OKLAHOMA
State Department of Health

Delivery via email to: matt.adamack@diakonosgroup.com;
wendy.wofford@heartsworthseniorliving.com

June 14, 2023

License Number: AL1802

Mr. Matthew Adamack, Administrator
Heartsworth House Assisted Living
802 North Brewer
Vinita, OK 74301

RE: Survey Event ID: OIED11

Dear Mr. Adamack:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **June 2, 2023.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

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INVESTIGATIVE REPORT

Facility: **Heartsworth Assisted Living**
Address: **802 N. Brewer**
City, State, Zip: **Vinita, OK 74301**
Provider #: **AL1802**
Complaint #: **#OK00059448**
Investigation Dates: **05/31/23 through 06/02/23**

ALLEGATIONS

1. The facility failed to have and/or implement a pest control program

An unannounced on-site investigation was initiated 05/31/2023 at 12:15p.m.

A sample of eight residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident halls, rooms, and kitchen were observed for cleanliness and pests.

Facility policy and procedures were reviewed. Grievance records were reviewed.

Residents were interviewed related to facility cleanliness and pests.

Staff members were interviewed regarding pest control and facility policy.

Deficient practice was not cited. See the Statement of Deficiencies, Form 2567, for details.

Thank you for bringing your concerns to our attention.

Anita Newman, LPN, CHFS anita Newman

Enter Name and Title

Date report completed: 06/02/2023

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
	AL1802	A. BUILDING: _____ B. WING _____	C 06/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTSWORTH HOUSE ASSISTED LIVING	802 NORTH BREWER VINITA, OK 74301

(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 was conducted from 05/31/23 through 06/02/23. A complaint investigation (#OK00059448) was conducted in conjunction with the survey. No deficiencies were cited.	C 000		

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