OKLAHOMA
State Department
of Health

Delivery via email to: pbrooks@villagioliving.com

November 3, 2022

License Number: AL5514

Ms. Paula Brooks, Administrator
Villagio of Oklahoma City
14300 North Portland
Oklahoma City, OK 73134

Survey Event ID: M2CV11

Dear Ms. Brooks:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 28, 2022**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Sincerely,

Katie Stagner
Digitally signed by Katie Stagner
Date: 2022.11.03 09:27:53 -05'00'

Katie Stagner
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Villagio of Oklahoma City**
Address: **14300 North Portland**
City, State, Zip: **Oklahoma City, Ok**
Provider #: **AL5514**
Complaint #: **OK000059672**
Investigation Date(s): **10/27/2022**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure residents were not neglected.	**US**
2. The center failed to ensure residents were not abused.	**US**
3. The center failed to provide a clean, sanitary and homelike environment.	**US**
4. The center failed to ensure dependent residents were assisted with ADLs and bathed according to schedule.	**US**

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

An unannounced on-site investigation was initiated 10/27/2022 at 12:45 p.m.

A sample of four residents including any identified resident(s), was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the 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 unsubstantiated related to this allegation.

An investigation specific to neglect was conducted. Observations were made of staff redirecting and assisting residents.throughout the survey.

Record review documented interventions were placed and being implemented when a resident fell.

Family stated that staff checked on residents frequently and were very attentive.

Staff were interviewed, they stated that increased monitoring and fall interventions were placed if a resident had a fall.

At the time of investigation, there was no deficient practice related to neglect.

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

An investigation specific to failing to ensure residents were not abused.

Observations were conducted throughout the survey. Staff were observed interacting and providing care for the residents. There were no observations of staff being abusive to residents.

A review of records documented no residents had reported allegations of abuse.

Residents stated they were free from abuse.

Staff stated there were no reports of abuse.

At the time of investigation, there was no deficient practice related to abuse.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the facility failing to provide a clean, sanitary, and homelike environment was conducted.

Observations were conducted throughout the survey. Resident day areas, room, and dining area are clean and without odor. Housekeeping observed to be cleaning areas throughout the survey.

Residents stated they had no issues with dirty areas.

Staff stated the resident rooms were cleaned every other day. Common areas are cleaned daily.

At the time of investigation, there was no deficient practice related to clean, sanitary, and homelike environment.

Allegation #4: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the facility failing to assist residents with ADLs and bathed according to schedule was conducted.

Residents were observed to be clean, wearing clean clothing and having no odors.

Residents stated they were provided assistance when needed.

Staff stated that residents were given bathes on the day shift per their scheduled day.

At the time of investigation, there was no deficient practice related to residents receiving assistance with ADLs and baths according to schedule.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1, 2, 3, and #4. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Sherry McKee, LPN

Date report completed: 10/31/2022

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5514	A. BUILDING: _____ B. WING _____	10/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGIO OF OKLAHOMA CITY	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 (#OK00059672) was conducted on 10/27/22. No deficiencies were cited in conjunction with this survey.	C 000		

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