

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375582	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Park Place Healthcare and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 1530 NE Grand Blvd Oklahoma City, OK 73117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on record review and interview, the facility failed to ensure the direct care staffing hours on the Quality of Care report was accurately reported to CMS during the months of 12/2025 through 01/2026. The administrator identified 63 residents resided in the facility. Findings: The Quality of Care report for the month of December 2025 showed the following was reported to CMS for direct care staffing hours for the 3 p.m. to 11 p.m. shift: a. 12/20/26, a census of 62 and 52.32 direct care staffing hours, b. 12/24/26, a census of 63 and 37.40 direct care staffing hours, c. 12/27/26, a census of 63 and 61.18 direct care staffing hours, and d. 12/28/26, a census of 61 and 61.00 direct care staffing hours. The facility payroll detail report for the month of December 2025 showed the facility had the following for the 3 p.m. to 11 p.m. shift: a. 12/20/26, 91.51 direct care staffing hours, b. 12/24/26, 63.27 direct care staffing hours, c. 12/27/26, 86.99 direct care staffing hours and, d. 12/28/26, 98.69 direct care staffing hours. The Quality of Care report for the month of January 2026 showed the following was reported to CMS for direct care staffing hours for the 3 p.m. to 11 p.m. shift: a. 01/03/26, a census of 65 and 33.75 direct care staffing hours, b. 01/20/26, a census of 66 and 38.21 direct care staffing hours, c. 01/21/26, a census of 66 and 41.11 direct care staffing hours, d. 01/24/26, a census of 65 and 72.50 direct care staffing hours, e. 01/27/26, a census of 64 and 37.83 direct care staffing hours, f. 01/28/26, a census of 64 and 38.44 direct care staffing hours, and g. 01/31/26, a census of 64 and 47.50 direct care staffing hours. The facility payroll detail report for the month of January 2026 showed the facility had the following for the 3 p.m. to 11 p.m. shift: a. 01/03/26, 104.74 direct care staffing hours, b. 01/20/26, 64.10 direct care staffing hours, c. 01/21/26, 65.13 direct care staffing hours, d. 01/24/26, 72.50 direct care staffing hours, e. 01/27/26, 75.80 direct care staffing hours, f. 01/28/26, 64.92 direct care staffing hours, and g. 01/31/26, 76.73 direct care staffing hours. On 02/18/26 at 12:05 p.m., the corporate nursing officer stated the facility had not accurately submitted staffing information to CMS.</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 375582	If continuation sheet Page 1 of 1