p.m., the regional registered nurse (RN) introduced administrator #2. At 2:28 p.m., a copy of the current administrator's certification or license was requested. The regional RN stated the administrators that had covered the center were from Texas. An Oklahoma administrator's certification or license was not provided. At 2:54 p.m., the concierge stated administrator #2 had returned to Texas. At 3:04 p.m., the regional RN stated the former administrator's last day in the center had been 08/08/19. Administrator #1, from Texas, was in the center 08/08/19 through 08/16/19. Administrator #2, from Texas, was in the center 08/20/19 through 08/22/19. An administrator's certification or license was not provided.	C 930		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL5595	TOWN VILLAGE ASSISTED LIVING

Type of Survey (select all that apply)

[2]

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]

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)
1. 35195	08/22/2019	08/27/2019	0.75	0.00	16.50	0.00	6.50	3.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
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**

Oklahoma State Department of Health
Creating a State of Health

October 10, 2019

License Number: AL5595

Mr. John Gulley, Administrator
Town Village Assisted Living
13000 North May Avenue
Nichols Hills, OK 73120

RE: Survey Event PZ8D11

Dear Mr. Gulley:

On August 27, 2019, a Licensure inspection was conducted at your Assisted Living Center facility. 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 **October 28, 2019**.

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) 271-6868.

Sincerely,

for Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

LC/KS

Oklahoma State Department of Health

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C 000	INITIAL COMMENTS A re-licensure survey was conducted on 08/22/19, 08/26/19, and 08/27/19. Current census was 27. The following deficient practices were cited.	C 000	Plan of Correction is being submitted using the Optional POC template.	
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements; This Rule is not met as evidenced by: Based on observation and interview, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations in regards to: a) Failure to wear hair restraints; b) Storage of dispensing scoops; c) Usage of gloves; d) Label and date marked foods; and e) Covering trash/waste receptacles. These failed practices resulted in the wide spread potential for more than minimal harm for all 27 residents who received their nutrition from the kitchen. Findings:	C 391		

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

Oklahoma State Department of Health

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C 391	Continued From page 1	C 391		

310:257-3-20. Effectiveness
(a) Except as provided in (b) of this Section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food...

310:257-5-31. In-use utensils, between-use storage
During pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored:
(5) In a clean, protected location if the utensils, such as ice scoops, are used only with a food that is not Time/Temperature Control for Safety Food;...

310:257-5-34. Gloves, use limitation
(a) If used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation.

310:257-5-60. Ready to eat, Time/temperature Control for Safety Food, date marking.
(d) A date marking system that meets the criteria stated in (a) and (b) of this section include:
(3) Marking the date or day the original container is opened in a food service establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified in (b) of this Section;...

310:257-9-67. Covering receptacles
Receptacles and waste handling units for refuse,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 930 SS=F	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:	C 930		

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C 930	Continued From page 4 Based on observation and interview, it was determined the center failed to have a certified or licensed administrator with a certificate of training that had been reviewed and approved by the Oklahoma State Department of Health to be responsible for it's operation. This failed practice had the widespread potential for more than minimal harm for all 27 residents. Findings: On 08/22/19 at 12:10 p.m., the regional registered nurse (RN) introduced administrator #2. At 2:28 p.m., a copy of the current administrator's certification or license was requested. The regional RN stated the administrators that had covered the center were from Texas. An Oklahoma administrator's certification or license was not provided. At 2:54 p.m., the concierge stated administrator #2 had returned to Texas. At 3:04 p.m., the regional RN stated the former administrator's last day in the center had been 08/08/19. Administrator #1, from Texas, was in the center 08/08/19 through 08/16/19. Administrator #2, from Texas, was in the center 08/20/19 through 08/22/19. An administrator's certification or license was not provided.	C 930		

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 10/9/2019** **Facility Name:** Town Village Retirement **License Number:** AL5995 **Survey Event ID:** PZ8D11 **Date Survey Completed: 8/27/2019**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 391	Based on: observation and review, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Town Village Retirement will ensure all regulations noted in Chapter 257 of the Food Service Establishment Regulations will be followed, as well as randomly audit for on-going compliance through the ED/designee and QAPI team. Food Safety is a top priority for the team here at Town Village Retirement at all times.

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?	1. The Culinary staff will wear hairnets, beard covers when in the kitchen. 2. Culinary staff will ensure that the ice scoop's are maintained in a clean, protected location when in use and not in use. 3. Single use gloves will be utilized for only one task and then discarded when damaged/ soiled or when interruptions occur in the operation of the Culinary services dept.4. All receptacles and waste handling units/trashcans for refuse and recyclables shall be covered when not in use and when raw foods are being prepared. 5. Any items located in the refrigerator of Culinary services will have a label with the date opened and will be sealed, closed and shelved appropriately when not in use.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents are identified as potentially at risk for any noncompliance of Chapter 257 Food Service Establishment Regulations by any of the Town Village/Culinary staff members.
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?	Random documented audits will be performed by the ED/designee for any evidence of noncompliance with the guidelines set forth in Chapter 257 Food Service Establishment Regulations. Findings of random audits will be promptly handled immediately and placed for the QAPI team to review and discuss for further follow up as needed. This will ensure any evidence of noncompliance is promptly addressed in protection of all residents.
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;	a. A Dietary Random Audit Form is in place and the ED/designee will perform these audits with review of all items listed on the Statement of Deficiency Form three times per week x 4 qweeks then at least on a weekly basis to ensure staffs understanding and compliance. b. QAPI

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.	team will review the audits performed during a monthly QAPI meeting and address any concerns noted with a prompt system to further correct any noncomplaince noted. c. The Dietary Random Audit Form will be maintained in the Plan of Correction binder for Oklahoma State Dept. of Health to review in the follow-visit concerning these deficiencies. When the follow up is completed audits will be maintained in the QAPI binder located in the ED office. On October 11, 2019 another review/training will be provided to all staff on the importance of Infection control and following the Food Safety guidelines in order to protect all residents here at Town Village Retirement. 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?	10/28/2019
OSDH Response: Element accepted Yes ☐ **No** ☐	

Administrator's Signature **Nancy Klepac, Executive Director** OAC 310:663-25-4(F)	**Date 10/9/2019**

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 Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 10/9/2019** **Facility Name:** Town Village Retirement **License Number:** AL5995 **Survey Event ID:** PZ8D11 **Date Survey Completed: 8/27/2019**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 930	Based on: observation and review it was determined the center failed to have a certified or licensed administrator with a certificate of training that had been reviewed and approved by the Oklahoma State Dept. of Health to be responsible for its operation.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Town Village Retirement will ensure that a certified, licensed administrator approved by the Oklahoma State Dept. of Health is in place with license/certification displayed.

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?	1. Integrated Senior Living will ensure that upon any changes with the ED/licensure status, contact will be made with Oklahoma Assisted Living Assoc. to assist in providing an Interim ED until a final candidate has been selected for the position.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents are identified as potentially at risk for any noncompliance concerning a certified/licensed administrator overseeing Town Village Retirement when a change of ED is required.
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?	Integrated Senior Living requires a 30 day notice from their managerial staff. Upon notice of an ED to vacate the position, follow up will begin promptly for a certified/licensed administrator placement prior to previous ED's vacate time. If a candidate has not been chosen Intergrated Senior Lifestyles will contact Oklahoma Assisted Living Assoc. for prospects to become an Interim Executive Director until a candidate is in place.
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.	a. Integrated Senior Lifestyles will ensure a certified/licensed administrator approved by the Oklahoma State Dept. Health is in place with a certification/license displayed in the appropriate place in the community. b. Any managerial open positions will be placed in the QAPI meeting for review and follow up to ensure all managerial candidates are in place. Further, items that may need follow up in an absence of a managerial team member is addressed by team members and diligence is underway as a team with Integrated Senior Lifestyles for replacement. 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?	10/28/2019		
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Nancy Klepac, Executive Director NK OAC 310:663-25-4(F)		**Date 10/9/2019**	
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.			

5.

Oklahoma State Department of Health
Creating a State of Health

December 13, 2019

License Number: AL5595

Ms. Cathy Collins, Administrator
Town Village Assisted Living
13000 North May Avenue
Nichols Hills, OK 73120

RE: Survey Event PZ8D12

Dear Ms. Collins:

On **November 7, 2019,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **August 27, 2019,** have now been corrected effective **October 28, 2019.**

If you have any questions concerning the information in this letter, please contact the Enforcement Coordinator at (405) 271-6868.

Sincerely,

Lisa Calleri

for Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/ldc

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
	AL5595	A. BUILDING _____ B. WING _____	R 11/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWN VILLAGE ASSISTED LIVING	13000 NORTH MAY AVENUE NICHOLS HILLS, 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 A follow-up survey was conducted on 11/07/19. Current census was 29. All deficient practices were cleared.	{C 000}		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL5595	TOWN VILLAGE ASSISTED LIVING

Type of Survey (select all that apply)

2	D			

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				

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)
1. 35195	11/07/2019	11/07/2019	0.50	0.00	1.25	0.00	1.75	0.75
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
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**