OKLAHOMA
State Department
of Health

Delivery via email to: djoyce@epworthvilla.org

May 17, 2022

License Number: CC5504AL

Ms. Dorothy Joyce, Administrator
Epworth Villa Health Services
14901 North Penn Avenue
Oklahoma City, OK 73134

Survey Event ID: XO6J11

Dear Ms. Joyce:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **May 3, 2022**. 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,

Lisa Calvin

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

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Epworth Villa Health Services**
Address: **14901 North Penn Ave.**
City, State, Zip: **Oklahoma City, OK. 73134**
Provider #: **CC5504**
Complaint #: **OK00055577**
Investigation Date(s): **05/02/22-05/03/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to provide care according to the resident contract.	**US**
2. The center failed to provide adequate and appropriate medical care.	**US**

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

An unannounced on-site investigation was initiated on 05/02/2022 at 10:00am.

A sample of five 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 providing adequate care in accordance with resident's contract was conducted.

Upon entry, and throughout the investigation, residents were happy with the level of care provided by the facility. Interviews with residents and family members were overall positive with respect to the level of care provided by the facility.

Resident counsel minutes and grievance reports were reviewed for evidence of dissatisfaction with the level of care being provided.

Closed records were reviewed, including physician's orders, nurses' notes, medication records, and admissions records.

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

An investigation specific to providing adequate and appropriate care in accordance with physician's orders.

Upon entry, and throughout the investigation, residents were happy with the level of care provided by the facility.

Resident counsel minutes and grievance reports were reviewed for evidence of dissatisfaction with the level of care being provided.

Closed records were reviewed, including physician's orders, nurses' notes, medication records, and admissions records.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation **OK00055577**. 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.

Zachary Collins, Preventative Medical Consultant

Date report completed: 05/04/2022

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Epworth Villa Health Services**
Address: **14901 North Penn Ave.**
City, State, Zip: **Oklahoma City, OK. 73134**
Provider #: **CC5504**
Complaint #: **OK00057943**
Investigation Date(s): **05/02/22-05/03/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure medications were administered as prescribed.	**US**
2. The center failed to provide a safe, clean environment.	**US**

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

An unannounced on-site investigation was initiated on 05/02/2022 at 10:00am.

A sample of five 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 providing medications as prescribed by a physician was conducted.

Upon entry, and throughout the investigation, residents were happy with the administration of medications provided by the facility. Interviews with residents and family members were also conducted.

Resident counsel minutes and grievance reports were reviewed for evidence of dissatisfaction with the level administration of medications by the facility.

Interviews with residents were completed with respect to medication administration.

Closed records were reviewed, including physician's orders, nurses' notes, medication records, and admissions records.

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

An investigation specific to providing a safe and clean environment was conducted.

Upon entry, and throughout the investigation, the facility appeared clean with no offensive odors.

Interviews and competency assessments were conducted with the staff.

Resident counsel minutes and grievance reports were reviewed for evidence of dissatisfaction with the level of cleanliness and safety.

Closed records were reviewed, including physician's orders, nurses' notes, medication records, and admissions records.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation **OK00057943**. 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.

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Zachary Collins, Preventative Medical Consultant

Date report completed: 05/04/2022

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Epworth Villa Health Services**
Address: **14901 North Penn Ave.**
City, State, Zip: **Oklahoma City, OK. 73134**
Provider #: **CC5504**
Complaint #: **OK00058652**
Investigation Date(s): **05/02/22-05/03/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure the physician's orders were followed regarding the administration of the residents' medications.	**US**
2. The center failed to have adequate staff to meet the residents' needs.	**US**

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

An unannounced on-site investigation was initiated on 05/02/2022 at 10:00am.

A sample of five 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 providing medications as prescribed by a physician was conducted.

Upon entry, and throughout the investigation, residents were happy with the administration of medications provided by the facility. Interviews with residents and family members were also conducted.

Resident counsel minutes and grievance reports were reviewed for evidence of dissatisfaction with the level administration of medications by the facility.

Interviews with residents were completed with respect to medication administration.

Interviews and competency assessments were conducted with the staff

Closed records were reviewed, including physician's orders, nurses' notes, medication records, and admissions records.

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

An investigation specific to having adequate staff was conducted.

Upon entry, and throughout the investigation, the facility appeared clean with no offensive odors.

Interviews and competency assessments were conducted with the staff.

Interviews with residents and family members were conducted.

Resident counsel minutes and grievance reports were reviewed for evidence of dissatisfaction with staffing and the level of care provided to residents.

Closed records were reviewed, including physician's orders, nurses' notes, medication records, and admissions records.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation **OK00058652**. 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.

Zachary Collins, Preventative Medical Consultant

Date report completed: 05/04/2022

Oklahoma State
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INVESTIGATIVE REPORT
LICENSURE

Facility: **Epworth Villa Health Services**
Address: **14901 North Penn Ave.**
City, State, Zip: **Oklahoma City, OK. 73134**
Provider #: **CC5504**
Complaint #: **OK00058722**
Investigation Date(s): **05/02/22-05/03/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure the physician's orders were followed regarding the administration of the residents' medications.	**US**
2. The center failed to have adequate staff to meet the residents' needs.	**US**

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

An unannounced on-site investigation was initiated on 05/02/2022 at 10:00am.

A sample of five 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 providing medications as prescribed by a physician was conducted.

Upon entry, and throughout the investigation, residents were happy with the administration of medications provided by the facility. Interviews with residents and family members were also conducted.

Resident counsel minutes and grievance reports were reviewed for evidence of dissatisfaction with the level administration of medications by the facility.

Interviews with residents were completed with respect to medication administration.

Interviews and competency assessments were conducted with the staff

Closed records were reviewed, including physician's orders, nurses' notes, medication records, and admissions records.

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

An investigation specific to having adequate staff was conducted.

Upon entry, and throughout the investigation, the facility appeared clean with no offensive odors.

Interviews and competency assessments were conducted with the staff.

Interviews were conducted with residents and family members.

Resident counsel minutes and grievance reports were reviewed for evidence of dissatisfaction with staffing and the level of care provided to residents.

Closed records were reviewed, including physician's orders, nurses' notes, medication records, and admissions records.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation **OK00058722**. 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.

Zachary Collins, Preventative Medical Consultant

Date report completed: 05/04/2022

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
	CC5504AL	A. BUILDING: _____ B. WING _____	C 05/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EPWORTH VILLA HEALTH SERVICES	14901 NORTH PENN AVENUE OKLAHOMA CITY, OK 73134

(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 (#OK00055577, OK00057943, OK00058652, and #OK00058722) were conducted from 05/02/22 through 05/02/22. No deficiencies were cited. Resident census was 110.	C 000		

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