OKLAHOMA
State Department of Health

Delivery via email to: lwinship@epworthvilla.org

January 31, 2024

License Number: CC5504AL

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

Survey Event ID: 2OJ511

Dear Ms. Winship:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 29, 2024**. 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.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Epworth Villa Heath Services**
Address: **14901 North Penn Avenue**
City, State, Zip: **Oklahoma City, OK, 73134**
Provider #: **CC5504AL**
Complaint #: **OK00061974**
Investigation Date(s): **01/26/24 through 01/29/24**

ALLEGATION(S)

The center failed to ensure residents were not physically, verbally, or psychosocially abused.

An unannounced on-site investigation was initiated 01/26/2024 at 10:49 a.m.

A sample of five residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 were observed for staff presence. Staff were observed for assisting residents with their needs and staff interactions with residents. Meal service was observed.

Resident records were reviewed including physician orders, care plans, interdisciplinary notes, incident reports and State reportable incidents. Policy and procedures were reviewed. Grievance records were reviewed. Employee files were reviewed.

Residents were interviewed related to the provision of abuse. They were asked if they had any concerns with the way they were treated in the facility.

Staff members were interviewed regarding the facility policy for abuse. They were asked if they had identified any concerns with staff and resident interactions.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 01/29/2024

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 01/29/2024

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 A complaint investigation (#OK00061974) was conducted from 01/26/24 through 01/29/24. No deficiencies were cited. Facility Census: 111	C 000		

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