OKLAHOMA
State Department
of Health

Delivery via email to: Elizabeth.Chapman@Wagonerhr.com

November 3, 2023

License Number: RC7303
Survey Event ID: FUBM11

Ms. Elizabeth Chapman-Standridge, Administrator
Wagoner Health & Rehab, Llc
9 Professional Drive
Bella Vista, AR 72715

Dear Ms. Chapman-Standridge:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **October 17, 2023**.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the space provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

- A statement of exactly how the facility has or intends to correct each deficiency.
- The method of correction. This includes who is responsible for the correction.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- A reasonable date of correction, which will normally be within 30 days of this notice.

NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **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 this completed form for your files.

In the event that we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable and we will request another Plan of Correction. If your plan of correction is acceptable, there will be no acknowledgement. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 426-8200.

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In accordance with O.S. 63 830.1, 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 833-RC). 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 833RC and the Oklahoma IDR Process Residential Care Centers.

The IDR request must be submitted within 30 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 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
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.

Respectfully,

Lisa Calvin

Lisa Calvin, 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
	RC7303	A. BUILDING: _____ B. WING _____	10/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAGONER HEALTH & REHAB RES CARE	205 NORTH LINCOLN WAGONER, OK 74467

(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
R 000	INITIAL COMMENTS A relicensure survey was conducted on 10/17/23.	R 000		
R 206 SS=E	310:680-3-3 (e)(3) LIC PLUMBER, BLDG INSPECTORS REPORT (e) The following items must be renewed annually: (3) Licensed plumber or building inspector's report. This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure an annual plumbing report was renewed. Findings: On 10/17/23 at 1:40 P.M. the supervisor was only able to provide an annual plumbing report that expired on 08/25/23. The supervisor stated there were no further plumbing reports available.	R 206		
R 207 SS=E	310:680-3-3 (e)(4) ELECTRICIAN, MUNICIPAL INSPECTOR'S REPORT (e) The following items must be renewed annually: (4) Licensed electrician or municipal inspector's report.	R 207		

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R 207	Continued From page 1 This Rule is not met as evidenced by: Based on facility record review and interview, it was determined the facility failed to ensure an annual electrician's report was renewed. Findings: On 10/17/23 at 1:30 P.M. the supervisor was only able to provide an annual electrician's report that expired on 08/25/23. The supervisor stated there were no further electrician reports available.	R 207		

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of Health

Delivery via email to: Elizabeth.Chapman@Wagonerhr.com

November 15, 2023

License Number: RC7303
Survey Event ID: **FUBM11**

Ms. Elizabeth Chapman, Administrator
Wagoner Health & Rehab, Llc
9 Professional Drive
Bella Vista, AR 72715

Dear Ms. Chapman:

On **October 17, 2023**, a State Licensure survey was conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **December 10, 2023**.

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, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

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	RC7303	A. BUILDING: _____ B. WING _____	10/17/2023

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R 000	INITIAL COMMENTS A relicensure survey was conducted on 10/17/23.	R 000	This Plan of Correction is submitted as required under Federal and State regulation and statues applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.	12/10/2023
R 206 SS=E	310:680-3-3 (e)(3) LIC PLUMBER, BLDG INSPECTORS REPORT (e) The following items must be renewed annually: (3) Licensed plumber or building inspector's report. This Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure an annual plumbing report was renewed. Findings: On 10/17/23 at 1:40 P.M. the supervisor was only able to provide an annual plumbing report that expired on 08/25/23. The supervisor stated there were no further plumbing reports available.	R 206	R 206 Corrective Action: On 10/17/2023, upon notification of deficient practice, Admin/designee reviewed facility records for update to f acility Plumbing inspection report. Any negative findings were corrected. Identification of others with the potential of being affected: A review of Facility records showed 10 residents had the potential to be affected by the deficient practice. To ensure deficient practice does not recur: On 10/25/2023, Regional Manager in serviced staff on annual inspections and maintaining records. Monitoring: Beginning 10/25/2023, Admin/Designee will monitor facility records Monthly Xs 3 months and quarterly until substantial compliance is maintained. Any Negative findings will be corrected and reported immediately.	
R 207 SS=E	310:680-3-3 (e)(4) ELECTRICIAN, MUNICIPAL INSPECTOR'S REPORT (e) The following items must be renewed annually: (4) Licensed electrician or municipal inspector's report.	R 207	QA: Admin/Designee will present any negative findings to QA minutes and be reviewed by the QA committee for further recommendations.	

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OKLAHOMA
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of Health

Delivery via email to: Elizabeth.Chapman@Wagonerhr.com

January 5, 2024

License Number: RC7303
Survey Event ID: FUBM12

Ms. Elizabeth Chapman, Administrator
Wagoner Health & Rehab Res Care
205 North Lincoln
Wagoner, OK 74467

Dear Ms. Chapman:

On **December 30, 2023**, an offsite/paper revisit was conducted for your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Residential Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **October 17, 2023,** have now been corrected and your facility is in compliance with licensure standards effective **December 10, 2023**.

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

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC7303	A. BUILDING: _____ B. WING _____	R 12/30/2023

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{R 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 12/30/23. The facility was in substantial compliance.	{R 000}		

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