OKLAHOMA
State Department
of Health

Delivery via email to: djoyce@epworthvilla.org

March 18, 2025

License Number: Cc5504
Survey Event ID: FNVS11

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

Dear Ms. Joyce:

Enclosed is the summary of deficiencies identified during the complaint investigation conducted at your facility on on **February 27, 2025**.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the spaces provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

- A statement of exactly how the facility has or intends to correct each deficiency.
- The method of correction. This includes who is responsible for the correction.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place. This is part of your quality assurance plan. At the revisit, the quality assurance plan shall be reviewed to determine the earliest date of compliance. If there is no finding of continuing non-compliance, **evidence of quality assurance being implemented will be required to establish a correction date earlier than the date of the revisit.**
- A reasonable date of correction, which will normally be within 60 days of this notice.

NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **Failure to submit an acceptable Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process.** Please retain a copy of this completed form for your files.

Informal Dispute Resolution

In accordance with 63 OS 1-1914.5 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 833). 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 833 and the Oklahoma IDR Process.

The IDR request must be submitted within ten calendar days from receipt of the Statement of Deficiencies (CMS-2567). 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
IDRCoordinator@health.ok.gov
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:

- Scope and severity assessments of deficiencies with the exception of scope and severity assessments that constitute substandard quality of care (SQC) or immediate jeopardy (IJ);
- Remedy (ies) imposed by the Department;
- Alleged failure of the survey team to comply with a requirement of the survey process;
- Alleged inconsistency of the survey team 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, telephone at (405) 426-8200.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Epworth Villa
Address: 14901 North Penn Ave
City, State, Zip: Oklahoma City, OK 73134
Provider #: CC5504AL
Complaint #: OK00067830
Investigation Date(s): 2/26/25-2/27/25

ALLEGATION(S)
The center failed to ensure medication carts were locked and medications not stored on top of medication carts
The center failed to ensure medications were given on time per physician orders
The center failed to ensure food was served under sanitary conditions
The center failed to ensure residents were supervised in dining rooms

An unannounced on-site investigation was initiated 02/26/2025 at 08:30 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:
In interviews and observations with 10 residents, two residents identified that Medication Aides leave medications with them to take and return later to ensure they have taken medications. Staff were observed on various shifts and medication administration observation was completed with no evidence of medications being left unattended with residents or in resident rooms. Review of records and observations of medication passes demonstrated medications were given at correct times and per physician orders. Observation and interview of staff regarding medication carts and treatments carts confirmed medication carts are left unlocked while unattended and medications are left on top of treatment carts unattended. Observation and interview of staff regarding sanitary practices are upheld in the kitchen and staff are present in dining areas during meals on all floors.

The attached State form, Statement of Deficiencies, 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: 02/27/2025

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 02/27/2025

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 relicensure survey was conducted from 02/26/25 through 02/27/25. A complaint investigation (#OK00067830) was conducted in conjunction with the survey. Facility Census: 102 Listed below are abbreviations that will be used throughout this document. LPN - licensed practical nurse	C 000		
C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated.	C1505		

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C1505	Continued From page 1	C1505		

This REQUIREMENT is not met as evidenced by:
Based on observation, record review, and interview, the center failed to rinse, sanitize, and store nebulizer equipment according to the center's policy for 1 (#1) of 2 residents sampled for nebulizer medication administration.

The administrator identified 102 residents resided in the center.

Findings:

On 02/27/25 at 9:42 a.m., LPN #2 was observed turning off the nebulizer for Resident #1. They removed the mask from resident's face, rinsed the mask and nebulizer pieces with tap water in the kitchen sink, sat the pieces on a paper towel, and left the apartment. There was no storage bag for storing the nebulizer mask or pieces in resident's room.

An undated policy titled "Administering Medications through a Small Volume (Handheld) Nebulizer," read in part, "rinse and disinfect nebulizer equipment"..."c. Place all pieces in bowl and cover with isopropyl (rubbing) alcohol. Soak for five minutes); d. Rinse all pieces with sterile

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C1505	Continued From page 2 water (NOT tap, bottled, or distilled) and allow to air dry on a paper towel"..."When equipment is completely dry, store in a plastic bag with the resident's name and the date on it." Resident #1 had diagnoses which included moderate persistent asthma. A physician's order, dated 12/11/24, showed the resident was to be administered 2.5 milligrams of albuterol solution by nebulizer three time a day for asthma/wheezing. On 02/27/25 at 9:47 a.m., LPN #2 was asked what the center's policy was for disinfecting and storing nebulizer masks and pieces. LPN #2 stated, "To rinse them and lay them on a paper towel to dry."	C1505		
C1931 SS=E	310:663-19-2(b)(1) MEDICATION ADMINISTRATION (b) An assisted living center may maintain nonprescription drugs for dispensing from a common or bulk supply if all of the following are accomplished. (1) The assisted living center shall have and follow a written policy and procedure to assure safety in dispensing and documenting medications given to each resident. This Rule is not met as evidenced by: Based on observation, interview, and record review, the center failed to: a. ensure an unattended medication cart was locked for 1 of 5 medication carts; and	C1931		

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C1931	Continued From page 3 b. ensure medications were secured inside a treatment cart for 1 of 5 treatment carts. The administrator identified 102 residents resided in the center. Findings: 1. On 02/27/25 at 9:13 a.m., an unattended medication cart was outside of Resident #6's apartment with the apartment door closed. The medication cart was observed to be unlocked. The center's "Administering and Documentation of Medications" policy, dated 06/21/2017 read in part, "during administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse or aide" On 02/27/25 at 9:22 a.m., LPN#2 was asked if their medication cart was locked or unlocked. LPN #2 stated, "Unlocked". LPN #2 was asked what the policy was for unattended medication carts. They stated, "When we are not with them we are to lock them." 2. On 02/27/25 at 8:25 a.m., an unattended treatment cart was observed in the memory care hallway with a box of albuterol sulfate inhalation solution 0.042% laying on top of the cart. The center's "Administering and Documentation of Medications" policy, dated 06/21/17, read in part, "No medications are kept on top of the cart." On 02/27/25 at 8:26 a.m., LPN #1 walked by the treatment cart and was asked what the center's policy was on storing medications. LPN #1 looked at the albuterol solution and stated, "It goes inside the treatment cart."	C1931		

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OKLAHOMA
State Department
of Health

Delivery via email to: djoyce@epworthvilla.org

April 1, 2025

License Number: CC5504AL

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

RE: Survey Event FNVS11

Dear Ms. Harter:

On **February 27, 2025**, 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 **April 28, 2025**.

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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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C 000	INITIAL COMMENTS A relicensure survey was conducted from 02/26/25 through 02/27/25. A complaint investigation (#OK00067830) was conducted in conjunction with the survey. Facility Census: 102 Listed below are abbreviations that will be used throughout this document. LPN - licensed practical nurse	C 000	This plan of correction constitutes the facilities written compliance for the deficiencies cited as required by state and federal regulations. This plan of correction does not denote agreement with the statement of deficiencies, nor does it constitute an admission that any deficiency is accurate. • **Statement of exactly how the facility has or intends to correct the deficiency** The center will rinse, sanitize, and store nebulizer equipment according to the policy. The policy for administering medication via a nebulizer was reviewed by the interdisciplinary team and updated to reflect best practices. Storage bags were purchased for nebulizer storage after cleaning.	4/28/25
C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated.	C1505	• **The method of correction** Nurse #1 and nurse #2 were inserviced by the administrator immediately upon notification of the deficient practice on 2/27/25. The policy for administering medication via nebulizer and proper cleaning and storage of nebulizers was updated on 3/21/25. All licensed nurses will be educated on the correct procedure and updated policy by 3/28/25. DON or designee will observe administration of random resident breathing treatments, including cleaning and storage of nebulizers 2 times each week for 6 weeks and then at random to ensure compliance. • **How the corrective action will be monitored to ensure the deficient practice will not recur** All findings and performance improvement plans will be submitted to the QAPI committee monthly for 2 quarters to ensure the effectiveness of the plan. The QAPI committee will provide additional resources, education, and direction as needed to sustain compliance. Any identified concerns will be submitted to the QA committee quarterly.	

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Based on observation, record review, and interview, the center failed to rinse, sanitize, and store nebulizer equipment according to the center's policy for 1 (#1) of 2 residents sampled for nebulizer medication administration.

The administrator identified 102 residents resided in the center.

Findings:

On 02/27/25 at 9:42 a.m., LPN #2 was observed turning off the nebulizer for Resident #1. They removed the mask from resident's face, rinsed the mask and nebulizer pieces with tap water in the kitchen sink, sat the pieces on a paper towel, and left the apartment. There was no storage bag for storing the nebulizer mask or pieces in resident's room.

An undated policy titled "Administering Medications through a Small Volume (Handheld) Nebulizer," read in part, "rinse and disinfect nebulizer equipment"..."c. Place all pieces in bowl and cover with isopropyl (rubbing) alcohol. Soak for five minutes); d. Rinse all pieces with sterile

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OKLAHOMA
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of Health

Delivery via email to: djoyce@epworthvilla.org

May 6, 2025

License Number: CC5504AL
Survey Event ID: FNVS12

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

Dear Ms. Joyce:

On **May 5, 2025**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **February 27, 2025,** have now been corrected and your facility is in compliance with licensure standards effective **April 28, 2025**.

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

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 05/05/25. 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