OKLAHOMA
State Department
of Health

Delivery via email to: betty.lanning555@gmail.com; dianecooper448@gmail.com

May 22, 2025

License Number: AL5526

Ms. Diane Cooper, Administrator/Owner
The Heaven House, Llc
3420 Treadwell Drive
Oklahoma City, OK 73112

Survey Event ID: F5DG11

Dear Ms. Cooper:

On **April 30, 2025,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template. Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care**. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action will be completed for each violation; and
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face to face, or a virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Or via email to: IDRCoordinator@health.ok.gov

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Heaven House AL**
Address: **3420 Treadwell**
City, State, Zip: **OKC, OK.**
Provider #: **AL 5526**
Complaint #: **OK00081469**
Investigation Date: **04/28/25 and 04/30/25**

ALLEGATION(S)		
enter text		
1. The facility failed to protect residents from verbal, physical, or psychosocial abuse. 2. The facility failed to ensure residents were allowed to come out of their rooms. 3. The facility failed to ensure residents take their medications.		

An unannounced on-site investigation was initiated 04/28/2025 at 1:45 p.m.

A sample of four participants, including any identified participants, 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: A tour of the facility was conducted upon entrance into the center. Residents were observed for abuse and neglect concerns. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, grievances, and police reports. Residents and staff were asked questions regarding abuse and abuse training.

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: 04/30/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5526	A. BUILDING: _____ B. WING _____	C 04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEAVEN HOUSE, LLC	3420 TREADWELL DRIVE OKLAHOMA CITY, OK 73112

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C 000	INITIAL COMMENTS A complaint survey (#OK00081469) was conducted on 04/28/25 and 04/30/25. Deficiencies were cited as a result of the survey. Facility Census: 4 Listed below are abbreviations that will be used throughout this document. CNA - Certified Nurse Aide ER - Emergency Room MAT - Medication Administration Technician OSDH - Oklahoma State Department of Health VAMC - Veterans Administration Medical Center	C 000		
C1911 SS=D	310:663-19-1(a) INCIDENT REPORT TIMELINES (a) All reports to the Department shall be made via facsimile or by telephone within one (1) Department business day of the reportable incident's discovery. A follow-up report of the incident shall be submitted via facsimile or mail to the Department within five (5) Department business days after the incident. The final report shall be filed with the Department when the full investigation is complete, not to exceed ten (10) Department business days after the incident. Notifications to the Nurse Aide Registry using the ODH Form 718 must be made within one (1) Department business day of the reportable incident's discovery.	C1911		

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C1911	Continued From page 1	C1911		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to report an allegation of resident abuse to the OSDH within 1 business day of the reportable incident's discovery for 1 of (#1) 1 sampled resident reviewed for abuse.

The facility supervisor reported four residents resided in the facility.

Findings:

An undated facility policy titled "Heaven House Policy on Abuse and Neglect," read in part, "The Heaven House LLC [limited liability company] absolutely prohibits the abuse or neglect of any resident at any time. Incidents will be investigated by the administrator/owner, rectified by the administrator/owner and will result in termination of the offender. More detailed information on this procedure is available under Continuum of Care and Assisted Living Rules and act. All incidents will be reported to State of Oklahoma Department of Public Health within one business day of the occurrence."

A comprehensive assessment, dated 11/18/24, showed Resident #1 was cognitively intact. The assessment showed the resident had diagnoses which included heart failure, diabetes mellitus,

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C1911	Continued From page 2	C1911		

depression, rheumatoid arthritis, hypertension, irritable bowel syndrome, post traumatic stress disorder, and nightmare disorder.

An ER discharge summary, dated 04/02/25, showed Resident #1 presented to the ER with complaints of weakness and loss of feeling on one side of the body, unable to speak, slurred speech, double vision, tunnel vision, loss of vision, sudden extreme headache that would not go away, seizures, altered mental status, and fever/chills. The ER discharge summary showed Resident #1 was treated for a urinary tract infection and prescribed Macrobid (an antibiotic) for treatment. There was no documentation in the ER notes regarding an knee injury as a result of alleged abuse.

On 04/30/25 at 12:30 p.m., Resident #1 stated, "A little more than three weeks ago, [CNA-MAT #4] started screaming and cursing at me and dumped me out of my wheelchair onto the floor. Then [they] threw a trashcan at me and it hit me right here." Resident #1 pointed at their right knee area. Resident #1 stated they went to the ER the next evening due to injuries sustained during the alleged altercation. Resident #1 stated the alleged incident was reported to ER personnel as the cause of the visit to the hospital.

On 04/30/25 at 3:05 p.m., the facility owner stated Resident #1 contacted them via phone on Sunday evening, 04/27/25, and reported the alleged abuse. The owner was asked if the allegation of abuse was reported to OSDH. The facility owner state the allegation had not been reported as required.

On 04/30/25 at 3:49 p.m., CNA-MAT #4 denied pushing or dumping Resident #1 out of the

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C1911	Continued From page 3 wheelchair. CNA-MAT #4 stated they did not throw a trashcan at the resident.	C1911		

OKLAHOMA
State Department of Health

Delivery via email to: betty.lanning555@gmail.com; dianecooper448@gmail.com

July 8, 2025

License Number: AL5526

Ms. Diane Cooper, Administrator
The Heaven House, Llc
3420 Treadwell Drive
Oklahoma City, OK 73112

Survey Event ID: F5DG11

Dear Ms. Timmerman-O'Connor:

On **April 30, 2025,** a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **May 28, 2025**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 5/28/2025** **Facility Name:** Heaven House Treadwell **License Number:** AL#5526 **Survey Event ID:** F5DG11 **Date Survey Completed: 4/30/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1911 Incident Report Timelines	Based on: Record and review interview, the facility failed to report an allegation of resident abuse to the OSDH within one business day of the reportable incidenbt discovery for 1 of #1 sampled resident.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Resident has had many incidents of over dramatized and unture statements since his move in in November 2024. Had this occurred with any other resident ever who has lived in The Heaven House, this location or any other, we would have reported immediately. This is the first time any allegation of abuse by a caregiver has ever been made in 15 years of business.

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	After a discussion with the resident and his adamantly determined attitude a discussion of the incident was held with the caregiver cited and the house supervisor,the director of Operation and the Administrator. It was the general consensus that the resident was again not telling the truth. It has been his mode of operation to single out certain caregivers with accusations and untruths. It was decided to transfer the accused caregiver to another location. This caregiver has worked in our company and another company we own for many years. She is middle aged and not of quck temper. However, she grew tired of the resident after only a few months working at this location. They did not get along. Almost no caregiver was able to get along with the Resident. Resident is abusive and inappropriate withcaregivers and most everyone he encounters.. Caregiver moved one week after this survey event. Resident was given a 30 days notice to move. He moved yesterday, May 28, 2025 of his own volition.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	s many caregivers of abuse we will investigate immediately and get to a conclusion and report it to the OSDH within one business day of the accusation. Incident Report for this accusation is attached.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	We have never had this type of situation go on until this incident. But we will respond immediately and report in one day.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for	Caregiver will report to the House Sipervisor immediately when and if there is problem or incident with a resident on her shift. Supervisor wil write the incident report and the RN and Director of Operation wil see that the resident if

effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	resident is unharmed or harmed. Administrator wil file an incident report to the State. We will have this a a line item for Quality Assurance Meetings. Incident report will be written and kept in the residents file. A copy of the report will be kept in house file. The State will have a report within one business day of the incident. Quality Assurance Meetings will be a time to discuss these issues but report will be done immediately. One report in residents file and one in the house file. This will be overseen by director of Operations.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/28/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Diane Cooper OAC 310:663-25-4(F)	**Date 5/29/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

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C1911	Continued From page 1	C1911		

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Based on record review and interview, the facility failed to report an allegation of resident abuse to the OSDH within 1 business day of the reportable incident's discovery for 1 of (#1) 1 sampled resident reviewed for abuse.

The facility supervisor reported four residents resided in the facility.

Findings:

An undated facility policy titled "Heaven House Policy on Abuse and Neglect," read in part, "The Heaven House LLC [limited liability company] absolutely prohibits the abuse or neglect of any resident at any time. Incidents will be investigated by the administrator/owner, rectified by the administrator/owner and will result in termination of the offender. More detailed information on this procedure is available under Continuum of Care and Assisted Living Rules and act. All incidents will be reported to State of Oklahoma Department of Public Health within one business day of the occurrence."

A comprehensive assessment, dated 11/18/24, showed Resident #1 was cognitively intact. The assessment showed the resident had diagnoses which included heart failure, diabetes mellitus,

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C1911	Continued From page 2 depression, rheumatoid arthritis, hypertension, irritable bowel syndrome, post traumatic stress disorder, and nightmare disorder. An ER discharge summary, dated 04/02/25, showed Resident #1 presented to the ER with complaints of weakness and loss of feeling on one side of the body, unable to speak, slurred speech, double vision, tunnel vision, loss of vision, sudden extreme headache that would not go away, seizures, altered mental status, and fever/chills. The ER discharge summary showed Resident #1 was treated for a urinary tract infection and prescribed Macrobid (an antibiotic) for treatment. There was no documentation in the ER notes regarding an knee injury as a result of alleged abuse. On 04/30/25 at 12:30 p.m., Resident #1 stated, "A little more than three weeks ago, [CNA-MAT #4] started screaming and cursing at me and dumped me out of my wheelchair onto the floor. Then [they] threw a trashcan at me and it hit me right here." Resident #1 pointed at their right knee area. Resident #1 stated they went to the ER the next evening due to injuries sustained during the alleged altercation. Resident #1 stated the alleged incident was reported to ER personnel as the cause of the visit to the hospital. On 04/30/25 at 3:05 p.m., the facility owner stated Resident #1 contacted them via phone on Sunday evening, 04/27/25, and reported the alleged abuse. The owner was asked if the allegation of abuse was reported to OSDH. The facility owner state the allegation had not been reported as required. On 04/30/25 at 3:49 p.m., CNA-MAT #4 denied pushing or dumping Resident #1 out of the	C1911		

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C1911	Continued From page 3 wheelchair. CNA-MAT #4 stated they did not throw a trashcan at the resident.	C1911		

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Delivery via email to: betty.lanning555@gmail.com; dianecooper448@gmail.com

July 23, 2025

License Number: AL5526

Ms. Diane Cooper Timmerman-O'Connor, Administrator
The Heaven House, Llc
3420 Treadwell Drive
Oklahoma City, OK 73112

Survey Event ID: F5DG12

Dear Ms. Timmerman-O'Connor:

On **July 23, 2025,** an offsite/paper complaint revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **April 30, 2025,** have now been corrected effective **May 28, 2025.**

If you have any questions concerning the information in this letter, please contact me at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

Oklahoma State Department of Health

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 07/23/25. The facility was in substantial compliance.	{C 000}		

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