



Oklahoma State Department of Health
Creating a State of Health

January 28, 2020

License Number: AL5595

Ms. Cathy Collins, Administrator
Town Village Assisted Living
13000 North May Avenue
Nichols Hills, OK 73120

Survey Event ID: 1FYF11

Dear Ms. Collins:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 22, 2020**. 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) 271-6868.

Sincerely,

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER AL5595	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/22/2020
NAME OF PROVIDER OR SUPPLIER TOWN VILLAGE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 13000 NORTH MAY AVENUE NICHOLS HILLS, OK 73120		
(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 An abbreviated survey was conducted on 01/22/20 to investigate complaint #OK00054884. Current census was 25. No deficient practice was cited.	C 000			

Oklahoma State Department of Health

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

TITLE

(X6) DATE



INVESTIGATIVE REPORT LICENSURE

Facility: Town Village Assisted Living
Address: 13000 North May Avenue
City, State, Zip: Nichols Hills, OK, 73120
Provider #: AL5595
Complaint #: OK00054884
Investigation Date(s): 01/22/2020

ALLEGATION(S)	S = SUBSTANTIATED
	US = UNSUBSTANTIATED
1. The center failed to ensure residents' property was not misappropriated.	US

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

An unannounced on-site investigation was initiated on Wednesday, January 22, 2020 at 12:28 p.m.

A sample of three 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 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 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 misappropriation of residents' property was conducted.

Observations made during the survey revealed the employees to be kind and courteous to the residents in the lobby, hallways, dining room, and in the residents' rooms, which were all decorated with and contained their personal belongings.

All three sampled residents, who were oriented to person, place, date, and situation, stated they had no issues with missing personal property, they trusted the employees, and they felt safe with their belongings in their rooms. Five employees stated they had not received any allegations of misappropriation of residents' belongings, and had not heard of any reports of personal belongings missing from any resident.

A thorough record review of the past five months of resident council meeting minutes, quality assurance meetings, incident reports that included state reportable, a list of residents that moved out with the reasons, and a list of terminated employees with the reasons was conducted and no problems were identified.

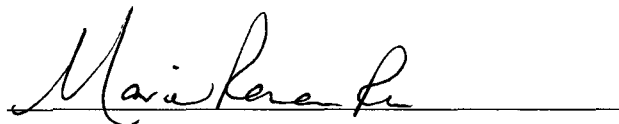
At the time of investigation, there was no deficient practice related to misappropriation of residents' property.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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 state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

A handwritten signature in cursive script, appearing to read "Marie Remer", is written over a horizontal line.

Marie Remer, RN, CHFS IV

Date report completed: 01/23/2020

STATE WORKLOAD REPORT

Provider/Supplier Number AL5595	Provider/Supplier Name TOWN VILLAGE ASSISTED LIVING
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Type of Survey (select all that apply)

3				
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- A Complaint Investigation
- B Dumping Investigation
- C Federal Monitoring
- D Follow-up Visit
- M Other
- E Initial Certification
- F Inspection of Care
- G Validation
- H Life Safety Code
- I Recertification
- J Sanctions/Hearing
- K State License
- L CHOW

Extent of Survey (select all that apply)

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- A Routine/Standard Survey (all providers/suppliers)
- B Extended Survey (HHA or Long Term Care Facility)
- C Partial Extended Survey (HHA)
- D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID 1. <i>ML</i> 25837	01/22/2020	01/22/2020	0.25	0.00	4.75	0.00	4.00	0.75
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....0.00

Total RO Supervisory Review Hours....0.00

Total SA Clerical/Data Entry Hours....0.00

Total RO Clerical/Data Entry Hours.....0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No