OKLAHOMA
State Department
of Health

Delivery via email to: JSorum@ireg.us

June 28, 2023

License Number: AL5595

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

RE: Survey Event ID: Q3Q611

Dear Mr. Sorum:

On **June 7, 2023**, 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 **June 7, 2023**.

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) 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.

Sincerely,

Katie Stagner

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

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 _____	06/07/2023

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 relicensure survey was conducted from 06/06/23 through 06/07/23.	C 000		
C 391 SS=E	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 STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the kitchen and food service equipment were kept clean and in good repair. The "Assisted Living Resident Condition and Care Overview" report, dated 06/06/23, documented 15 residents resided in the facility. Findings: On 06/06/23 at 9:38 a.m., a tour of the kitchen was conducted. The following observations were made: a. there was an accumulation of brown residue on the outside and inside of the microwave, b. there was an accumulation of brown residue on the hand washing sink, c. there was an accumulation of brown residue on the outside of the ice machine, d. there was an accumulation of grease and brown substance on the outside of the ovens, stoves, and fryers,	C 391		

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C 391	Continued From page 1 e. there was an accumulation of grease, food particles, and brown residue on the floors under the fryers, f. there was an accumulation of brown and white substance on the outside back of the cold prep table, and green brown substance along the top outside, g. there was an accumulation of brown/black substance on the vent cover on a small freezer by the cold prep table, h. there was a yellow substance on the stand of a commercial mixer and orange substance on the mixer guard, i. there was an accumulation of brown substance on the plastic storage containers in the dry storage area, j. there was an accumulation of brown substance on all the walls and doors in the kitchen area, k. there were two missing vent covers missing in the dish washing area, l. there was an accumulation of black and brown substance in the drains under the three compartment sink in the dish washing area, m. there was trash and food particles on the floor in the walk in freezer, n. there was food particles and grease on the floors in the kitchen, o. there was food particles on the rug in the kitchen area,	C 391		

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C 391	Continued From page 2 p. there was an accumulation of brown substance and grease build up on multiple ceiling tiles in the kitchen area. On 06/07/23 at 9:19 a.m., the dining director was made aware of all the observations made in the kitchen. The dining director reported they would deep clean the kitchen and they would make a cleaning schedule to keep the kitchen clean.	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: JSorum@ireg.us

August 10, 2023

License Number: AL5595

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

RE: Survey Event Q3Q611

Dear Mr. Sorum:

On **June 7, 2023**, 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 have been corrected and you were in substantial compliance by **June 24, 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

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Oklahoma State Department of Health

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C 000	INITIAL COMMENTS A relicensure survey was conducted from 06/06/23 through 06/07/23.	C 000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by State and Federal law.	
C 391 SS=E	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 STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the kitchen and food service equipment were kept clean and in good repair. The "Assisted Living Resident Condition and Care Overview" report, dated 06/06/23, documented 15 residents resided in the facility. Findings: On 06/06/23 at 9:38 a.m., a tour of the kitchen was conducted. The following observations were made: a. there was an accumulation of brown residue on the outside and inside of the microwave, b. there was an accumulation of brown residue on the hand washing sink, c. there was an accumulation of brown residue on the outside of the ice machine, d. there was an accumulation of grease and brown substance on the outside of the ovens, stoves, and fryers,	C 391	C391= 1) The outside and inside of the microwave, hand washing sink, outside of the ice machine, outside of the ovens stoves and fryers, floors, outside back and outside top of prep table, mixer guard, dry storage area, walls and doors in kitchen area, drains under three compartment sink in dish washing area, floor of walk in freezer, kitchen floors, rug in kitchen area, and ceiling tiles in the kitchen area were all deep cleaned. Two vent covers were re-applied to the vents in the dish washing area. 2) All residents who eat from the kitchen and food service equipment had the potential to be affected. 3) Executive Director re-educated Dietary Director on 06-13-2023 regarding storage, preparation, distribution, food service policy and procedures, and cleaning schedules. Dietary Director re-educated Dietary staff on 06-22-2023 regarding storage, preparation, distribution, food service policy and procedures, and cleaning schedules.	06/24/2023

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OKLAHOMA
State Department of Health

Delivery via email to: JSorum@ireg.us

August 31, 2023

License Number: AL5595

Jason Sorum, Administrator
Town Village Assisted Living
13000 North May Avenue
Nichols Hills, OK 73120

RE: Survey Event Q3Q612

Dear Mr. Sorum:

On **August 30, 2023,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **June 7, 2023,** have now been corrected effective **June 24, 2023.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Oklahoma State Department of Health

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 08/30/23. The facility was in substantial compliance	{C 000}		

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