OKLAHOMA
State Department
of Health

Delivery via email to: rharvey@veradenlife.com

November 12, 2020

License Number: AL5545

Ms. Rhonda Harvey, Administrator
The Veraden
2709 E Danforth Rd
Edmond, OK 73034

RE: Survey Event ID: NDC411

Dear Ms. Harvey:

On **March 17, 2020**, agents from our office concluded a State Licensure survey along with a complaint investigation 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 March 17, 2020.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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) 271-6868 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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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

OKLAHOMA
State Department
of Health

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
1000 N.E. 10th
Oklahoma City, OK 73117-1299

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) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 271-6868. 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.

Sincerely,

Users, Lisa D Calvin
Digitally signed by Users, Lisa D Calvin
Date: 2020.11.12 11:25:57 -06'00'

Lisa Calvin, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **The Veraden**
Address: **2709 E Danforth Rd.**
City, State, Zip: **Edmond, Ok 73034**
Provider #: **AL5545**
Complaint #: **OK00055099**
Investigation Date(s): **03/10/20 through 03/12/20, and 03/17/20**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure medications were administered according to physicians' orders.	S

☒ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Tuesday, March 10, 2020 at 1:52 p.m.

A sample of 3 residents including any identified residents was selected for the investigation based on the concerns relevant to the allegation.

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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was substantiated related to this allegation.

However; no deficient practice was cited and no further action is required.

An investigation specific to medication administration was conducted. The center completed all requirements necessary involving the investigation and the plan of correction prior to the surveyor's entrance.

A medication pass was observed and the residents received their medications as ordered by the physician.

Three residents were interviewed and all stated the medications were administered as ordered. One resident family member stated his mom had not received the correct dosage of medication. He stated the registered nurse was able to figure out what had happened and corrected the problem immediately and he was very happy with the center.

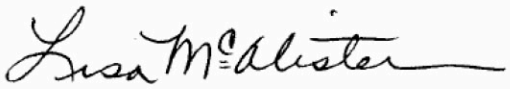
Medication administration observations were reconciled with each resident's physicians' orders, and revealed the medications had been administered correctly. Medication error reports were reviewed and one medication error report documented a medication was administered at the wrong time on one occasion and was documented as if it had been administered at the correct time. The medication error report documented the employee involved was taken off the medication cart and the following corrective actions were taken to prevent reoccurrence: In-service training, medication administration training on the medication cart and observation of the employee administering medications.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred.

Thank you for bringing these concerns to our attention.



Billie Seeman, RN, Clinical Health Facility Surveyor

Date report completed: 03/18/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5545	A. BUILDING: _____ B. WING _____	C 03/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VERADEN	2709 E DANFORTH RD EDMOND, OK 73034

(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 re-licensure survey was conducted on 03/10/20 through 03/12/20 and 03/17/20. Complaint #OK00055099 was investigated in conjunction with this survey. Current census was 100. The following deficiencies were cited.	C 000		
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the center failed to ensure compliance with Chapter 257 Food Service Establishment Regulations in regards to single-use of gloves. This failed practice had the widespread potential for more than minimal harm for all 100 residents who received their nutrition from the kitchen. Findings: 310:257-5-34. Gloves, use limitation (a)...single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. On 03/11/20 at 11:38 a.m., the chef was observed to wear the same single-use gloves as he completed more than one task during the lunch meal service for the assisted living and memory care residents. The chef wore his gloves and picked up the meat balls and fried zucchini, he then touched plates, plate covers, and the transport warming box. He did not change his	C 391		

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C1110 SS=F	310:663-11-1 QUALITY ASSURANCE COMMITTEE (1) Each assisted living center shall establish and maintain an internal quality assurance committee that meets at least quarterly. The committee shall: (1) monitor trends and incidents; (2) monitor customer satisfaction measures; and (3) document quality assurance efforts and outcomes. This Rule is not met as evidenced by: Based on interview and record review, it was determined the center failed to ensure an internal quality assurance (QA) committee met quarterly, monitored customer satisfaction, and documented their efforts and outcomes. This failed practices had the widespread potential for more than minimal harm for all 100 residents. Findings: The administrator was asked for the QA committee notes. The administrator only provided QA notes specific to falls, from April through December 2019, and one QA meeting minutes. The QA for falls did not contain signatures of employees or dates of actual QA meetings.	C1110		

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C1110	Continued From page 3 On 03/12/20 at 10:43 a.m., the administrator stated she could not find the QA meeting sign in sheets or any other QA meeting minutes. She stated customer satisfaction and quality assurance efforts and outcomes were not monitored or documented for all incidents.	C1110		

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of Health

Delivery Via Email: rharvey@veradenlife.com

November 24, 2020

License Number: AL5545

Ms. Ronnda Harvey, Administrator
The Veraden
2709 E Danforth Rd
Edmond, OK 73034

Survey Event ID: NDC411

Dear Ms. Harvey:

On **March 17, 2020**, a Re-licensure survey in conjunction with complaint #OK00055099 investigation was conducted at your Assisted Living Center. 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 **September 30, 2020**.

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) 271-6868.

Sincerely,

Katie Stagner

Digitally signed by Katie Stagner
DN: cn=Katie Stagner, o=Oklahoma State Department of Health, ou=Long Term Care, email=katies@health.ok.gov, c=US
Date: 2020.11.24 10:08:23 -06'00'

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State Department of Health

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Oklahoma State Department of Health

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

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Rhonda Harvey
Executive Director
405-359-1230
11-22-2020

SAGORA SENIOR LIVING

In-Service Sign-In Sheet

Date: 24 MAR 2020
Presenter(s)/Title:
Topic(s)/Agenda: STATE COMPLIANCE

Attendee – Printed Name	Position	Attendee - Signature
Kelly Hill	Cook	
Shawnda Womack	Server	
Clark Dang	Cook	
Lexy Davis	server	
Quinteas Bryant	Cook	
[illegible]	Cook	
[illegible]	[illegible]	
[illegible]	Dining room manage	
[illegible]	?	

SAGORA
SENIOR LIVING

SAGORA COMMUNICATION

TO:	Culinary Directors
FROM:	Christal Hoffman, Interim Corporate Director of Operations
DATE:	March 19, 2020
SUBJECT:	Culinary Dining Protocol for COVID-19

With the direction from the CDC, we are limiting residents' exposure to COVID-19 by reducing groups of residents to no larger than 10 people within 15 feet of each other. Because of that, we need to modify our dining rooms and dining procedures. Please review this entire document and ensure that you are keeping an open mind as we adapt to best serve our residents.

Items we will not be changing:

- First and foremost, we will not be substituting quality when providing meals for our residents. The menus and the presentation should not be compromised.
    - We will still offer soup, salad, two entree choices with a starch and vegetable and dessert, and an always available menu.
- We will still provide every meal with a smile and exceptional customer service.
- Encourage socialization and conversation at the tables of topics other than the virus.

All Dining: (IL, AL, MC)

- Ensure all residents understand that apartment deliveries and pick-up orders are always available.
- Stagger times of pick-up so we do not have more than 10 residents picking up food at the same time.
- Remove all tablecloths and ensure that correct COVID-19 cleaning products are being used to clean and disinfect the tables before and after resident use.
- Discontinue all buffet-style dining and salad bars. This includes continental breakfasts.
- Continental breakfast will be substituted with a dine-in experience with a modified breakfast menu.
- Use all disposable items in the dining room. **(See attached list of approved items)**
- Discontinue use of menu covers.
- Culinary Directors will resize their daily menus and print them.
- Servers will ensure that each place setting has a small menu for residents to circle their order.
- Each table should have four pens on the table (these need to be sanitized before and after resident use as well).

Memory Care Dining-

- Maintaining your normal dining and infection control standards that are in place should be efficient for our memory care dining rooms.
- Spread out tables as needed to ensure groups of 10 are 15-feet apart.
    - Example: For small dining rooms like The Westmore, Bellarose or The Veraden, utilize the activity area to spread out dining as needed.
    - For communities with multiple dining rooms, please use your best judgment.
- When associates are assisting with eating:
    - Do not assist more than one resident at a time.
    - Wash your hands for 20 seconds with soap and water before and after assisting residents.

IL and AL Dining:

In your individual community plans, most of you had great plans to separate the tables. Unless communicated otherwise, we encourage you all to put your plan in place and to:

- Utilize your bistro, bar, private dining rooms and game rooms as needed.
- Create dining room sections with tables of 10-tops or 3-4-tops 15-feet away from one another.

Mealtimes:

When possible, we recommend having two dining times and assigning specific residents to those times.

- Print a rent roll and categorize residents into the two mealtimes while taking into consideration:
    - Residents that sit together.
    - Early birds.
    - Late eaters.
- Communicate to the residents their new mealtime moving forward with the below items:
    - A letter talking through the changes with mealtime highlighted
    - One Call Now announcements
- We will not deny residents from eating if they come down at the wrong time, but we should implement a key associate schedule for (host/front of house) door and dining room occupancy control.
- If the maximum residents are in the dining room, the resident will need to wait until someone leaves.

Cottage residents that have a meal plan:

Dedicate a dining area in the community separate from the main dining room.

- Dedicated server if possible.
- All above items still apply.

Servers/Order Taking:

- Ensure that our servers have a dedicated dining room (IL stays in IL, AL stays in AL, etc.)
- Drinks are as normal.
- Place paper menus on the table for each resident to mark their choices. Always available menu to be printed on back.
    - Ensure pens are on the tables and that they are cleaned and sanitized before and

after each use.

Infection Control: HIGHLY IMPORTANT

- Ensure that trash is pulled to an area where used dishes do not go back into the kitchen.
- When possible, dedicate one person to bus the tables and ensure that they wear gloves when doing so.
    - This person should change gloves and wash their hands for 20 seconds with soap and water if they need to touch something clean.

Everyone must wash their hands when:

- After taking out garbage
- Clearing tables or busing dirty dishes
- Leaving and returning to the kitchen/prep area
- Touching anything else that may contaminate hands

If you have any questions or concerns, please reach out to me at Christal.Hoffman@Sagora.com or at (817) 718-7751.

Dented Cans

If you receive food that comes in a can, carefully inspect each can and look for seam defects (dents or creases). Due to the increased potential of botulism contamination in such canned goods, it is our practice that these cans be removed from any area that food is stored. They should be placed in a location that is clearly marked not for consumption. Contact the company that delivered the canned goods and ask them to reimburse you for the cost and how to dispose of the product.

Handwashing

Improper handwashing techniques are the number one cause of cross-contamination. To prevent this, all Associates should properly wash their hands after any act that they might have picked up a contaminate. This includes, but not limited to: coughing, sneezing, touching hair, smoking, handling potentially hazardous food, handling equipment or going to the restroom. The proper handwashing technique is to use as hot of water as you can stand, but at least 100 degrees. Use soap and scrub your hands together for at least 20 seconds, making sure you get between fingers and under finger nails. Rinse thoroughly after and dry your hands with a single use towel or a hot air dryer. All handwashing should be done at a dedicated handwashing station that is stocked with hot water, soap and disposable towels.

Single-Use Gloves

Single-use gloves have become a symbol of food safety and can inspire a false sense of security. Using disposable gloves should be an addition, not a substitute, for proper handwashing.

The 2017 Food Code, section 3-301.11 states:

"Except when washing fruits and vegetables, food employees may not contact exposed ready to eat food with their bare hands and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment".

Ready-to-eat food means food that is in a form that is edible without additional preparation to achieve food safety.

The longer gloves are worn, the more likely their effectiveness as a barrier deteriorates. Associates should ideally replace their gloves every two hours at minimum to guard against possible unseen punctures. Always change gloves if the gloves are ripped, torn, contaminated or if you are changing to a different food task.

It is critical to ensure that associates properly wash their hands according to the sagora handwashing policy before putting on gloves and immediately after removing them. Gloves are meant to prevent bare-hand contact with food served to consumers. Many food service associates falsely think gloves are protecting their own hands. Single-use gloves are to help reduce the spread of disease-causing organisms and cross-contamination when used appropriately.

SAGORA
SENIOR LIVING

Aberdeen Heights

QUARTERLY QUALITY ASSURANCE MEETING

Date submitted:	Quarter:
4/7/2020	1st- Jan-March 2020

Current Occupancy

80.20%

***Oklahoma Specific Attendee Requirements: A physician or RN (if a medical problem is monitored or investigated), Executive Director, Direct Care Associate or Med Aide, Pharmacist consultant (if a medication is to be monitored or investigated)**

Residents in Hospital or Rehab with Dx

Care Level	Hospital/ Rehab	Resident	Dx

Pending Move-Ins

Care Level	Resident	Primary Dx
		~~0~~ Due to COVID-19 Pending
		8 Total For Quarter
		(see Attached)

Move-Outs

Care Level	Resident	Reason for Move-Out
		Total = 14 Assisted Living 7
		Memory Care 6
		8- Deaths Independent 1
		2- Anothers Homer
		1- Competitor (See Attached)
		3- Higher LOC

THE VERADEN

Falls

Total number of falls: 24

Total number of repeat fallers (>3 per month): 2

Care Level	Resident	Actions to reduce risk
		See Attached

Care Level	Repeat Faller	Actions to reduce risk

Total number of falls on:

Day Shift:
Evening Shift:
Night Shift:

Total number of fractures:

How many repeat fallers had a fracture:

*	Care Level	Resident	Fracture Specifics
			None

THE VERADEN

Infections

Total number of infections: 32

Types of Infection

UTI:	14	Skin/wound:	5
GI:	0	Respiratory:	7
Other:	6	Explanation:	

Actions taken to prevent infections

Infection Control/handwashing, PPE In service w/Associates - Sanitation/handwashing guide posted for residents

Elopement

Number of elopements: ~~0~~

Care Level	Resident	Specifics

State Reportable Events

Number of State Reportable Events this Quarter: 8

Event	Residents involved	Specifics	Reported within required time frame?
Allegation of Abuse	∅		
Allegation of Neglect	∅		
Allegation of Misappropriation	∅		
Involving another provider	∅		
Unusual death	∅		

THE VERADEN

Concerns Resulting in Resident Relocation

Concern	Specifics
Fire	NONE
Storm Damage	NONE
Utility failure greater than 4 hrs	NONE

Safety Drills Performed this Quarter

Date	Safety Drill Type (Fire, Elopment, Evacuation)
	April - May - June (Tornado Drill Mthly
	JAN MAR - APR

State Visits

Number of complaint visits: 0
Tags given: 0

Annual Visit: 03-2020
Tags Given: 1
Culinary Tag

Director of Resident Services: Jamie Ellis

Community Mgr.
~~Executive Director~~: Rhonda Harvey

E-mail or fax to:
Regional Director of Operations, Resident Services Specialist, and Vice President of Operations.

QA MEETING

JANUARY-FEBRUARY-MARCH 2020

SAGORA SENIOR LIVING

Attendee – Printed Name	Position	Attendee - Signature
Ryan Dixon	Lifestyle	
JAMIE TILLIS	RN/RSD	
G HARDEN	CHEF	
April Johnston	Business Office	
Mary Geer	Sales & marketing Director	
Rhonda Harvey	Community Mgr.	

SAGORA
SENIOR LIVING

Aberdeen Heights

QUARTERLY QUALITY ASSURANCE MEETING

Date submitted:	Quarter:
6/25/2020	2nd Apr - June 2020

Current Occupancy

82%

***Oklahoma Specific Attendee Requirements: A physician or RN (if a medical problem is monitored or investigated), Executive Director, Direct Care Associate or Med Aide, Pharmacist consultant (if a medication is to be monitored or investigated)**

Residents in Hospital or Rehab with Dx

Care Level	Hospital/ Rehab	Resident	Dx

Pending Move-Ins

Care Level	Resident	Primary Dx
		12 Total for the quarter
		See Attached

Move-Outs

Care Level	Resident	Reason for Move-Out
		11 Total for the quarter
		See Attached
		10 - Death
		1 - transfer to a sister community

Falls

Total number of falls: 59

Total number of repeat fallers (>3 per month): 3

Care Level	Resident	Actions to reduce risk
		See Attached

Care Level	Repeat Faller	Actions to reduce risk

Total number of falls on:

Day Shift: 16
Evening Shift: 28
Night Shift: 15

Total number of fractures: 1

How many repeat fallers had a fracture: 0

*	Care Level	Resident	Fracture Specifics
		N/A	See Attached

Infections

Total number of infections: 31

Types of Infection

UTI:	22	Skin/wound:	3
GI:	4	Respiratory:	
Other:	2	Explanation:	

Actions taken to prevent infections

Elopement

Number of elopements: 0

Care Level	Resident	Specifics
	None	

State Reportable Events

Number of State Reportable Events this Quarter: 8

Event	Residents involved	Specifics	Reported within required time frame?
Allegation of Abuse			
Allegation of Neglect			
Allegation of Misappropriation	None		
Involving another provider			
Unusual death			

Concerns Resulting in Resident Relocation

Concern	Specifics
Fire	
Storm Damage	None
Utility failure greater than 4 hrs	

Safety Drills Performed this Quarter

Date	Safety Drill Type (Fire, Elopment, Evacuation)

State Visits

Number of complaint visits:	0	Annual Visit:	1
Tags given:	0	Tags Given:	1

Director of Resident Services: A New RSD was not here most 7th Quarter —

Executive Director: Rhonda Wavrey

E-mail or fax to:
Regional Director of Operations, Resident Services Specialist, and Vice President of Operations.

SAGORA SENIOR LIVING

In-Service Sign-In Sheet

Date: 6/25/20
Presenter(s)/Title: QA Meetings
Topic(s)/Agenda:

Attendee – Printed Name	Position	Attendee - Signature
Rhonda Harvey	CM	Rhonda Harvey
A Johnston	BOM	April Johnston
Mary Geer	SMD	Mary Geer
Ryan Dixon	Lifestyles	Ryan Dixon
Patti James	MCD	Patti James
Teresa Ratzloff	HR	Teresa Ratzloff

Falls

Total number of falls: 55

Total number of repeat fallers (>3 per month): 5

Care Level	Resident	Actions to reduce risk
		See Attached

Care Level	Repeat Faller	Actions to reduce risk

Total number of falls on:

Day Shift: 28

Evening Shift: 26

Night Shift: 1

Total number of fractures: 0

How many repeat fallers had a fracture: 0

*	Care Level	Resident	Fracture Specifics
			None

Infections

Total number of infections: 14

Types of Infection

UTI:	5	Skin/wound:	1
GI:	1	Respiratory:	1
Other:	5	Explanation:	

Actions taken to prevent infections
Infection control, hand washing, clean between each resident, wearing PPE according to CDC guidelines

Elopement

Number of elopements: 0

Care Level	Resident	Specifics

State Reportable Events

Number of State Reportable Events this Quarter: 13

Event	Residents involved	Specifics	Reported within required time frame?
Allegation of Abuse	No		
Allegation of Neglect	NO		
Allegation of Misappropriation	No		
Involving another provider	No		
Unusual death	NO		

Concerns Resulting in Resident Relocation

Concern	Specifics
Fire	N/A
Storm Damage	N/A
Utility failure greater than 4 hrs	N/A

Safety Drills Performed this Quarter

Date	Safety Drill Type (Fire, Elopment, Evacuation)
7-20-20	Elopment 11-7
4-20-20	" 7-3

State Visits

Number of complaint visits:	0	Annual Visit:	1
Tags given:	0	Tags Given:	1

Director of Resident Services: [signature]

Executive Director: Rhonda Harvey

E-mail or fax to:
Regional Director of Operations, Resident Services Specialist, and Vice President of Operations.

SAGORA

IN-SERVICE

SAGORA SENIOR LIVING

TITLE: Executive director	DATE: 9/30/2020
INSTRUCTOR: Rhonda Harvey	TIME: 9:00 AM

INFORMATION DISCUSSED

3rd Quarter QA.

ASSOCIATES IN ATTENDANCE

Rhonda Harvey
Deb Sears, RN
Teresa Ratzloff

OKLAHOMA
State Department
of Health

Delivery via email to: dsverson@sagora.com

May 24, 2021

License Number: AL5545

Mr. Darin Severson, Interim Administrator
The Veraden
2709 E Danforth Rd
Edmond, OK 73034

RE: Survey Event NDC412

Dear Mr. Severson:

On **May 3, 2021,** an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **March 17, 2020,** have now been corrected effective **September 30, 2020.**

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

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2021.05.24 09:58:06 -05'00'

Katie Stagner, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

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
	AL5545	A. BUILDING: _____ B. WING _____	R 05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE VERADEN	2709 E DANFORTH RD EDMOND, OK 73034

(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 completed on 05/03/21. Credible evidence of correction was submitted for all deficiencies.	{C 000}		

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