OKLAHOMA
State Department of Health

Delivery via email to: djoyce@epworthvilla.org

July 3, 2025

License Number: CC5504AL

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

Survey Event ID: 1Y5H11

Dear Ms. Joyce:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **June 25, 2025**. 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,

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 Health Services**
Address: **14901 North Penn Avenue**
City, State, Zip: **Oklahoma City, OK, 73134**
Provider #: **CC5504AL**
Complaint #: **OK00083765**
Investigation Dates: **06/23/25 and 06/25/25**

ALLEGATION
The center failed to ensure residents did not elope.

An unannounced on-site investigation was initiated 06/23/2025 at 12:30 p.m.

A sample of three 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 throughout the survey. Residents were observed during meals, in common areas, outside in the memory care courtyard, and in their apartments. Staff were observed answering call lights and assisting residents with activities of daily living.

Sampled clinical records were reviewed for physician orders, care plans, and assessments, progress notes, behavior notes, hospital records and incident reports were reviewed. Facility policies and procedures were reviewed.

Resident representatives were interviewed regarding any concerns related to supervision and elopement. Staff were interviewed regarding elopement risks and elopement incidents.

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: 06/25/2025

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 06/25/2025

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 complaint investigation (#OK00083765) was conducted on 06/23/25 and 06/25/25. No deficiencies were cited. Facility Census: 108	C 000		