

Delivery via email to: ddonley@skybluehc.com; Leslie.Tallman@heartsworthseniorliving.com; Christy.Aubrey@heartsworthseniorliving.com; dusty.dreadfulwater@heartsworthseniorliving.com

July 6, 2026

License Number: AL1802

Ms. Dinah Donley, Administrator
Heartsworth House Assisted Living
802 North Brewer
Vinita, OK 74301

RE: Survey Event ID: EWA211

Dear Ms. Donley:

On **June 26, 2026**, agents from our office concluded a State Licensure survey with complaint investigations 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 **June 26, 2026**.

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:

- Address how corrective action will be accomplished for affected residents;
- Address how other residents with the potential to be affected will be identified;
- Address measures or systemic changes to ensure the deficiency will not recur;
- Indicate how the center plans to monitor performance to ensure corrections are sustained;
- Include dates when corrective action and monitoring will be completed for each violation;
- 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
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 OSDH.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,



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

Enclosure

INVESTIGATIVE REPORT

Facility: Heartsworth House Assisted Living

Address: 802 N Brewer

City, State, Zip: Vinita, OK 74301

Provider #: AL1802

Complaint #: OK00073449

Investigation Date(s): 06/25/26-06/26/26

ALLEGATION(S)
The center failed to ensure residents' funds were not misappropriated.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 06/25/2026 at "Enter Time" (i.e.1:20 p.m.)

A sample of 7 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' physical appearance and mood, resident to resident interaction, staff to resident interaction, and the center's environment were made. Records of residents' health charts, invoices, incident reports, physician orders, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

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: 06/26/2026

INVESTIGATIVE REPORT

Facility: Heartsworth House Assisted Living

Address: 802 N Brewer

City, State, Zip: Vinita, OK 74301

Provider #: AL1802

Complaint #: OK00080918

Investigation Date(s): 06/25/26-06/26/26

ALLEGATION(S)
The center failed to ensure residents were allowed adequate time to consume their meals.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 06/25/2026 at 11:00 a.m.

A sample of 7 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' physical appearance and mood, resident to resident interaction, staff to resident interaction, meal times, kitchen equipment, and the center's environment were made. Records of residents' health charts, invoices, incident reports, physician orders, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

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: 06/26/2026

INVESTIGATIVE REPORT

Facility: Heartsworth House Assisted Living

Address: 802 N Brewer

City, State, Zip: Vinita, OK 74301

Provider #: AL1802

Complaint #: OK00087649

Investigation Date(s): 06/25/26-06/26/26

ALLEGATION(S)
The center failed to ensure a safe, clean, comfortable and homelike environment.
The center failed to ensure records were not falsified.
The center failed to ensure food was prepared and stored under sanitary conditions.
enter text
enter text

An unannounced on-site investigation was initiated 06/25/2026 at 11:00 a.m.

A sample of 7 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' physical appearance and mood, resident to resident interaction, staff to resident interaction, meal times, kitchen equipment, and the center's environment were made. Records of residents' health charts, invoices, incident reports, physician orders, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

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: 06/26/2026

INVESTIGATIVE REPORT

Facility: Heartsworth House Assisted Living

Address: 802 N Brewer

City, State, Zip: Vinita, OK 74301

Provider #: AL1802

Complaint #: OK00089399

Investigation Date(s): 06/25/26-06/26/26

ALLEGATION(S)
The facility failed to ensure residents did not exceed their level of care and meet the discharge criteria.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 06/25/2026 at 11:00 a.m.

A sample of 7 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' physical appearance and mood, resident to resident interaction, staff to resident interaction, meal times, kitchen equipment, and the center's environment were made. Records of residents' health charts, invoices, incident reports, physician orders, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

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: 06/26/2026

INVESTIGATIVE REPORT

Facility: Heartsworth House Assisted Living

Address: 802 N Brewer

City, State, Zip: Vinita, OK 74301

Provider #: AL1802

Complaint #: OK00091276

Investigation Date(s): 06/25/26-06/26/26

ALLEGATION(S)
The facility failed to ensure illicit drug were not used by residents and staff on facility property.
The facility failed to ensure care was provided to meet the needs of the residents according to their contract.
The facility failed to ensure medications were administered according to the physician orders.
The facility failed to ensure meals were palatable and with safe serving temperatures.
enter text

An unannounced on-site investigation was initiated 06/25/2026 at 11:00 a.m.

A sample of 7 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' physical appearance and mood, resident to resident interaction, staff to resident interaction, meal times, kitchen equipment, medication passes, and the center's environment were made. Records of residents' health charts, invoices, incident reports, physician orders, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

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: 06/26/2026

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/26/2026
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

HEARTSWORTH HOUSE ASSISTED LIVING **802 NORTH BREWER**
VINITA, OK 74301

(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 (#OK00073449, OK00080918, OK00087649, OK00089399, and #OK00091276) was conducted from 06/25/26 through 06/26/26. Deficiencies were cited. Facility Census: 18	C 000		
C 702 SS=D	Hot Water - Dietary - Appendix A GENERAL REQUIREMENTS (d) Each assisted living center shall comply with the hot water standards set forth in Appendix A. The minimum hot water temperature available for use in the dietary department shall be 120 degrees Fahrenheit (49 degrees C.). When hot water is used for sanitizing dishes and utensils, rinse water temperature shall be a minimum of 180 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the center failed to ensure the kitchen dishwasher water temperature was at least 120 degrees Fahrenheit to effectively sanitize dishes. The director of nursing identified 18 residents resided in the center. Findings: On 06/26/26 at 8:32 a.m., dietary aide #1 was observed loading dishes into the dishwasher. The dishwasher water temperature was observed to start at 119 degrees Fahrenheit and completed the wash and rinse cycle in 90 seconds. Upon completion of the cycle, the water temperature	C 702		

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

TITLE

(X6) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/26/2026
NAME OF PROVIDER OR SUPPLIER HEARTSWORTH HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 802 NORTH BREWER VINITA, OK 74301		
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Delivery via email to: Christy.Aubrey@heartsworthseniorliving.com;
dusty.dreadfulwater@heartsworthseniorliving.com; ddonley@skybluehc.com

July 17, 2026

License Number: AL1802

Ms. Dinah Donley, Administrator
Heartsworth House Assisted Living
802 North Brewer
Vinita, OK 74301

RE: Survey Event EWA211

Dear Ms. Donley:

On **June 26, 2026**, agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **C0702:** Who educated the dietary staff to report dropping temps? Given the staff were aware of the need for 120-degree water temperatures, but not monitoring/reporting accurately as well as the infection risk of improperly sanitized dishes, should maintenance be monitoring/auditing the temps more frequently than weekly?

Please provide an Amended plan of correction for these deficiencies and return with amendments as soon as possible.

Respectfully,



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

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 06/26/2026
NAME OF PROVIDER OR SUPPLIER HEARTSWORTH HOUSE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 802 NORTH BREWER VINITA, OK 74301		
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Adjustment made, water temperature
at required temperature.

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

TITLE

(X8) DATE

STATE FORM

Amiah Bonley 7/15/24

EWAZ 11

Executive Director

If continuation sheet 1 of 2

PRINTED: 07/06/2026
FORM APPROVED

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/26/2026	
NAME OF PROVIDER OR SUPPLIER HEARTSWORTH HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 802 NORTH BREWER VINITA, OK 74301		
(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

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Delivery via email to: Christy.Aubrey@heartsworthseniorliving.com;
dusty.dreadfulwater@heartsworthseniorliving.com; ddonley@skybluehc.com;
brandi.vaughn@heartsworthseniorliving.com

August 3, 2026

License Number: AL1802

Ms. Dinah Donley, Administrator
Heartworth House Assisted Living
802 North Brewer
Vinita, OK 74301

RE: Survey Event EWA211

Dear Ms. Donley:

On **June 26, 2026**, a Licensure inspection with complaints was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your Amended 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 **July 17, 2026**.

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,



Lisa Calvin, Enforcement Analyst II
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: AL1802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/26/2026
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			Adjustment made, water temperature at required temperature.	
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Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Dinah Donley* TITLE Executive Director (X6) DATE 07/21/26

STATE FORM 6899 EWA211 If continuation sheet 1 of 2

PRINTED: 07/06/2026
FORM APPROVED

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/26/2026	
NAME OF PROVIDER OR SUPPLIER HEARTSWORTH HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 802 NORTH BREWER VINITA, OK 74301		
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Delivery via email to: christy.aubrey@heartsworthseniorliving.com;
dusty.dreadfulwater@heartsworthseniorliving.com; ddonley@skybluehc.com;
brandi.vaughn@heartsworthseniorliving.com

August 10, 2026

License Number: AL1802

Ms. Dinah Donley, Administrator
Heartsworth House Assisted Living
802 North Brewer
Vinita, OK 74301

RE: Survey Event EWA212

Dear Ms. Donley:

On **August 10, 2026**, an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your re-licensure survey with complaints on **June 26, 2026**, have now been corrected effective **July 17, 2026**.

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

Respectfully,



Lisa Calvin, Enforcement Analyst II
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: AL1802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 08/10/2026
NAME OF PROVIDER OR SUPPLIER HEARTSWORTH HOUSE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 802 NORTH BREWER VINITA, OK 74301			
(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 08/10/26. All deficiencies from the 06/26/26 survey were cleared.	{C 000}			

Oklahoma State Department of Health

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

TITLE

(X6) DATE