OKLAHOMA
State Department
of Health

Delivery via email to: gemini@coxinet.net; marci@wellingtonparke.com

March 7, 2024

License Number: AL5531

Mr. Jim McWhirter
Wellington Parke, Llc
3107 Tinker Diagonal
Del City, OK 73115

Survey Event ID: DLV011

Dear Mr. McWhirter:

On **February 26, 2024,** representatives from the Oklahoma State Department of Health (OSDH) concluded a Licensure with a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM**.**

The deficiencies cited resulted in the potential for no 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

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,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA State Department of Health

INVESTIGATIVE REPORT

Facility: **Wellington Parke, LLC**
Address: **3107 Tinker Diagonal**
City, State, Zip: **Del City, Ok. 73115, Oklahoma**
Provider #: **NA**
Complaint #: **OK00061227**
Investigation Date(s): **02/21/24 to 02/23/24 and 02/26/24**

ALLEGATION(S)

The facility failed to ensure medication were administered according to the physician's order and failed to ensure adequate nutrition was provided to prevent weight loss.
The facility failed to ensure adequate supervision was provided to prevent falls and failed to assess, monitor, and intervene in a timely manner after a fall.
The facility failed to ensure palatable food was served according to residents' preferences and preferred temperature.
The facility failed to a safe, comfortable, and homelike environment.
The facility failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 02/21/2024at 10:45 a.m.

A sample of 8 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 Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through record review, observations, and 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. The facility was observed to be clean and orderly. Resident halls were observed for odors and potential urine saturation of residents. Staff were observed assisting residents with their needs. Observation of medications administration by two certified medication aides. Observation was made of temperatures in the bathrooms of various residents. Observation was made of the dining areas and the meals being served to the residents throughout the survey.

Resident records were reviewed including care plans, physician orders, medication administration records, staffing, incident reports, and the credentials of staffing employed at the facility. Record review for policy and procedure and service agreements were conducted throughout the survey. A record review was conducted on the selected residents for weight loss and medication administration was also conducted.

Residents and staff were interviewed related to showering and palatable meals being served with substitutes available for the residents. Residents were interviewed on the staffing in the facility, medication administration, and the environment being homelike.

The attached CMS 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: 03/04/2024

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
	AL5531	A. BUILDING: _____ B. WING _____	C 02/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARKE, LLC	3107 TINKER DIAGONAL DEL CITY, OK 73115

(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 02/21/24 through 02/23/24 and 02/26/24. A complaint investigation (#OK00061227) was conducted in conjunction with the survey. Facility Census: 41 Listed below are abbreviations that will be used throughout this document. F - Farhenheit FSBS - Finger Stick Blood Sugar Res - resident	C 000		
C 701 SS=E	Hot Water - Bathing - Appendix A GENERAL REQUIREMENTS (d) Each assisted living center shall comply with the hot water standards set forth in Appendix A. Hot Water available for resident use shall not exceed 115 degrees Fahrenheit (46 degrees C.) This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure water temperatures in bathing rooms were no greater than 115 degrees Fahrenheit. The administrator identified 48 residents resided in the facility.	C 701		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5531	A. BUILDING: _____ B. WING _____	C 02/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C 701	Continued From page 1 Findings: On 02/22/24 at 1:35 p.m., the water temperature in room C9 was 145 degrees F for bathing. On 02/22/24 at 1:37 p.m., the water temperature in room D1 was 148.8 degrees F for bathing. On 02/22/24 at 1:39 p.m., the water temperature in room D5 was 145.0 degrees F for bathing. On 02/23/24 at 8:17 a.m., the administrator stated they were in the process of replacing the hot water heater in the facility. They stated some of the hot water heaters have been replaced and some were being replaced today. The administrator stated the plumbers have to wait 24 hours before they can adjust the temperature so they will be back in the evening to adjust the temperatures on the new heaters. On 02/26/24 at 9:42 a.m., the administrator stated the temperatures on all the water heaters were adjusted and the last hot water heater had been installed on 02/23/24. They also stated room C9 temperature was 104.0 degrees F, D1 was 117.5 degrees F, and D5 was 118.0 degrees F.	C 701		
C5010	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act.	C5010		

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C5010	Continued From page 2 B. Residents of an assisted living center may receive hospice home services under the provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act. D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident. This Rule is not met as evidenced by: Based on record review and interview the center failed to ensure coordination of care with a third party provider for two (#3 and #8) of two sampled residents reviewed for coordination of care. The administrator identified 48 clients resided in the facility and 27 clients received home health services. Findings:	C5010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5531	A. BUILDING: _____ B. WING _____	C 02/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARKE, LLC	3107 TINKER DIAGONAL DEL CITY, OK 73115

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C5010	Continued From page 3 Res #3 admitted to the facility on 06/10/23 and had diagnoses which included overactive bladder, tremors, diabetes mellitus, gastric bypass, back surgery, and bilateral knee surgery. The "Resident Service Agreement", read in part, "...all services provided by home health will fall under third party contract with the home health agency. The resident agrees to the release of all medical records to and from outside agencies for purpose of providing medical services..." A "Home Health Clarification and Plan of Care" dated 06/10/23, read in part, "...Administer my medications as ordered by my doctor. FSBS and insulin injections to be monitored by home health..." The clinical health record did not contain any monitoring for finger stick blood sugar or insulin injection. On 02/22/24 at 2:00 p.m., an interview with the director of nurses stated the resident did not receive insulin and there was no blood sugar checked by home health. They also stated the care plan would be revised.	C5010		

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March 22, 2024

License Number: AL5531

Mr. Jim McWhirter
Wellington Parke, Llc
3107 Tinker Diagonal
Del City, OK 73115

Survey Event ID: DLV011

Dear Mr. McWhirter:

On **February 26, 2024,** 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 **April 30, 2024**.

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,

Tempal Killman

Tempal Killman, Enforcement Analyst
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: 3/16/2024** **Facility Name:** Wellington Parke, LLC **License Number:** AL5531 **Survey Event ID:** DLV011 **Date Survey Completed: 2/26/2024**

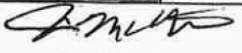
SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C701	Based on: Based on observation and interview, the facility failed to ensure water temperatures in bathing rooms were no greater than 115 degrees Fahrenheit.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction (POC) is submitted as required under state law. The submission of this POC does not constitute an admission on the part of Wellington Parke, LLC (the facility) as to the accuracy of the surveyors, their findings, nor their conclusions drawn their from. The POC is intended to constitute the facility's written allegation of continued compliance.

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?	Following the completion of the installation of the new hot water tank on 02/23/2024, the water temperatures for the identified rooms were adjusted to ensure bathing temperatures were as required.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents have the potential to be affected.
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?	A new log was developed for documenting hot water temperatures throughout the facility. The method of documentation will ensure all bathing temperatures are checked and logged on a routine basis. Maintenance staff will be educated on the system of hot water temperature verification and documentation.
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 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.	. Audits will be conducted by the administrator/designee to ensure hot water temperatures are verified and documented. Audits will by conducted weekly x 1 month, then monthly x 2 months. Progress and findings will be monitored by the QA committee to ensure continued effectiveness. Audits will be brought to the QA committee and filed in the POC binder as evidence of the correction.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/30/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Jim McWhirter**  OAC 310:663-25-4(F)	**Date 3/16/2024**

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.			

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 3/16/2024** **Facility Name:** Wellington Parke, LLC **License Number:** AL5531 **Survey Event ID:** DLV011 **Date Survey Completed: 2/26/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C5010	Based on: Based on record review and interview, the center failed to ensure coordination of care with a third party provider for two (#3 and #8) of two sampled residents reviewed for coordination of care.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction (POC) is submitted as required under state law. The submission of this POC does not constitute an admission on the part of Wellington Parke, LLC (the facility) as to the accuracy of the surveyors, their findings, nor their conclusions drawn their from. The POC is intended to constitute the facility's written allegation of continued compliance.

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?	Resident #3 remains without home health services, without insulin injections, and without FSBS orders. The care plan has been revised to exclude the possible need for home health services. No deficient practice was written in the 2567 for resident #8.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All diabetic residents with third party services have the potential to be affected.
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?	A list of diabetic residents will be compiled to include third party providers, 485s, and services provided. The care plans for those diagnosed with diabetes will be reviewed and updated to include and/or exclude third party services for the monitoring and administration of FSBS and insulin. Nursing administration will be educated on the third party provider and care plan documentation related to diabetes.
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 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.	. Audits will be conducted by the director of nursing/designee to ensure accuracy of documentation related to the coordination of care with third party providers for residents with diabetes. Audits will by conducted weekly x 1 month, then monthly x 2 months. Progress and findings will be monitored by the QA committee to ensure continued effectiveness. Audits will be brought to the QA committee and filed in the POC binder as evidence of the correction.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/30/2024

OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Jim McWhirter OAC 310:663-25-4(F)			**Date 3/16/2024**
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.			

OKLAHOMA
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May 8, 2024

License Number: AL5531

Mr. Jim McWhirter
Wellington Parke, Llc
3107 Tinker Diagonal
Del City, OK 73115

RE: Survey Event DLV012

Dear Mr. McWhirter:

On **May 6, 2024,** an off-site paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 26, 2024,** have now been corrected effective **April 30, 2024.**

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

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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
	AL5531	A. BUILDING: _____ B. WING _____	R-C 05/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PARKE, LLC	3107 TINKER DIAGONAL DEL CITY, OK 73115

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{C 000}	INITIAL COMMENTS On 05/06/24, an offsite/revisit was conducted. The deficiencies were cleared.	{C 000}		

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