OKLAHOMA
State Department of Health

Delivery via email to: tamarapersad@myprestigehealth.com

September 22, 2026

CCN:
Survey Event ID: IWB711

Ms. Teresa McCoin, Administrator
Vinita Rescare Llc
Highway 28
Langley, OK 74350

Dear Ms. McCoin:

Enclosed is a report of the Medicaid complaint investigation conducted at your facility on **September 15, 2026**. No deficiencies were cited as a result of this investigation. Oklahoma Statutes 63, Section 1-1910.1 requires that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please contact me at (405) 426-8200.

Respectfully,

Malinda Perry

Malinda Perry
Long Term Care | Enforcement Analyst
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Vinita Rescare LLC**
Address: 37098 S. 4449 Rd.
City, State, Zip: **Vinita, OK., 74301**
Provider #: **RC4903**
Complaint #: **OK00085558**
Investigation Date(s): **09/14/26 through 09/15/26**

ALLEGATION(S)

1. The facility failed to ensure resident medications were not misappropriated.

An unannounced on-site investigation was initiated 09/14/2026 at 2:00 p.m.

A sample of 3 residents, including 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 and at other various times throughout the survey.

Observations were made of residents' rooms, sinks, bathrooms, medication storage, discontinued medications and records, and the entire facility. Records reviewed included residents' medication records, physician orders, incident reports, grievances, and facility policies. Residents were asked questions regarding any concerns related to availability og medication and medication administration. Staff were asked questions about medication storage, medication destruction, and medication administration.

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: 09/16/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Vinita Rescare LLC**
Address: 37098 S. 4449 Rd.
City, State, Zip: **Vinita, OK., 74301**
Provider #: **RC4903**
Complaint #: **OK00089691**
Investigation Date(s): **09/14/26 through 09/15/26**

ALLEGATION(S)

1. The home failed to protect residents from physical abuse.

An unannounced on-site investigation was initiated 09/14/2026 at 2:00 p.m.

A sample of 3 residents, including 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 and at other various times throughout the survey.

Observations were made of residents' rooms, sinks, bathrooms, and the entire facility. Records reviewed included residents records, physician orders, incident reports, grievances, and facility policies. Residents were asked questions regarding any abuse incidents and concerns related to abuse. Staff were asked questions regarding abuse incidents, reporting abuse, and the abuse policy.

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: 09/16/2026

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
	RC4903	A. BUILDING: _____ B. WING _____	09/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINITA RESCARE LLC	HIGHWAY 28 LANGLEY, OK 74350

(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 Complaint investigations (#OK00089691 and #OK00085558) were conducted from 09/14/26 through 09/15/26. No deficiencies were cited. Facility Census: 29	R 000		

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