OKLAHOMA
State Department
of Health

Delivery via email to: mmorris@theparke.net;

October 29, 2025

License Number: AL7208

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

RE: Survey Event ID: XRXR11

Dear Ms. Morris:

On **October 16, 2025**, 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 **October 16, 2025**.

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.

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 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
IDRCoordinator@health.ok.gov
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,

Clorissa Nubine

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: The Parke AL
Address:7821 E 76th Street
City, State, Zip: Tulsa, OK, 74133
Provider #: ALN7208
Complaint #: OK00080438
Investigation Date(s): 10/15/25 &10/16/25

ALLEGATION(S)
The facility failed to protect residents from physical abuse by staff.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 10/15/2025 at 8:22 a.m.

A sample of ten 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: A tour of the facility was conducted upon entrance into the center. Residents were observed for abuse and neglect concerns and being treated with respect and dignity. Staff were observed interacting with residents and interviews were conducted with residents, family members, and employees. Records reviewed included: resident health records, facility reported incidents, in service trainings and abuse training. 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: 10/20/2025

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 _____	C 10/16/2025

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 A relicensure survey with complaint (#OK00080438) was conducted from 10/15/25 through 10/16/25. Deficiencies were cited as a result of the survey. Facility Census: 59 Listed below are the abbreviations that will be used throughout this document. CNA- certified nurse aide ED- executive director	C 000		
C1916 SS=D	310:663-19-1(f) REPORTS TO THE DEPARTMENT (f) Each continuum of care facility and assisted living center shall report allegations and occurrences of resident abuse, neglect, or misappropriation of resident's property by a nurse aide to the Nurse Aide Registry by submitting a completed "Notification of Nurse Aide Abuse, Neglect, Mistreatment or Misappropriation of Property" form (ODH Form 718), which requires the following: (1) facility/center name, address and telephone; (2) facility type; (3) date; (4) reporting party name or administrator name; (5) employee name and address; (6) employee certification number; (7) employee social security number; (8) employee telephone number; (9) termination action and date (if applicable); (10) other contact person name and address; and (11) the details of the allegation or occurrence of abuse, neglect, or misappropriation of resident property.	C1916		

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C1916	Continued From page 1	C1916		

This Rule is not met as evidenced by:
Based on record review and interview, the facility failed to notify the Nurse Aide Registry of an allegation of abuse for 1 (#7) of 10 sampled residents reviewed for abuse.

The ED identified 59 residents resided in the facility.

Findings:

A facility policy titled "Employee Conduct With Residents," dated 01/01/23, read in part, "The Executive Director is required to report every instance of resident abuse, neglect, mistreatment and misappropriation to the State of Oklahoma Department of Health." "Included in this report (Form 718)." In reference to Form 718 it is the Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment, or Misappropriation of Property Form.

A paper chart titled "Face Sheet Report," dated 04/20/24, showed Resident #7 was admitted to the facility on 04/24/23 with diagnoses which included depression, hypertension, abdominal pain, nausea, and gastroesophageal reflux disease.

An initial incident investigation report, dated 04/04/25, read in part, "Allegations of Abuse/Mistreatment"..."Employee stated that [they] witnessed [CNA#1] yank pad from under resident and resident screaming out in pain." The report did not show notification was made to the

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C1916	Continued From page 2 Nurse Aide Registry. A final "Incident Investigation Report," dated 04/04/25, showed CNA#1 was placed on administrative leave and did not show notification was made to the Nurse Aide Registry. On 10/16/25 at 1:48 p.m., the ED was asked about the allegation of abuse from CNA #1. The ED was asked if CNA #1 was reported to the Nurse Aide Registry for the allegation of abuse. They stated, "No."	C1916		

OKLAHOMA
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of Health

Delivery via email to: mmorris@theparke.net;

November 6, 2025

License Number: AL7208

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

RE: Survey Event XRXR11

Dear Ms. Morris:

On **October 16, 2025**, 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 **November 15, 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,

Clorissa Nubine

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

Enclosure

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 11/5/2025** **Facility Name:** The Parke Assisted Living **License Number:** AL7208 **Survey Event ID:** XRXR11 **Date Survey Completed: 10/16/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1916	Based on: This Rule is not met as evidenced by: Based on record review and interview, the facility failed to notify the Nurse Aide Registry of an allegation of abuse for 1 (#7) of 10 sampled residents reviewed for abuse. The ED identified 59 residents resided in the facility. Findings: A facility policy titled "Employee Conduct With Residents," dated 01/01/23, read in part, "The Executive Director is required to report every instance of resident abuse, neglect, mistreatment and misappropriation to the State of Oklahoma Department of Health." "Included in this report (Form 718)." In reference to Form 718 it is the Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment, or Misappropriation of Property Form. A paper chart titled "Face Sheet Report," dated 04/20/24, showed Resident #7 was admitted to the facility on 04/24/23 with diagnoses which included depression, hypertension, abdominal pain, nausea, and gastroesophageal reflux disease. An initial incident investigation report, dated 04/04/25, read in part, "Allegations of Abuse/Mistreatment"..."Employee stated that [they] witnessed [CNA#1] yank pad from under resident and resident screaming out in pain." The report did not show notification was made to the Nurse Aide Registry. A final "Incident Investigation Report," dated 04/04/25, showed CNA#1 was placed on administrative leave and did not show notification was made to the Nurse Aide Registry. On 10/16/25 at 1:48 p.m., the ED was asked about the allegation of abuse from CNA #1. The ED was asked if CNA #1 was reported to the Nurse Aide Registry for the allegation of abuse. They stated, "No."

ASSISTED LIVING CENTER'S PLAN OF CORRECTION	
Assisted Living Center's Comments: The Parke Assisted Living takes the health and welfare of every resident extremely seriously as well as the quality of care being delivered.	
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?	A notification was sent to OSDH regarding employee in question using the Oklahoma Nurse Aid Registry form 718 on 11.4.2025
OSDH Response: Element a ccepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All allegations of abuse are taken very seriously. During any allegation the employee will either be placed on administrative leave pending investigation or terminated upon notification of the allegation to protect residents from any potential harm. A state incident report will be completed as well as completing the form 718 nurse aid registry notification within 1 business day. Authorities and/or APS will be notified if an immediate harm is noted during initial assessment of situation immediately.
OSDH Response: Element a ccepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Policy will be reviewed and updated to ensure all residents are protected and staff is aware of process for any allegations of abuse/neglect/exploitation. Staff will be

	notified and in-serviced on new policy by 11.15.2025 and it will be reviewed quarterly until 3rd quarter QA 2026
OSDH Response: Element a ccepted 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.	The executive director in collaboration with the nursing department will either place employee on leave or terminate employee, they will complete the OK state incident report, complete nurse registry form, and if applicable notify APS and/or police department Once investigation is completed and allegation is substantiated or unsubstantiated all investigative materials will be sent to RN for review of compliance with policy. It will be immediately reviewed and then will be reviewed with quarterly QA. The RN will incorporate the allegation into the QA and it will be reviewed for compliance every 3 months times 1 year to ensure compliance and the safety of all residents Monitoring will be kept in a separate binder to ensure it and its plan of corrections are being monitored.
OSDH Response: Element accepted Yes No ☐ ☐	
5. On what date will corrective action be completed?	11/15/2025
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature OAC 310:663-25-4(F)	**Date** 11/05/2025
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 N/A	**Submitted by**
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.	

Send Result Report

MFP

TASKalfa 4053ci

Firmware Version 2V8_S000.002.608 2023.11.10

RFB1706556
11/04/2025 12:27
[2V8_1000.004.001] [2ND_1100.001.007]

Job No.: 083053 Total Time: 0°01'53" Page: 005

Complete

Document: doc08305320251104122511

OKLAHOMA State Department of Health

Oklahoma State Department of Health
Long Term Care Service
123 Robert S. Kerr Ave., Suite 1702
Oklahoma City, OK 73102-6404
phone: (405) 426-8200
toll-free fax: 1-866-239-7553

Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment or Misappropriation of Property

Check One: ☑ Nurse Aide ☐ Nontechnical Services Worker

Print or type all information

This form should accompany the initial incident report form when the nurse aide or nontechnical service worker has been named.

Facility ID AL7209

Date 11/04/2025

Name of Facility The Parke Assisted Living

Address 7821 E 76th St (Street or P.O. Box) | Tulsa (City) | Tulsa (County) | 74133 (Zip)

Micheyne M Morris (Administrator or Reporting Party) | 918-249-1262 (Telephone) | mmorris@theparke.net (Email Address)

Tiana Trumbull (Employee Name)

13219 E 31st Place, Apt 1311 (Street or P.O. Box) | Tulsa (City) | Tulsa (County) | 74134 (Zip)

490-96-8497 (SSN) | 37V762180708 (Certification Number) | (918) 378-7518 (Telephone)

Was employee suspended? (✓) Yes ( ) No If yes, enter employee suspension date 04/04/2025

Was employee terminated? ( ) Yes (✓) No If yes, enter employee termination date ___/___/___

_____ ( )_____-_____
Other Contact Person Telephone

Address _____
Street or P.O. Box City County Zip

ALLEGATIONS/ FACTS OF ABUSE, NEGLECT OR MISAPPROPRIATION OF RESIDENT PROPERTY:
(Attach any additional sheets or reports, if necessary)

On 04/04/2025 Tiana was in the room assisting CMA with repositioning resident. The CMA reported allegations of abuse to nursing administration as reported: During care, Tiana pulled the underpad roughly causing the resident to call out in pain. Tiana was placed on administrative leave during investigation. Family and MD was notified. Allegations were unsubstiated and employee returned to work. Please see full investigation that is attached.

For Office Use Only
Referral: Y or N To: _____

Oklahoma State Department of Health
Protective Health Services

ODH Form 718
(Rev. 06/2022)

No.	Date/Time	Destination	Times	Type	Result	Resolution/ECM
001	11/04/25 12:25	18662397553	0°01'53"	FAX	OK	200x100 Normal/On

OKLAHOMA State Department of Health

Oklahoma State Department of Health
Long Term Care Service
123 Robert S. Kerr Ave., Suite 1702
Oklahoma City, OK 73102-6404
phone: (405) 426-8200
toll-free fax: 1-866-239-7553

Notification of Nurse Aide/Nontechnical Service Worker Abuse, Neglect, Mistreatment or Misappropriation of Property

Check One: ☑ **Nurse Aide** ☐ **Nontechnical Services Worker**

Print or type all information

This form should accompany the initial incident report form when the nurse aide or nontechnical service worker has been named.

Facility ID AL7209

Date 11 / 04 / 2025

Name of Facility The Parke Assisted Living

Address 7821 E 76th St (Street or P.O. Box) Tulsa (City) Tulsa (County) 74133 (Zip)

Michayne M Morris (Administrator or Reporting Party) 918-249-1262 (Telephone) mmorris@theparke.net (Email Address)

Tiana Trumbull
Employee Name

13219 E 31st Place, Apt 1311 (Street or P.O. Box) Tulsa (City) Tulsa (County) 74134 (Zip)

490-96-8497 (SSN) 37V762180708 (Certification Number) (918) 378-7518 (Telephone)

Was employee suspended? (✓) Yes ( ) No If yes, enter employee suspension date. 04 / 04 / 2025

Was employee terminated? ( ) Yes (✓) No If yes, enter employee termination date. / /

Other Contact Person ( ) - Telephone

Address (Street or P.O. Box) (City) (County) (Zip)

ALLEGATIONS/ FACTS OF ABUSE, NEGLECT OR MISAPPROPRIATION OF RESIDENT PROPERTY:

(Attach any additional sheets or reports, if necessary)

On 04/04/2025 Tiana was in the room assisting CMA with repositioning resident. The CMA reported allegations of abuse to nursing administration as reported: During care, Tiana pulled the underpad roughly causing the resident to call out in pain. Tiana was placed on administrative leave during investigation. Family and MD was notified. Allegations were unsubstiated and employee returned to work. Please see full investigation that is attached.

For Office Use Only
Referral: Y or N **To:**

OKLAHOMA State Department of Health

Oklahoma State Department of Health
Long Term Care
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73012-6406
p. (405) 426-8200

INCIDENT REPORT FORM: ☒ Initial ☐ Combined Initial and Final ☐ Follow up Info. ☐ Final

Please check only one box above.

Please complete Parts A & B for 24-hour notifications. Include Part C for 5 day and final reports. All incident reports/notifications may be submitted to toll free fax number 1-866-239-7553.

Part A

Facility ID AL7208 Name of Facility The Parke Assisted Living

Address 7821 East 76th Street (Street) Tulsa (City) OK (State) 74133 (Zip)

Point of Contact Email angelae@theparke.net

Incident Date 04/04/2025 Incident Location Resident apartment

Resident(s)/Client(s)/ Staff Involved Rosemary Pierce

Incident Type (For allegations against nurse-aides or nontechnical services workers, please include ODH Form 718)

- ☐ Certain Injuries (OAC 310:675-7-5.1(i))
- ☐ Utility Failure (more than 8 hours)
- ☐ Misappropriation of Resident Property
- ☒ Allegations of Abuse/Mistreatment
- ☐ Death Other than by Natural Causes
- ☐ Communicable Disease (Call Infectious Disease (IDPR) for *initial outbreak* notification only at (405) 426-8710. Updates not required for ongoing outbreak).
- ☐ Suspected Criminal Act*
- ☐ Storm Damage
- ☐ Fire
- ☐ Allegations of Neglect
- ☐ Injury of Unknown Source
- ☐ Missing Resident
- ☐ Physical Harm*

*If Physical Harm and Suspected Criminal Act, indicate if Local Law Enforcement Agency contacted in the 'Notifications Made' box at the right.

Notifications Made (Check all that apply)

- ☒ Physician
- ☒ Family
- ☐ Resident's Legal representative
- ☐ DHS: Adult Protective Services
- ☐ Local Law Enforcement
  - Agency Name: _____
  - Date: _____ Time: _____
- ☐ Appropriate Licensing Board
- ☐ Nurse Aide Registry (ODH Form 718 Attached)
- ☐ Attorney General
- ☐ Other _____

Part B

Description of Incident. Please include injuries sustained as well as measures taken to protect the resident(s) during investigation. (500 characters max) If additional pages are needed, see the optional page below.

Another employee came to Nurse and brought to my attention of allegations of possible abuse (Employee stated that she witnessed cna yank pad from under resident and resident screaming out in pain) Immediate nursing assessment completed. Resident alert and oriented x 2, (resident stated aide snatched sheet from under her and she was in pain) Assessed resident for visible injuries, no physical injuries were noted, able to move all extremities,

Relevant Resident History. Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.) (500 characters max) If additional pages are needed, see the optional page below.

Resident on Luminos Hospice for CHF, 2 hour safety checks. Chronic pain being treated with routine Morphine and Lorazepam three times a day and prn every 4 hours.

Part C

For 5 day and final reports, please include a summary of the investigation (include investigative actions, findings and causative factors) and corrective measures implemented to prevent recurrence. (500 characters max) If additional pages are needed, see the optional page below.

Failure to document credible protective/preventative measures at the time of initial reporting and/or failure to provide evidence of a thorough investigation with corrective measures on the final report may require the OSDH to perform an onsite visit to termine if acceptable measures are being taken to protect residents.

Angie Edmerson LPN

Person Completing Form

OPTIONAL PAGE. Use this page as needed to provide further information. (5,200 character max)
If additional space is required, please attach a supplemental document.

Contunued from B- No skin tears, no shearing, no abnormalities noted except from redness between thighs d/t yeast and uti symptoms that is being treated. During nursing assessment ,Executive Director pulled CNA into office to stop all care from the floor and at this time she was put on administrative leave pending investigation. Notified Family and Physician.

OPTIONAL PAGE. Use this page as needed to provide further information. (5,200 character max)
If additional space is required, please attach a supplemental document.

CMA wrote a statement indicating said incident was a result of lack of communication, They were repositioning the resident and stated they were supposed to reposition draw sheet before moving resident up and CNA just pulled the resident up, in which the resident yelled out in pain. Coaching was completed with CMA the policy on abuse and what abuse is.
CNA was placed on adminstrative leave, she was interviewed prior to leaving in which she wrote a statement stating CMA was angry with her for taking so long to get to her to assist. CMA was barking orders at her and the communication was not clear. She thought they were pulling up her up and that is when she pulled up on the sheet and the resident cried out in pain.
Resident was interviewed by nurse and a complete assessment was completed, there where no signs of redness or shearing to the residents back side, she has chronic pain and is on hospice. She just stated they pulled her. She had returned to baseline and no injuries were noted during the assessment.
Son was notified of incident, he stated that his mom is always in pain and he did not want anyone sent home. That his mom is not afraid of anyone, that they should be afraid of her.
Executive director spoke with Sheilia McClead surveyor with the ok state of Oklahoma as she was following up with the state report. She asked if the resident had resumed normal activity and she had.

Actions taken. Resident is on every 2 hours checks for toileting, repostioning, oral care, she is on routine pain medication and prn to manage her symptoms of pain. She has been having her pain managed.

Executive Director provided conflict resolution. Education on abuse/ neglect was reviewed, and direct care for hospice residents at the end of life was provided.

OKLAHOMA State Department of Health

Oklahoma State Department of Health
Long Term Care
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73012-6406
p. (405) 426-8200

INCIDENT REPORT FORM: ☐ Initial ☐ Combined Initial and Final ☐ Follow up Info. ■ Final

Please check only one box above.

Please complete Parts A & B for 24-hour notifications. Include Part C for 5 day and final reports. All incident reports/notifications may be submitted to toll free fax number **1-866-239-7553**.

Part A

Facility ID AL7208 Name of Facility The Parke Assisted Living

Address 7821 E 76th St (Street) Tulsa (City) Ok (State) 74133 (Zip)

Point of Contact Email angelae@theparke.net

Incident Date 04/04/2025 Incident Location Resident Apartment

Resident(s)/Client(s)/ Staff Involved Rosemary Pierce

Incident Type (For allegations against nurse-aides or nontechnical services workers, please include ODH Form 718)

- ☐ Certain Injuries (OAC 310:675-7-5.1(i))
- ☐ Utility Failure (more than 8 hours)
- ☐ Misappropriation of Resident Property
- ■ Allegations of Abuse/Mistreatment
- ☐ Death Other than by Natural Causes
- ☐ Communicable Disease (**Call Infectious Disease (IDPR) for *initial outbreak* notification only at (405) 426-8710. Updates not required for ongoing outbreak**).
- ☐ Suspected Criminal Act*
- ☐ Storm Damage
- ☐ Fire
- ☐ Allegations of Neglect
- ☐ Injury of Unknown Source
- ☐ Missing Resident
- ☐ Physical Harm*

*If Physical Harm and Suspected Criminal Act, indicate if Local Law Enforcement Agency contacted in the 'Notifications Made' box at the right.

Notifications Made (Check all that apply)

- ■ Physician
- ■ Family
- ☐ Resident's Legal representative
- ☐ DHS: Adult Protective Services
- ☐ Local Law Enforcement
  - Agency Name: _____
  - Date: _____ Time: _____
- ☐ Appropriate Licensing Board
- ☐ Nurse Aide Registry (ODH Form 718 Attached)
- ☐ Attorney General
- ☐ Other _____

Part B

Description of Incident. Please include injuries sustained as well as measures taken to protect the resident(s) during investigation. (500 characters max) If additional pages are needed, see the optional page below.

Relevant Resident History. Please include relevant resident history (i.e. cognitive status, fall risk assessment, relevant care plan instructions prior to this incident, etc.) (500 characters max) If additional pages are needed, see the optional page below.

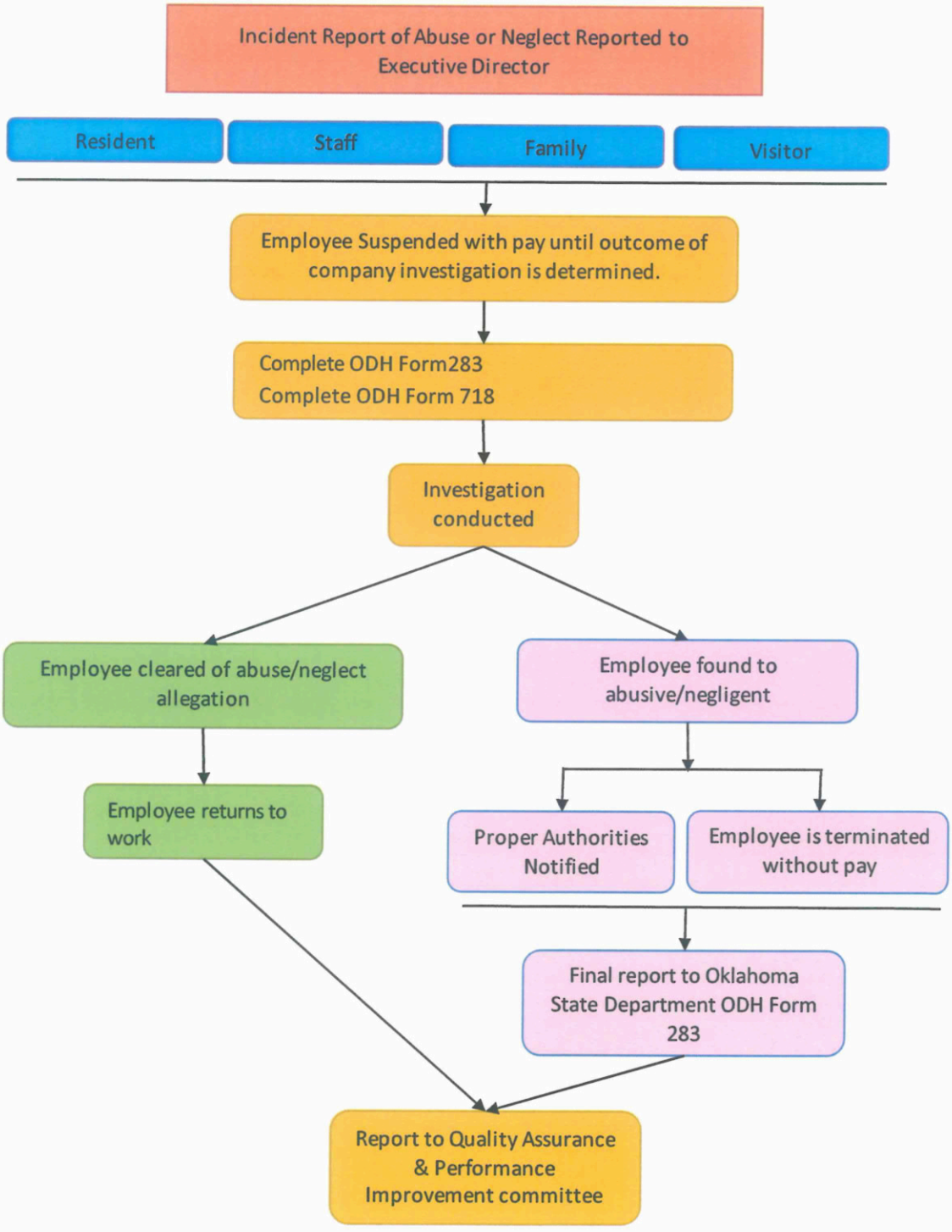
Part C

For 5 day and final reports, please include a summary of the investigation (include investigative actions, findings and causative factors) and corrective measures implemented to prevent recurrence. (500 characters max) If additional pages are needed, see the optional page below.

Investigation completed on allegations of abuse. CMA who alleged abuse was brought in and interviewed by the exective director and director of nurses. During the interview the CMA had stated she felt it was a lack of communication and she did not mean to state resident was abused, only that she felt the CNA was rough when trying to pull the resident up. She stated she was hoping CNA would get coached.

Failure to document credible protective/preventative measures at the time of initial reporting and/or failure to provide evidence of a thorough investigation with corrective measures on the final report may require the OSDH to perform an onsite visit to determine if acceptable measures are being taken to protect residents.

_____
Person Completing Form


Incident Report of Abuse or Neglect Reported to Executive Director
Resident
Staff
Family
Visitor
Employee Suspended with pay until outcome of company investigation is determined.
Complete ODH Form283
Complete ODH Form 718
Investigation conducted
Employee cleared of abuse/neglect allegation
Employee found to abusive/negligent
Employee returns to work
Proper Authorities Notified
Employee is terminated without pay
Final report to Oklahoma State Department ODH Form 283
Report to Quality Assurance & Performance Improvement committee

The Parke Assisted Living

Policy Title: Incident Reporting and Investigation of Alleged Abuse or Neglect

Effective Date: November 5, 2025 (amended)

Approved By: Executive Director

Applies To: All Employees

Purpose

To establish a straightforward, compliant procedure for responding to allegations of abuse, neglect, or exploitation involving residents, staff, family members, or visitors. This policy ensures timely reporting, thorough investigation, and appropriate action in accordance with Oklahoma State Department of Health (OSDH) requirements.

Policy Statement

The Parke Assisted Living is committed to maintaining a safe, respectful environment for all residents. Allegations of abuse, neglect, or exploitation will be taken seriously, investigated promptly, and reported to the appropriate authorities. Staff will be treated fairly during investigations, and all actions will align with state regulations and internal quality standards.

Procedure

1. Initial Reporting

- Any allegation of abuse, neglect, or exploitation must be reported immediately to the Executive Director or Director of Nurses.
- The employee involved will be suspended with pay pending the outcome of the investigation.

2. Required Documentation

The following forms must be completed:

- ODH Form 283 – Long Term Care Incident Report Form
  Used to document the incident, notifications made, investigation findings, and corrective actions. Required for initial, 5-day, and final reports. The initial will be submitted within one business day; the final report will be submitted within five business days; and an update will be provided within 10 days if the investigation is still open.
- ODH Form 718 – Notification to the Nurse Aide Registry
  Required when the alleged incident involves a certified nurse aide. Ensures timely notification to the Oklahoma Nurse Aide Registry within one business day.

3. Investigation Process

- The Executive Director or designated investigator will conduct a thorough internal investigation.

Policy Amended on 11/5/2025 CD

- All relevant parties (resident, staff, family, visitor) will be interviewed and documented.
- Evidence will be reviewed and findings recorded.

4. Outcome Determination

- If the employee is cleared of the allegation:
    - The employee will be reinstated to their position, and an update will be sent to the Oklahoma State Department of Health (OSDH) and Nurse Aide Registry.
- If the employee is found to have committed abuse or neglect:
- The employee will be terminated without pay.
- Proper authorities will be notified, including law enforcement, Adult Protective Services and OSDH as required.

5. Final Reporting

- A final report will be submitted to the Oklahoma State Department of Health using ODH Form 283.
- The Quality Assurance Committee will review the incident and investigate findings for systemic improvement and staff education at least quarterly x2 meetings.

Notification Requirements
The following individuals must be notified as appropriate:

- Resident involved
- Resident's family or legal representative
- Relevant staff
- Any visitors involved or affected
- Physician
- Police if applicable
- OSDH
- Nurse Aide Registry
- Adult Protective Services if applicable

Recordkeeping
All documentation related to the incident, investigation, and resolution will be maintained in accordance with state regulations and internal record retention policies.

Policy Amended on 11/5/2025 CD

Review and Training

- This policy will be reviewed annually by the Quality Assurance Committee.
- Staff will receive training on abuse/neglect reporting procedures during onboarding and annually thereafter.

Policy Amended on 11/5/2025 CD

OKLAHOMA
State Department of Health

Delivery via email to: mmorris@theparke.net

December 2, 2025

License Number: AL7208
Survey Event ID: XRXR12

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

Dear Ms. Morris:

On **November 21, 2025**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **October 16, 2025,** have now been corrected and your facility is in compliance with licensure standards effective **November 21, 2025**.

If you have any questions concerning the information in this letter, 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

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 11/21/2025

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 An offsite/paper revisit was conducted on 11/21/25. 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