OKLAHOMA
State Department
of Health

Delivery via email to: mmorris@theparke.net; CarlaR@TheParke.net

February 29, 2024

License Number: AL7208

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

RE: Survey Event ID: DFDU11

Dear Ms. Morris:

On **February 22, 2024**, 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 **February 22, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written 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 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 and monitoring will be completed for each violation;
(6) Be signed by the administrator.

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April 2, 2024

License Number: AL7208

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

RE: Survey Event DFDU12

Dear Ms. Morris:

On **March 27, 2024,** an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 22, 2024,** have now been corrected effective **March 15, 2024.**

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

Respectfully,

Clorissa Nubine

Clorissa Nubine, 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
	AL7208	A. BUILDING: _____ B. WING _____	R-C 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PARKE ASSISTED LIVING	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 On 03/27/24, 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

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Parke Assisted Living**
Address: **7821 East 76th Street**
City, State, Zip: **Tulsa, OK, 74133**
Provider #: **AL7208**
Complaint #: **OK00061729**
Investigation Date(s): 02/20/24 through 02/22/24

ALLEGATION(S)

The center failed to ensure the call system was maintained for the residents to call for staff assistance.
The center failed to assess, monitor, and intervene in a timely manner for a resident who was choking.
The center failed to ensure proper treatment and care was provided for good foot health.
The center failed to ensure the medical record was not falsified.
The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 02/20/2024 at 9:35 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:

Tours of the facility were conducted upon entry and throughout the survey. Resident hallways were observed for staff assistance with resident care needs and utilization of the call system. Residents were observed in their rooms and in the common areas with call light bracelets or pendants in place. Staff were observed answering call lights in a timely manner and assisting residents with activities of daily living. Staff were observed performing medication administration and treatments.

Resident records were reviewed including service plans, assessments, care plans, physician orders, nursing notes, medication and treatment records, and activities of daily living records. Facility policy and procedures, in-services, staffing schedules, staffing reports, maintenance logs, facility incident reports, and state incident reports were reviewed.

Residents and staff were interviewed related to staffing, activities of daily living, and the call system. The residents who were interviewed reported the call system worked properly and the staff addressed their needs in a timely manner.

The attached Statement of Deficiencies, Form 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: 02/23/2024

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C6000 SS=E	63 OS 1-1947(F) Criminal History Background Check (F) Except as otherwise provided in subsection L of this section, an employer shall not employ, independently contract with, or grant privileges to, an individual who regularly has direct patient access to service recipients of the employer until the employer conducts a registry screening and criminal history record check in compliance with subsection I of this section. This subsection and subsection D of this section shall not apply to the following: 1. An individual who is employed by, under independent contract to, or granted clinical privileges with, an employer on or before November 1, 2012. An individual who is exempt under this subsection is not limited to working within the employer with which he or she is employed, under independent contract to, or granted clinical privileges. That individual may transfer to another employer that is under the same ownership with which he or she was employed, under contract, or granted privileges. If that individual wishes to transfer to another	C6000		

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C6000	Continued From page 1 employer that is not under the same ownership, he or she may do so provided that a registry screening and criminal history record check are conducted by the new employer in accordance with subsection I of this section. a. If an individual who is exempt under this subsection is subsequently found, upon seeking transfer to another employer, ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, then the individual is no longer exempt and shall be terminated from employment or denied employment. b. If an individual who is exempt under this subsection is subsequently found ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, based on disqualifying events occurring after November 1, 2012, then the individual is no longer exempt and shall be terminated from employment; and 2. An individual who is an independent contractor to an employer, if the services for which he or she is contracted are not directly related to the provision of services to a service recipient or if the services for which he or she is contracted allow for direct patient access to service recipients but are not performed on an ongoing basis. This exception includes, but is not limited to, an individual who independently contracts with the employer to provide utility, maintenance, construction, or communications services.	C6000		

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This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure criminal history background checks and offender registry checks were completed for two (CMA #1 and Dietary Aide #1)) of ten employees whose personnel files were reviewed.

The DON identified 64 residents who resided in the facility.

Findings:

The employee records documented CMA #1 had a hire date of 01/11/24 and Dietary Aide #1 had a hire date of 01/03/24. There was no documentation of criminal background checks or offender registry checks completed upon hire.

On 02/20/24 at 2:30 p.m., the administrator was asked to provide documentation of a criminal background check and offender registry check for CMA #1.

On 02/20/24 at 3:05 p.m., the administrator stated they were out of the facility around the time CMA #1 was hired due to a family emergency and had not completed the background check or offender registry check. They stated the background and offender registry checks should have been completed during the onboarding for

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March 18, 2024

License Number: AL7208

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

RE: Survey Event DFDU11

Dear Ms. Morris:

On **February 22, 2024**, a Relicensure survey with complaint 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 **March 15, 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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April 2, 2024

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RE: Survey Event DFDU12

Dear Ms. Morris:

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

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
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