OKLAHOMA
State Department of Health

Delivery via email to: foglesby@villageatoakwood.com

August 11, 2026

License Number: AL5534

Ms. Fidelia Oglesby, Administrator
Village At Oakwood
817 Southwest 59th Street
Oklahoma City, OK 73109

Survey Event ID: BIN911

Dear Ms. Oglesby:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 28, 2026**. 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,

Malinda Perry

Malinda Perry, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Village at Oakwood**
Address: **817 SW 59th Street**
City, State, Zip: **Oklahoma City, OK 73109**
Provider #: **AL5534**
Complaint #: **OK00091417**
Investigation Date(s): **07/27/26 and 07/28/26**

ALLEGATION(S)
The facility failed to ensure medication was administered as ordered by physician.

An unannounced on-site investigation was initiated 07/27/2026 at 10:15a.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: Observations of staff to resident interactions, medication passes and appearance of residents were made. Records of incident reports, resident health charts, service plans, assessments, physician orders, resident medications, and center policies were reviewed. Interviews with the ombudsman, residents, and staff (including the pharmacy consultant) were conducted. Based on observation, record review, and interview, no deficiencies were cited.

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: 07/28/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Village at Oakwood**
Address: **817 Southwest 59th St**
City, State, Zip: **Oklahoma City, OK 73109**
Provider #: **AL5534**
Complaint #: **OK00085920**
Investigation Date(s): **07/27/26 and 07/28/26**

ALLEGATION(S)
The facility failed to ensure resident rights to file a grievance/report without retaliation.

An unannounced on-site investigation was initiated 07/27/2026 at 10:15a.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: Observations of staff to resident interactions and appearance of residents were made. Records of resident contracts, resident council minutes, and center policies were reviewed. Interviews with the ombudsman, residents, and staff were conducted. Based on observation, record review, and interview, no deficiencies were cited.

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: 07/28/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5534	A. BUILDING: _____ B. WING _____	07/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE AT OAKWOOD	817 SOUTHWEST 59TH STREET OKLAHOMA CITY, OK 73109

(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 with complaints (#OK00085920 and #00091417) was conducted from 07/27/26 through 07/28/26. No deficiencies were cited. Facility Census: 76	C 000		

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