

Delivery via email to: lstewart@villagioliving.com

September 13, 2022

License Number: AL5514

Ms. Lydia Kay Stewart, Administrator
Villagio Of Oklahoma City
14300 North Portland
Oklahoma City, OK 73134

Survey Event ID: EJRN11

Dear Ms. Stewart:

On **August 31, 2022**, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

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. 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 will be completed for each violation; and
- (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 Reviewer/Analyst
Long Term Care
Protective Health Services

 Digitally signed by Katie
Stagner
Date: 2022.09.13 10:53:29
-05'00'

Enclosure

INVESTIGATIVE REPORT

Facility: Villagio of Oklahoma City
Address: 14300 North Portland
City, State, Zip: Oklahoma City, Ok. 73134
Provider #: AL5514
Complaint #: #OK00059368
Investigation Date(s): August 29th, 30th, and 31st 2022

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
---------------	---

1. The center failed to protect resident from being physically restrained	S
---	---

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

An unannounced on-site investigation was initiated 08/29/2022 at 12:00 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 Centers for Medicare and Medicaid Services (CMS) 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 substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, C1512 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The survey team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (S) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the federal/state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies, Form 2567.

Thank you for bringing these concerns to our attention.

By Ed Roth

Mary Cooper RN/CHFS

Date report completed: 09/01/2022

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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 (#OK00059368) was conducted on 08/29/22, 08/30/22 and 08/31/22. The following abbreviations may be used in the writing of this report. CMA-Certified Medication Aide CNA-Certified Nursing Assistant ED-Executive Director HR-Human Resources HWD-Health and Wellness Director MS-Memory Services ODH-Oklahoma Department of Health OSDH-Oklahoma State Department of Health P&P-Policy and Procedure W/c-wheelchair w/c-wheelchair	C 000		
C 522 SS=D	310:663-5-2(b) ASSESSMENT TIMEFRAMES (b) The assisted living center shall complete the comprehensive assessment in accordance with the following: (1) within fourteen (14) days after admission of the resident; (2) once every twelve (12) months thereafter; and (3) promptly after a significant change in the resident's condition. This REQUIREMENT is not met as evidenced by: Based on record review and interview the center failed to ensure a care plan was individualized and interventions were in place for a resident who wandered for one (#2) of three sampled residents reviewed for care plan interventions.	C 522		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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 522	Continued From page 1 Findings: Resident #2's "Assisted Living Residency Agreement" dated 09/07/21, read in parts, "...The types, frequency, and level of Personal Care Services that we provide to you will be specifically tailored to meet your individual need, as specified in your Resident Care Plan...Your Resident Care Plan is based on a "Resident Assessment..." Resident #2 had diagnoses which included frontotemporal dementia, and high blood pressure. A preadmission "Resident Assessment Form", dated 09/07/21, documented Resident #2 was alert, confused, and had poor judgement. A "Level of Care Evaluation", dated 09/27/21, documented the resident was not always oriented to person, place or time, and was independent with ambulation. A "Wandering Risk Assessment", dated 09/07/21, documented Resident #2 was independent with ambulation and had a history of wandering inside. Resident #2's care plan, dated 09/20/21, read in parts, "...UNMET NEEDS...I express disrobing, taking things belonging to other, wandering aimlessly...I wander without a definable or obtainable purpose...I am not a disturbance to others..." On 08/30/22 at 10:26 a.m., the HWD was asked what interventions were in place for Resident #2 wandering. The HWD reviewed Resident #2's care plan and stated, "Safety checks at night." The HWD stated, the care plan did not have any	C 522		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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 522	Continued From page 2 interventions in place for wandering. On 08/30/22 at 10:59 a.m., the HWD was asked if the care plan should have interventions in place for wandering. The HWD stated, "Yes."	C 522		
C1512 SS=J	310:663-15-1 & 63 OS 1-1918(B)(12) RESIDENT RIGHTS - Abuse/Neglect 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)(12) (12) Every resident shall be free from mental and physical abuse and neglect, as such terms are defined in Section 10-103 of Title 43A of the Oklahoma Statutes, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms, except those restraints authorized in writing by a physician for a specified period of time or as are necessitated by an emergency where the restraint may only be applied by a physician, qualified licensed nurse or other personnel under the supervision of the physician who shall set forth in writing the circumstances requiring the use of restraint. Use of a chemical or physical restraint shall require the consultation of a physician within twenty-four (24) hours of such emergency; Title 43A O.S. 10-103. Definitions 8. "Abuse" means causing or permitting: a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 3 or confinement, or mental anguish, or b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult; 10. "Neglect" means: a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest, b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services; This REQUIREMENT is not met as evidenced by: On 08/30/22 at 1:44 p.m., the OSDH confirmed the existence of an immediate jeopardy related to abuse. The center failed to ensure staff did not use restraints for two residents who wandered. Agency staff restrained two residents who resided in the memory care. Resident #1 and Resident #2 were ambulatory without assistance and were at risk for elopement. The center failed to complete a thorough investigation of the incident, and did not file the OSDH incident report in a timely manner. There was no assessment completed on both residents immediately after the incident, and	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 4 the residents were not monitored according to policy. The center failed to ensure agency staff were knowledgeable on the facility policy for abuse and neglect and use of restraints prior to providing care to residents in the memory care unit. On 08/30/22 at 2:17 p.m., the RD and ED was informed of the existence of the immediate jeopardy. A request was made for an acceptable plan to remove the immediacy. On 08/31/22 at 08:30 a.m., the plan of removal was accepted by the OSDH and is as follows: 1. All [center name] staff members will complete an in-service on the following: a. Abuse and Neglect Policy b. Restraint Policy Each staff member will sign the In-service log indicating they understand the policies as stated in 1(a) and 1(b) above. All [center name] staff will complete the in-service by August 31st at 7am. 2. Should an incident of abuse and neglect be reported, the nurse on call will be notified immediately. The nurse on call will assess the resident to include: a. Complete the incident report and notify the appropriate individuals including the resident physician, family, or legal representative b. The person suspected of the abuse or neglect will be immediately removed from the community, suspended pending investigation, and reported to the appropriate licensing board, if needed c. Head to Toe assessment to be completed for 3 consecutive days. Documentation of these assessments will be made in the [EHR] progress notes section of the resident chart d. Ensure that appropriate interventions are put	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 5 in place for prevention and safety of residents e. Interview the resident, if possible, and document in the [EHR] progress notes f. Interview the staff present at the time of the incident and get a signed written statement as a part of the investigation 3. All [center name] staff members will complete an in-service on the following: a. Abuse and Neglect Policy b. Restraint Policy Each staff member will sign the In-service log indicating they understand the policies as stated in 1(a) and 1(b) above. All [center name] staff will complete the in-service by August 31st at 7am. 4. Upon notification of resident abuse or neglect, the Nurse on call will complete ODH Form 283 to include the following: a. A complete description of the incident that will include: i. A Head to Toe assessment ii. Skin Assessment iii. Conduct interviews of the resident iv. Conduct interviews of other residents v. Interviews of staff to include a written statement from each staff person involved or witnessed the incident vi. Ensure other residents are safe and free from harm vii. The cognitive status, fall risk assessment (if applicable), and any relevant care plan instructions will be included b. A complete summary of the investigation will be submitted to include: i. Actions taken as a result of the investigation including 1. Documentation of staff training completed, including relevant policies and procedures 2. Documented interviews or statements of	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 6 other residents and staff 3. Should the abuse occur from any outside agency staff, that agency will no longer be able to provide services to the residents in the community 4. Upon completion of the investigation, notification to the appropriate licensing board will occur should the allegation be substantiated 5. Should outside agency staff be utilized to provide care to our residents, the following must be completed prior to the shift including: a. All outside agencies will be provided with facility instructions on job postings to include: i. Notification that any person wanting to work at our community must be in-serviced on the abuse and neglect procedures prior to providing any care ii. Notification that any person wanting to work at our community must be in-serviced on the restraint policy and procedure iii. Instructions on these requirements will be provided to job postings through the outside agency for all their employee base iv. Outside agency staff must have a signed abuse and neglect policy on file with the community before providing care (see attached) v. Outside agency staff must have a signed restraint policy on file with the community before providing care (see attached) vi. The signed copy of the abuse and neglect policy must be verified by [center name] of [name of city] staff prior to providing any care vii. The signed copy of the restraint policy must be verified by [center name] of [name of city] staff prior to providing any care viii. A copy of the abuse and neglect policy will be located at both Assisted Living and Memory Care nurses station A copy of the restraint policy will be located at	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 7 both the Assisted Living and Memory Care nurses station On 08/31/22 at 12:25 p.m., after all the components of the plan of removal was reviewed the immediacy was lifted. The deficient practice remained at a harm level. Based on record review, observation and interview the center failed to prevent abuse (use of restraints) for two (#1 and #2) of three sampled residents reviewed for abuse. Findings: A P&P titled, "Abuse and Neglect Prohibition Policy", dated 02/2022, read in parts, "...Abuse" means the willful infliction of injury, unreasonable confinement...with resulting physical harm, impairment or mental anguish...Prevention of Abuse...associates are expected to promptly communicate any problems or concerns regarding the care and treatment of residents to a supervisor...Reporting...Team members...must report reasonable suspicion of or actual abuse, preferably to their supervisor, after they make an effort to intervene to stop the abuse...Care and Protection...Frequent monitoring of the resident...Appropriate supervisory personnel will be notified that a complaint has been registered to allow for increased monitoring. A P&P titled, "Restraint", dated 02/2022, read in parts, "...Residents shall be free from any physical obstruction of movement...Restricting a resident from the freedom to wander or getting out of bed...or chair...Restraints shall not be used for convenience of associate or Community..."	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 8 An OSDH Incident Report combined initial and final, dated 08/20/22, read in parts, "Part B...3 [Name of agency] employees were caught on video restraining 2 of our resident to their W/CS - one watched only but did not intervene when the others tied the residents...Both are residents in memory care...Part C...residents were released by morning staff - no actual harm to either resident these [Name of agency] workers were taken off the schedule..." The fax transmission report, documented the incident report was sent to the OSDH on 08/23/22 at 5:26 p.m., three days after the incident had occurred. 1. Resident #1 had diagnoses which included unspecified dementia without behaviors, high blood pressure and anxiety. Resident #1's "Assisted Living Residency Agreement" dated 05/10/21, read in parts, "...NOTICE OF RESIDENT RIGHTS & RESPONSIBILITIES ...You shall be free from mental and physical abuse and neglect... and from any physical and chemical restraints imposed for discipline or convenience ...MEMORY CARE NEIGHBORHOOD DISCLOSURES ...Staff have an orientation and review resident service plans equaling 16 hours plus 40 hours of on the job training with another employee.." An elopement risk, dated 05/09/22, documented Resident #1 was at risk for elopement, fully ambulatory and wandered aimlessly. An annual assessment, dated 05/09/22, documented the resident had good mobility, limited range of motion, strength and gait was	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 9 fair. Ambulatory without assistance. No restraint devices. Resident #1's progress note, dated 08/24/22 at 1:40 p.m., read in part, "...on 08/21/22 morning shift of workers observed resident tied to a W/c when they reported for work. resident was unharmed and was immediately released from chair. monitored for injuries but none were observed..." 2. Resident #2 had diagnoses which included frontotemporal dementia, and high blood pressure. A preadmission " Resident Assessment Form", dated 09/07/21, documented Resident #2 was alert, confused, and had poor judgement. A "Level of Care Evaluation", dated 09/27/21, documented Resident #2 was not always oriented to person place or time, and was independent with ambulation. A "Wandering Risk Assessment", dated 09/07/21, documented Resident #2 was independent with ambulation and had a history of wandering inside. Resident #2's care plan, dated 09/20/21, read in parts, " ...UNMET NEEDS ...I express disrobing, taking things belonging to other, wandering aimlessly ...I wander without a definable or obtainable purpose ...I am not a disturbance to others ..." There was no interventions is place for unmet needs. Resident #2's progress note, dated 08/24/22 at 2:06 p.m., read in part, " When morning shift came in they observed the resident to be tied to a chair using a bath robe to tie her to a w/c.	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 10 Resident was immediately let loose and monitored for injuries. No injuries were found..." A "24 HOUR REPORT FORM (MEMORY CARE)", dated 08/20/22, read in part, " ... [Resident #2] needs safety belt for chair while up wouldn't stay seated ..." signed by (agency staff) CMA #6. CMA #1's witness statement, dated 08/23/22, read in part, "...On Sunday, August 21st, at approximately 7am, CMA #3 and I entered the memory care support unit and observed two residents strapped down to wheelchairs. [Resident #1] was put into an extra wheelchair that had a seatbelt on it and [Resident #2] was in [resident's] wheelchair with a bathrobe tie tied in a knot behind the wheelchair. CMA #3 asked the agency aides that were here for 11-7 shift why the residents were tied up and they said they couldn't get them to sit down and they wouldn't stop wandering around and into other peoples rooms. CMA #3 immediately started untying both residents. CMA #3 and I immediately notified the...weekend supervisor of the situation..." CMA #3's witness statement, dated 08/23/22, read in parts, "...On August 21, 2022, I walked onto my shift around 0650 [6:50 a.m.] and saw Resident #2 tied/restrained to a wheelchair by a robe tie around her chest tied behind the wheelchair. I asked the medication aide on duty for the night shift why [resident] was tied down. [medication aide] replied, "[the resident] wouldn't stay sitting down while we were getting people up, so we couldn't watch [resident #2]. I immediately unrestrained [Resident #2] and looked around to find that [Resident #1] was in a wheelchair, that doesn't belong to [Resident #1], strapped in with a seat belt..."	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 11 CMA #5's witness statement, dated 08/27/22, read in part, "...Around 7:30 a.m., the med aide [CMA #1]...came to tell me that the night shift aides in MS had tied/strapped down two of the residents...because they were wandering [and] couldn't keep an eye on them while they were doing rounds. I immediately called the CMA #4 [memory services manager] [and] told them what happened. I did not call the call nurse because I assumed CMA #4 would take it from there..." On 08/29/22 at 12:26 p.m., Resident #2 was observed to ambulate independently in the hallway, staff redirected the resident back to the dining room table. On 08/29/22 at 12:46 p.m., Resident #2 was observed wandering the hallway. On 08/30/22 at 9:31 a.m., Resident #1 was observed walking in the hallway with a slow shuffling gait. On 08/29/22 at 2:15 p.m., the ED was asked if staff had been in-serviced after the incident. The ED stated, "Verbally, I don't have proof of that." On 08/29/22 at 3:09 p.m., HR was asked if agency staff are trained prior to working the floor. HR stated, "As far as agency is concerned, I'm not sure." On 08/29/22 at 3:11 p.m., the ED was asked if other staff had been interviewed regarding any other incidents that may have occurred. The ED stated, "No." The ED was asked if agency staff are in-serviced or trained on center P&P abuse/neglect before	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 12 taking care of the residents. The ED stated, "No." The ED was asked what was done to protect the other residents. The ED stated, "We got rid of these people and staff were told that abuse would not be tolerated." The ED was asked what was done to monitor the two residents. The ED stated, "Just had staff check more frequently-no issues from restraints or agitation. The ED was asked where it was documented that the two residents had been monitored. The ED stated, "It's not." The ED was asked if agency staff were still being used in the facility. The ED stated, yes, but not that agency. On 08/30/22 at 3:16 p.m. the ED was asked to provide a timeline for reporting of the incident. The ED stated, the incident occurred on 08/21/22 at 6:30 a.m., but they had not been notified until 10 a.m. on 08/22/22. The memory care staff had reported to the weekend supervisor, but the unit manager failed to report it until Monday 08/22/22. At 3:50 p.m., the ED was asked if there was an assessment completed at the time of the incident. The ED stated, there was no notification to a nurse until Monday. The ED was asked what was done on Monday 08/22/22. The ED stated, "Nothing." The ED stated, they assessed the residents on 08/23/22. The ED stated, the investigation consisted of interviews from the witnesses who found the residents and that the incident was captured on video. The ED was asked if the staff followed center policy about notification of abuse. The ED stated, no.	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 13 There was no documentation that agency staff had been oriented to the facility, and instructed on abuse neglect prior to providing care on the floor. On 08/30/22 at 08:43 a.m., Resident #1's family member was asked how would Resident #1 would feel about having been tied down. The family member stated, "Would have been livid". The family member stated, "Even the next day I saw [the resident] and I know [the resident] had to be agitated." On 08/30/22 at 10:26 a.m., the HWD was asked what interventions were in place for Resident #2's wandering. The HWD reviewed Resident #2's care plan and stated, "Safety checks at night." The HWD stated, the residents care plan doesn't have any interventions in place for wandering. On 08/30/22 at 10:55 a.m., the HWD was did they know agency staff are competent regarding abuse and neglect. The HWD stated, " No way to know, any type of training." On 08/30/22 at 10:59 a.m., the HWD was asked Resident #2's care plan should have interventions in place for wandering. The HWD stated, "Yes." On 08/30/22 at 11:20 a.m., the HWD stated agency staff had been used for 10 shifts since the incident on 08/21/22. On 08/30/22 at 11:30 a.m., Resident #2's emergency contact was asked how Resident #2 would feel about what happened. They stated, "Terrified. I'm sure it was traumatic for [resident]." On 08/30/22 at 12:43 p.m., CMA #1 was asked who was in the memory care unit on 08/21/22	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 14 when they arrived to work. CMA #1 stated, two CNA's and one CMA. CMA #1 was asked where agency staff was located. CMA #1 stated, the CMA and one CNA was at the nurse's desk. CMA #2 stated, both residents were observed sitting near the nurse's desk. On 08/30/22 at 12:50 p.m., CMA #2 was asked if they observed the residents when they entered the memory care unit that morning. CMA #2 stated, "I did I was shocked they were sitting. I asked the 11-7 CMA, what did you do?" CMA #2 stated, the [agency]CMA stated, "I sat them down, I made them sit down." CMA #2 was asked if that was out of the ordinary. CMA #2 stated, "Yes they [both residents] were up and walking usually." CMA #2 was asked if they had observed the residents had been tied down. CMA #2 stated, "No." CMA #2 was asked if they had been in-serviced on the use of restraints after the incident. CMA #2 stated, no. On 08/30/22 at 3:13 p.m., HR approached this surveyor and stated, "I watched the video, CMA #2 stood there with the agency nurse. CMA #2 walked in at 6:42 a.m., with Resident #2 restrained and left [the resident] tied up." HR stated, on Monday morning (08/22/22) I sent the video to the ED, HWD, and RD. On 08/30/22 at 3:42 p.m., the HWD was asked if they had reviewed the video as part of the investigation. The HWD stated, "I was on vacation I saw a little bit of it." The ED was asked if they had reviewed the video, the ED stated, "I was sent a clip of it not the entire video" The ED was asked if they watched the entire video as part of the investigation. The ED stated, no. On 08/30/22 at 3:45 p.m., the RD was asked if	C1512		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1512	Continued From page 15 they had viewed the video. The RD stated, "No I haven't seen all of it" On 08/20/22 at 3:50 p.m., HR was asked how much video was sent to the administrative staff. HR stated, a clip about two minutes, then still pictures of five images was sent in an email. HR stated, I told them on Monday. HR stated, "Resident #1 was tied up for about an hour and a half, and Resident #2 was tied up for about an hour. Both residents got out of the restraints then staff re-secured the restraints." HR stated, administrative staff had access to the full video.	C1512		
C1911 SS=D	310:663-19-1(a) INCIDENT REPORT TIMELINES (a) All reports to the Department shall be made via facsimile or by telephone within one (1) Department business day of the reportable incident's discovery. A follow-up report of the incident shall be submitted via facsimile or mail to the Department within five (5) Department business days after the incident. The final report shall be filed with the Department when the full investigation is complete, not to exceed ten (10) Department business days after the incident. Notifications to the Nurse Aide Registry using the ODH Form 718 must be made within one (1) Department business day of the reportable incident's discovery.	C1911		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1911	Continued From page 16 This Rule is not met as evidenced by: Based on record review and interview the center failed to report an allegation of abuse within one business day for two (#1 and #2) of two sampled residents reviewed for abuse. The RD reported 65 residents resided in the center. Findings: A P&P titled, "Abuse and Neglect Prohibition Policy", dated 02/2022, read in parts, "...Abuse" means the willful infliction of injury, unreasonable confinement...with resulting physical harm, impairment or mental anguish...Prevention of Abuse...associates are expected to promptly communicate any problems or concerns regarding the care and treatment of residents to a supervisor...Reporting... Team members...must report reasonable suspicion of or actual abuse, preferably to their supervisor, after they make an effort to intervene to stop the abuse ..." An OSDH Incident Report combined initial and final, dated 08/20/22, read in parts, "Part B...3 [Name of agency] employees were caught on video restraining 2 of our resident to their W/CS - one watched only but did not intervene when the others tied the residents...Both are residents in memory care...Part C...residents were released by morning staff - no actual harm to either	C1911		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1911	Continued From page 17 resident these [Name of agency] workers were taken off the schedule..." A fax transmission report, documented the incident report was sent to the OSDH on 08/23/22 at 5:26 p.m. On 08/30/22 at 3:16 p.m. the ED was asked to provide a timeline for reporting of the incident. The ED stated, the incident occurred on 08/21/22 at 6:30 a.m., but they had not been notified until 10 a.m. on 08/22/22. The memory care staff had reported to the weekend supervisor, but the unit manager failed to report it until Monday 08/22/22.	C1911		
C1917 SS=D	310:663-19-(g) REPORTS TO THE DEPARTMENT (g) Content of Incident Report (1) The preliminary report shall at the minimum include: (A) who, what, when, and where; and (B) measures taken to protect the resident(s) during the investigation. (2) The follow-up report shall at the minimum include: (A) preliminary information; (B) the extent of the injury or damage if any; and (C) preliminary findings of the investigation. (3) The final report shall, at the minimum, include preliminary and follow-up information and: (A) a summary of the investigative actions; (B) investigative findings and conclusions based on findings; (C) corrective measures to prevent future occurrences; and (D) if items are omitted, why the items are omitted and when they will be provided.	C1917		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1917	Continued From page 18 This Rule is not met as evidenced by: Based on record review and interview the center failed to complete and report a thorough investigation of abuse for two (#1 and #2) of two sampled residents reviewed for abuse investigation. The RD reported 65 residents resided in the center. Findings: A P&P titled, "Abuse and Neglect Prohibition Policy", dated 02/2022, read in parts, "...Abuse" means the willful infliction of injury, unreasonable confinement ...with resulting physical harm, impairment or mental anguish ...Prevention of Abuse ...associates are expected to promptly communicate any problems or concerns regarding the care and treatment of residents to a supervisor...Staffing- The community will hire, orient, train and supervise associated to make every effort to prevent abuse...Reporting ...Team members ...must report reasonable suspicion of or actual abuse, preferably to their supervisor, after they make an effort to intervene to stop the abuse ...Care and Protection ...Frequent monitoring of the resident ...Appropriate supervisory personnel will be notified that a complaint has been registered to allow for increased monitoring..."	C1917		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1917	Continued From page 19 Resident #1 had diagnoses which included unspecified dementia without behaviors, high blood pressure and anxiety. An elopement risk, dated 05/09/22, documented Resident #1 was at risk for elopement, fully ambulatory and wandered aimlessly. 2. Resident #2 had diagnoses which included frontotemporal dementia, and high blood pressure. A preadmission "Resident Assessment Form", dated 09/07/21, documented Resident #2 was alert, confused, and had poor judgement. A "Wandering Risk Assessment", dated 09/07/21, documented Resident #2 was independent with ambulation and had a history of wandering inside. An OSDH Incident Report combined initial and final, dated 08/20/22, read in parts, "Part B...3 [Name of agency] employees were caught on video restraining 2 of our resident to their W/CS - one watched only but did not intervene when the others tied the residents...Both are residents in memory care ...Part C...residents were released by morning staff - no actual harm to wither resident these [Name of agency] workers were taken off the schedule..." The OSDH combined initial and final report, dated 08/20/22, had no documentation 1. of measures taken to protect the residents involved. 2. an assessment was completed at the time of the incident for any injuries related to the restraint use. 3. any corrective measures had been put into place to prevent future recurrence.	C1917		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5514	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2022
NAME OF PROVIDER OR SUPPLIER VILLAGIO OF OKLAHOMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 14300 NORTH PORTLAND 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
C1917	Continued From page 20 A fax transmission report, documented the incident report was sent to the OSDH on 08/23/22 at 5:26 p.m. On 08/29/22 at 3:11 p.m., the ED was asked if other staff had been interviewed regarding any other incidents that may have occurred. The ED stated, "No." The ED was asked what was done to monitor the two residents. The ED stated, "Just had staff check more frequently-no issues from restraints or agitation." The ED was asked where it was documented that the two residents had been monitored. The ED stated, "It's not." On 08/30/22 at 3:16 p.m. the ED was asked to provide a timeline for the reporting of the incident. The ED stated, the incident occurred on 08/21/22 at 6:30 a.m., but [the ED] had not been notified until 10 a.m. on 08/22/22. The memory care staff had reported to the weekend supervisor, but the unit manager failed to report it until Monday 08/22/22.	C1917		

Delivery via email to: lstewart@villagioliving.com

October 17, 2022

License Number: AL5514

Ms. Lydia Kay Stewart, Administrator
Villagio Of Oklahoma City
14300 North Portland
Oklahoma City, OK 73134

Survey Event ID: EJRN11

Dear Ms. Stewart:

On **August 31, 2022**, a complaint investigation was conducted at your Assisted Living Center. 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 **October 14, 2022**.

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 Digitally signed by Tempal
Killman
Date: 2022.10.17 14:39:58 -05'00'

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

enc



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 8/20/2013

Facility Name: Villagio of OKC

License Number: AL5514

Survey Event ID: ok00059368

Date Survey Completed: 8/31/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C
522SS=D310:663-5-2(b)
ASSESSMENT TIMEFRAMES

Based on: Based on record review and interview the center failed to ensure a care plan was individualized and interventions were in place for a resident who wandered for one (#2) of three sampled residents reviewed for care plan interventions. Findings: Resident #2's "Assisted Living Residency Agreement" dated 09/07/21, read in parts, "...The types, frequency, and level of Personal Care Services that we provide to you will be specifically tailored to meet your individual need, as specified in your Resident Care Plan...Your Resident Care Plan is based on a "Resident Assessment..." Resident #2 had diagnoses which included frontotemporal dementia, and high blood pressure. A preadmission "Resident Assessment Form", dated 09/07/21, documented Resident #2 was alert, confused, and had poor judgement. A "Level of Care Evaluation", dated 09/27/21, documented the resident was not always oriented to person, place or time, and was independent with ambulation. A "Wandering Risk Assessment", dated 09/07/21, documented Resident #2 was independent with ambulation and had a history of wandering inside. Resident #2's care plan, dated 09/20/21, read in parts, "...UNMET NEEDS...I express disrobing, taking things belonging to other, wandering aimlessly...I wander without a definable or obtainable purpose...I am not a disturbance to others..." On 08/30/22 at 10:26 a.m., the HWD was asked what interventions were in place for Resident #2 wandering. The HWD reviewed Resident #2's care plan and stated, "Safety checks at night." The HWD stated, the care plan did not have any

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

Resident #2 care plan was updated to include interventions specifically addressing wandering into other residents rooms. Interventions include, re direction, frequent visual checks, one on one activity participation, assistance to meals, and ADL assistance.

Residents who are on elopement precautions or who reside in memory care have the potential to be affected by this alleged deficient practice.

Daily audits of incidents or behaviors and weekly audits of plans of care for residents who wander or have behaviors will be updated and reviewed by ED or designee for sixty days. Findings will be reviewed in QA for 90 days.

OSDH Response: Element accepted Yes ☐ No ☐			
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		4. All care plans for memory care, and wanderers will be updated to include interventions and will be audited by HWD or designee times 90 days. The HWD will review incidents daily and update care plans per incident. The activity program will provide one on one activities to assist with residents who are roaming or having behaviors. All incidents regarding roaming and behaviors will be monitored monthly in QA times 90 days. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		10/14/2022	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)		Date Enter a date of signature.	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 9/16/2022

Facility Name: Villagio of Oklahoma City

License Number: AL5514

Survey Event ID: EJRN11

Date Survey Completed: 8/31/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1512

Based on: Record review, observation and interview the center failed to prevent abuse (use of restraints) for two (#1 and #2) of three sampled residents reviewed for abuse.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

1. Should an incident of abuse and neglect be reported, the nurse on call will be notified immediately. The nurse on call will assess the resident to include:
 - a. Complete the incident report and notify the appropriate individuals including the resident physician, family, or legal representative
 - b. The person suspected of the abuse or neglect will be immediately removed from the community, suspended pending investigation, and reported to the appropriate licensing board, if needed
 - c. Head to Toe assessment to be completed for 3 consecutive days. Documentation of these assessments will be made in the Point Click Care progress notes section of the resident chart
 - d. Ensure that appropriate interventions are put in place for prevention and safety of residents
 - e. Interview the resident, if possible, and document in the Point Click Care progress notes
 - f. Interview the staff present at the time of the incident and get a signed written statement as a part of the investigation
2. Upon notification of resident abuse or neglect, the Nurse on call will complete ODH Form 283 to include the following:
 - a. A complete description of the incident that will include:
 - i. A Head to Toe assessment
 - ii. Skin Assessment
 - iii. Conduct interviews of the resident

	iv. Conduct interviews of other residents v. Interviews of staff to include a written statement from each staff person involved or witnessed the incident vi. Ensure other residents are safe and free from harm vii. The cognitive status, fall risk assessment (if applicable), and any relevant care plan instructions will be included b. A complete summary of the investigation will be submitted to include: i. Actions taken as a result of the investigation including 1. Documentation of staff training completed, including relevant policies and procedures 2. Documented interviews or statements of other residents and staff 3. Should the abuse occur from any outside agency staff, that agency will no longer be able to provide services to the residents in the community j. Upon completion of the investigation, notification to the appropriate licensing board will occur should the allegation be substantiated
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Any resident in Memory Care has the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	3. All Villagio staff members will complete an in-service on the following: a. Abuse and Neglect Policy b. Restraint Policy Each staff member will sign the In-service log indicating they understand the policies as stated in 1(a) and 1(b) above.
	4. Should outside agency staff be utilized to provide care to our residents, the following must be completed prior to the shift including: a. All outside agencies will be provided with facility instructions on job postings to include:

	i. Notification that any person wanting to work at our community must be in-serviced on the abuse and neglect procedures prior to providing any care ii. Notification that any person wanting to work at our community must be in-serviced on the restraint policy and procedure iii. Instructions on these requirements will be provided to job postings through the outside agency for all their employee base iv. Outside agency staff must have a signed abuse and neglect policy on file with the community before providing care (see attached) v. Outside agency staff must have a signed restraint policy on file with the community before providing care (see attached) vi. The signed copy of the abuse and neglect policy must be verified by Villagio of Oklahoma City staff prior to providing any care vii. The signed copy of the restraint policy must be verified by Villagio of Oklahoma City staff prior to providing any care viii. A copy of the abuse and neglect policy will be located at both Assisted Living and Memory Care nurses station
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	1. Any new staff member has be inserviced on the Abuse and Neglect Policy and the Restraint Policy. A signed in-service form will be kept on file and will be audited weekly to ensure all new have been inserviced on the two policies. 2. Should outside agency staff be utilized to provide care to our residents, the following must be completed prior to the shift including: a. All outside agencies will be provided with facility instructions on job postings to include: i. Notification that any person wanting to work at our community must be in-serviced on the abuse and neglect procedures prior to providing any care ii. Notification that any person wanting to work at our community must be in-serviced on the restraint policy and

procedure

iii. Instructions on these requirements will be provided to job postings through the outside agency for all their employee base

iv. Outside agency staff must have a signed abuse and neglect policy on file with the community before providing care

v. Outside agency staff must have a signed restraint policy on file with the community before providing care

vi. The signed copy of the abuse and neglect policy must be verified by Villagio of Oklahoma City staff prior to providing any care

vii. The signed copy of the restraint policy must be verified by Villagio of Oklahoma City staff prior to providing any care

viii. A copy of the abuse and neglect policy will be located at both Assisted Living and Memory Care nurses station

3. These documents will be audited prior to any outside staffing agency providing care before the shift that would be working.

Enter methods to evaluate for effectiveness:

Enter methods to incorporate into QA system:

Enter methods to keep monitoring records:

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

9/30/2022

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature

Administrator signature required

Date Enter a date of signature.

OAC 310:663-25-4(F)

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date Enter a date of addendum.

Submitted by

Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.

Facility in Compliance by: Click here to enter a date.



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 9/16/2022

Facility Name: Villagio of Oklahoma City

License Number: AL5514

Survey Event ID: EJRN11

Date Survey Completed: 8/30/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1911

Based on: record review and interview the center failed to report an allegation of abuse within one business day for twp (#1 and #2) of two sampled residents reviewed for the abuse

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

1. Should an incident of abuse and neglect be reported, the nurse on call will be notified immediately. The nurse on call will assess the resident to include:
 - a. Complete the incident report and notify the appropriate individuals including the resident physician, family, or legal representative
 - b. The person suspected of the abuse or neglect will be immediately removed from the community, suspended pending investigation, and reported to the appropriate licensing board, if needed
 - c. Head to Toe assessment to be completed for 3 consecutive days. Documentation of these assessments will be made in the Point Click Care progress notes section of the resident chart
 - d. Ensure that appropriate interventions are put in place for prevention and safety of residents
 - e. Interview the resident, if possible, and document in the Point Click Care progress notes
 - f. Interview the staff present at the time of the incident and get a signed written statement as a part of the investigation
2. Upon notification of resident abuse or neglect, the Nurse on call will complete ODH Form 283 to include the following:
 - a. A complete description of the incident that will include:
 - i. A Head to Toe assessment
 - ii. Skin Assessment
 - iii. Conduct interviews of the resident

	iv. Conduct interviews of other residents v. Interviews of staff to include a written statement from each staff person involved or witnessed the incident vi. Ensure other residents are safe and free from harm vii. The cognitive status, fall risk assessment (if applicable), and any relevant care plan instructions will be included b. A complete summary of the investigation will be submitted to include: i. Actions taken as a result of the investigation including 1. Documentation of staff training completed, including relevant policies and procedures 2. Documented interviews or statements of other residents and staff 3. Should the abuse occur from any outside agency staff, that agency will no longer be able to provide services to the residents in the community 4. Upon completion of the investigation, notification to the appropriate licensing board will occur should the allegation be substantiated
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residentsd have the potential to br affected by this alleged deficient practice.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	3. All Villagio staff members will complete an in-service on the following: a. Abuse and Neglect Policy b. Restraint Policy Each staff member will sign the In-service log indicating they understand the policies as stated in 1(a) and 1(b) above. All Villagio staff at that time completed the in-service by August 31 st at 7am.

	4. All new Villagio staff will be inserviced on the Abuse and Neglect Policy and the Restraint Policy before providing any care. Documentation of these inservices will be kept on the In-service log indicating they understand the policies. 5. Should outside agency staff be utilized to provide care to our residents, the following must be completed prior to the shift including: a. All outside agencies will be provided with facility instructions on job postings to include: i. Notification that any person wanting to work at our community must be in-serviced on the abuse and neglect procedures prior to providing any care ii. Notification that any person wanting to work at our community must be in-serviced on the restraint policy and procedure iii. Instructions on these requirements will be provided to job postings through the outside agency for all their employee base iv. Outside agency staff must have a signed abuse and neglect policy on file with the community before providing care (see attached) v. Outside agency staff must have a signed restraint policy on file with the community before providing care (see attached) vi. The signed copy of the abuse and neglect policy must be verified by Villagio of Oklahoma City staff prior to providing any care vii. The signed copy of the restraint policy must be verified by Villagio of Oklahoma City staff prior to providing any care viii. A copy of the abuse and neglect policy will be located at both Assisted Living and Memory Care nurses station
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:	1. Any new staff member has be inserviced on the Abuse and Neglect Policy and the Restraint Policy. A signed in-service form will be kept on file and will be audited weekly to ensure all new have been inserviced on the two

a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	policies. 2. Should outside agency staff be utilized to provide care to our residents, the following must be completed prior to the shift including: a. All outside agencies will be provided with facility instructions on job postings to include: i. Notification that any person wanting to work at our community must be in-serviced on the abuse and neglect procedures prior to providing any care ii. Notification that any person wanting to work at our community must be in-serviced on the restraint policy and procedure iii. Instructions on these requirements will be provided to job postings through the outside agency for all their employee base iv. Outside agency staff must have a signed abuse and neglect policy on file with the community before providing care v. Outside agency staff must have a signed restraint policy on file with the community before providing care vi. The signed copy of the abuse and neglect policy must be verified by Villagio of Oklahoma City staff prior to providing any care vii. The signed copy of the restraint policy must be verified by Villagio of Oklahoma City staff prior to providing any care viii. A copy of the abuse and neglect policy will be located at both Assisted Living and Memory Care nurses station 3. These documents will be audited prior to any outside staffing agency providing care before the shift that would be working. Enter methods to evaluate for effectiveness: Enter methods to incorporate into QA system: Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed? 9/30/2022	
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature Administrator signature required. OAC 310-663-25-4(F)	Date Enter a date of signature. 9/20/22
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.	
Addendum Date Enter a date of addendum.	Submitted by Enter name of person submitting addendum.
Items Below Are For OSDH Use Only	
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor	
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.	
Facility in Compliance by: Click here to enter a date.	



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 9/16/2013

Facility Name: Villagio of Oklahoma City

License Number: AL5514

Survey Event ID: EJRN11

Date Survey Completed: 8/30/2022

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: Enter ID Prefix
Tag from Column X4 on
STATE FORM.

Based on: record review and interview the center failed to complete and report a thorough investigation of abuse for two (#1 and #2) of two sampled residents reviewed for abuse investigation.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

1. Should an incident of abuse and neglect be reported, the nurse on call will be notified immediately. The nurse on call will assess the resident to include:
 - a. Complete the incident report and notify the appropriate individuals including the resident physician, family, or legal representative
 - b. The person suspected of the abuse or neglect will be immediately removed from the community, suspended pending investigation, and reported to the appropriate licensing board, if needed
 - c. Head to Toe assessment to be completed for 3 consecutive days. Documentation of these assessments will be made in the Point Click Care progress notes section of the resident chart
 - d. Ensure that appropriate interventions are put in place for prevention and safety of residents
 - e. Interview the resident, if possible, and document in the Point Click Care progress notes
 - f. Interview the staff present at the time of the incident and get a signed written statement as a part of the investigation
2. Upon notification of resident abuse or neglect, the Nurse on call will complete ODH Form 283 to include the following:
 - a. A complete description of the incident that will include:
 - i. A Head to Toe assessment
 - ii. Skin Assessment

	iii. Conduct interviews of the resident iv. Conduct interviews of other residents v. Interviews of staff to include a written statement from each staff person involved or witnessed the incident vi. Ensure other residents are safe and free from harm vii. The cognitive status, fall risk assessment (if applicable), and any relevant care plan instructions will be included b. A complete summary of the investigation will be submitted to include: i. Actions taken as a result of the investigation including 1. Documentation of staff training completed, including relevant policies and procedures 2. Documented interviews or statements of other residents and staff 3. Should the abuse occur from any outside agency staff, that agency will no longer be able to provide services to the residents in the community 4. Upon completion of the investigation, notification to the appropriate licensing board will occur should the allegation be substantiated
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents have the potential to be affected by this alleged deficient practice.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Any new staff member has been inserviced on the Abuse and Neglect Policy and the Restraint Policy. A signed in-service form will be kept on file and will be audited weekly to ensure all new have been inserviced on the two policies. 2. Should outside agency staff be utilized to provide care to our residents, the following must be completed prior to the shift including: a. All outside agencies will be provided with facility instructions on job postings to include:

	i. Notification that any person wanting to work at our community must be in-serviced on the abuse and neglect procedures prior to providing any care ii. Notification that any person wanting to work at our community must be in-serviced on the restraint policy and procedure iii. Instructions on these requirements will be provided to job postings through the outside agency for all their employee base iv. Outside agency staff must have a signed abuse and neglect policy on file with the community before providing care v. Outside agency staff must have a signed restraint policy on file with the community before providing care vi. The signed copy of the abuse and neglect policy must be verified by Villagio of Oklahoma City staff prior to providing any care vii. The signed copy of the restraint policy must be verified by Villagio of Oklahoma City staff prior to providing any care viii. A copy of the abuse and neglect policy will be located at both Assisted Living and Memory Care nurses station 3. These documents will be audited prior to any outside staffing agency providing care before the shift that would be working.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Any new staff member has be inserviced on the Abuse and Neglect Policy and the Restraint Policy. A signed in-service form will be kept on file and will be audited weekly to ensure all new have been inserviced on the two policies. 2. Should outside agency staff be utilized to provide care to our residents, the following must be completed prior to the shift including: a. All outside agencies will be provided with facility instructions on job postings to include: i. Notification that any person wanting to work at our community must be in-serviced on the abuse and neglect procedures prior to providing any care ii. Notification that any person wanting to work at our community must be in-serviced on the restraint policy and procedure iii. Instructions on these requirements will be provided to job postings through the outside agency for all their employee base iv. Outside agency staff must have a signed abuse and neglect policy on file with the community before providing care v. Outside agency staff must have a signed restraint policy on file with the community before providing care