

Delivery via email to: slambright@cardinalbay.org; kproctor@cardinalbay.org

January 18, 2024

License Number: AL1412

Ms. Karen Proctor, Administrator
Village On The Park - Oklahoma City
1515 Kingsridge Drive
Oklahoma City, OK 73170

Survey Event ID: B5UV11

Dear Ms. Proctor:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 8, 2024**. 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,



Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: Village on the Park
Address: 1515 Kingsridge Drive
City, State, Zip: Oklahoma City, OK, 73170
Provider #: AL1412
Complaint #: OK00062105
Investigation Date(s): 01/08/24

ALLEGATION(S)

The facility failed to protect residents from sexual abuse.

An unannounced on-site investigation was initiated 01/08/2024 at 9:30 a.m.

A sample of 3 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:

Tours of the facility were conducted upon entry and throughout the survey. Resident hallways were observed for staff assistance with resident care needs. The memory care unit was observed for security and the supervision of residents. Staff were observed answering call lights in a timely manner and assisting residents. Resident were observed participating in activities in the commons area.

Resident medical records were reviewed including physician orders, medication administration records, progress notes, plans of care, assessments, and physician progress notes. Policy and procedures regarding abuse and incident reporting were reviewed. Incident reports, including state reportable incidents were reviewed. In-services related to abuse prevention training were reviewed.

Residents were interviewed related to their safety and the care they received. The residents who were interviewed reported they felt safe from abuse in the facility. The residents stated they had not been abused by staff or other residents. Staff were interviewed related to abuse prevention, abuse detection, and incident reporting procedures.

The attached Statement of Deficiencies, Form 2567 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: 01/09/2024

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1412	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/08/2024
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NAME OF PROVIDER OR SUPPLIER VILLAGE ON THE PARK - OKLAHOMA CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1515 KINGSRIDGE DRIVE OKLAHOMA CITY, OK 73170
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(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	<p>INITIAL COMMENTS</p> <p>A complaint investigation (#OK00062105) was conducted on 01/08/24. No deficiencies were cited.</p> <p>Facility Census: 36</p>	C 000		

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