OKLAHOMA
State Department of Health

Delivery via email to: gemini@coxinet.net

August 29, 2025

License Number: AL5531

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

RE: Survey Event ID: 549411

Dear Mr. McWhirter:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **August 21, 2025.** 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.

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
Address: 3107 Tinker Diagonal
City, State, Zip: Del City, OK 73115
Provider #: AL5531
Complaint #: OK00075178
Investigation Date(s): 08/20-21/25

ALLEGATION(S)
The center failed to maintain a safe, comfortable, and homelike environment
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 08/20/2025 at 11:30 a.m.

A sample of 10 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: Observations were made of the structure and repair of the center. Residents and staff were interviewed. Based on observations, there have been repairs made to the flooring in various areas throughout the center. Deliberate trip attempts were made by surveyor and unsuccessful. Interviews conducted with residents resulted in no complaints with the flooring or environment of the center. Interviews conducted with staff showed the center is in compliance with repairs.

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: 08/21/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Wellington Parke
Address: 3107 Tinker Diagonal
City, State, Zip: Del City, OK 73115
Provider #: AL5531
Complaint #: OK00085034
Investigation Date(s): 08/20/21-25

ALLEGATION(S)
The center failed to provide adequate supervision and interventions to protect the resident and prevent elopement
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 08/20/2025 at 11:30 a.m.

A sample of 10 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: Observations of residents' environment, staff to resident ratios, and staff to resident interaction were made. Records of incident reports, elopement policy, residents' care plans and assessments were reviewed. Interviews with families, staff, and residents were conducted. Based on observations, record reviews, and interviews, the center provided adequate supervision and prevention methods. All staff have been educated on elopement prevention and procedures, security measures have been implemented, and the center followed policy and regulation.

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: 08/21/2025

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: Wellington Parke
Address: 3107 Tinker Diagonal
City, State, Zip: Del City, OK 73115
Provider #: AL5531
Complaint #: OK00085580
Investigation Date(s): 08/20-21/25

ALLEGATION(S)
The center failed to ensure residents were not verbally, psychosocially, or physically abused and/or neglected
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 08/20/2025 at 11:30 a.m.

A sample of 10 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: Observations of staff and residents interaction were made as well as observations of residents' physical state. Records of incident reports, policies, staff education, and resident health charter were reviewed. Interviews with staff, residents, and families were conducted. Based on observation, record review, and interview the center is in compliance with regulations.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

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Long Term Care Service

Date report completed: 08/21/2025

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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 08/21/2025

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 with complaints (#OK00075178, OK00085034, and #OK00085580) was conducted from 08/20/25 through 08/21/25. No deficiencies were cited. Facility Census: 55	C 000		

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