



Oklahoma State Department of Health
Creating a State of Health

March 17, 2020

License Number: AL7208

Ms. Lisa Meacham, Administrator
The Parke Assisted Living
7821 East 76th Street
Tulsa, OK 74133

RE: Survey Event ID: PTK311

Dear Ms. Meacham:

On **March 5, 2020**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on March 5, 2020.

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 (attached). 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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;

Board of Health

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(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;

(5) Include dates when corrective action and monitoring will be completed for each violation;

(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) 271-6868 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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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
1000 N.E. 10th
Oklahoma City, OK 73117-1299

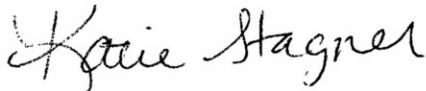
Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- 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) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. 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.

Sincerely,



Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/kgs

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER AL7208	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OR SUPPLIER THE PARKE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 7821 EAST 76TH STREET TULSA, OK 74133		
(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 re-licensure survey was conducted on 03/04/20 and 03/05/20. The census was 62. The following deficient practice was cited.	C 000		
C1921 SS=D	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the center failed to ensure there was a physician's order for 1 (#1) of 1 sampled resident who had over-the-counter medications at bedside. This failed practice had the isolated potential for more than minimal harm. Findings: On 03/05/20 at 1:00 p.m., resident #1 was interviewed. Upon entry into resident #1's room over-the-counter medication was observed on the table. Resident #1 was asked about the medications which included Refresh eye drops and vitamin B 12 drops. She stated she self administered the medications. At 1:45 p.m., the registered nurse (RN) stated resident #1 did not have a physician order to self administer medications or to keep medications or over-the-counter medications at beside. Policy:	C1921		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

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C1921	Continued From page 1 The center's medication policy not dated, documented, "Physicians must agree that the resident is capable of self-administration...Medications will be administered strictly and only according to written physician instructions."	C1921		

STATE WORKLOAD REPORT

 Provider/Supplier Number
 AL7208

 Provider/Supplier Name
 THE PARKE ASSISTED LIVING

Type of Survey (select all that apply)

☒ 2 ☐ ☐ ☐ ☐

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

Extent of Survey (select all that apply)

☒ A ☐ ☐ ☐ ☐

- 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. 32288	03/04/2020	03/05/2020	0.50	0.00	12.25	0.00	3.75	2.00
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

MAR 18 2020



Delivery Via Email: Lisam@theparke.net

September 2, 2020

License Number: AL7208

Ms. Lisa Meacham, Administrator
The Parke Assisted Living
7821 East 76th Street
Tulsa, OK 74133

RE: Survey Event PTK311

Dear Ms. Meacham:

On **March 5, 2020**, a Licensure inspection was conducted at your Assisted Living Center facility. 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 15, 2020**.

If you have any questions, please contact this office at (405) 271-6868.

Sincerely,

**Katie
Stagner**

Digitally signed by Katie Stagner
DN: cn=Katie Stagner, o=Oklahoma
State Department of Health,
ou=Long Term Care,
email=katies@health.ok.gov, c=US
Date: 2020.09.02 14:19:32 -05'00'

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



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Department of Health
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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 3/24/2020

Facility Name: The Parke Assisted Living

License Number: AL7208

Survey Event ID: PTK311

Date Survey Completed: 3/5/2020

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1921

Based on: observation, interview and records review, it was determined the center failed to ensure there was a physician's order for 1 (#1) of 1 sampled resident who had over-the-counter medications at bedside. This failed practice had the isolated potential for more than minimal harm.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The Parke removed the medication from resident #1's apartment. Resident #1 was educated about keeping medications at bedside without a doctors order.

The Parke staff did a sweep of the community to check for medications at bedside without orders. No other medications were found.

Reeducated staff on looking for medications at bedside without orders. Reeducated staff that takes residents to store on telling residents they need to give any medications to the nurse. Residents were educated during our townhall meeting on 3/9/2020. A letter to residents on medications kept at bedside must have a physicians order will be sent out on 3/31/2020. Weekly sweeps of apartments will be done by the medications aids to ensure no medications are kept at bedside without a physician order

Medication aids will do 15 room sweeps a week to check for medications.

The Parke will track all rooms that have been checked and will document all medications found without orders.

A Quality Assurance meeting will be held on 3/30/2020 to discuss medications in rooms without orders and how to prevent this from happening.

Monitoring records will be kept in the Quality Assurance meeting notebook.

4/15/2020

Administrator's Signature Lisa Meacham <i>Lisa Meacham</i>		Date 3/24/2020	
OAC 310:663-25-4(F)			
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.			

Delivery via email to: kimc@theparke.net

December 2, 2020

License Number: AL7208

Ms. Kimberly Crenshaw, Administrator
The Parke Assisted Living
7821 East 76th Street
Tulsa, OK 74133

RE: Survey Event PTK312

Dear Ms. Crenshaw:

On **November 16, 2020**, a desk audit/offsite revisit was conducted with your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **March 5, 2020**, have now been corrected effective **April 15, 2020**.

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

Sincerely,

Users, Lisa
D Calvin

Digitally signed by
Users, Lisa D Calvin
Date: 2020.12.02
15:43:01 -06'00'

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER THE PARKE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 7821 EAST 76TH STREET TULSA, OK 74133		
(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 desk audit was completed on 11/16/2020. Credible evidence of correction was submitted for all deficiencies.	{C 000}			

Oklahoma State Department of Health

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

TITLE

(X6) DATE