

Delivery via email to: pmiller@sagora.com

February 6, 2023

License Number: AL5545

Mr. Philip Miller, Administrator
The Veraden
2709 E Danforth Rd.
Edmond, OK 73034

Survey Event ID: PELD11

Dear Mr. Miller:

On **January 19, 2023**, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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 will be completed for each violation; and
- (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) 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 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 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.

If you have questions or need assistance, please feel free to send an email to 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.

Sincerely,

Katie Stagner

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

**INVESTIGATIVE REPORT
LICENSURE**

Facility: The Veraden
Address: 2709 E Danforth Road
City, State, Zip: Edmond, Oklahoma 73034
Provider #: AL5545
Complaint #: OK00059887
Investigation Date(s): January 18th – 19th, 2023

ALLEGATIONS	S = SUBSTANTIATED
	US = UNSUBSTANTIATED

1. The center failed to ensure medications were available and administered in a timely manner.	US
2. The center failed to provide ADL care to dependent residents.	S
3. The center failed to ensure resident property was not misappropriated.	US
4. The center failed to notify resident/residents' representatives of changes in condition.	S
5. The center failed to provide baths/showers according to schedule.	S

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

An unannounced on-site investigation was initiated on 01/18/2023 at 8:00 a.m.

A sample of five residents including any identified resident, was selected for the investigation based on the concerns relevant to the allegations.

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 unsubstantiated related to this allegation.

An investigation specific to the facility failing to ensure medications were available and administered in a timely manner was conducted.

Physician's orders were reviewed. Pharmacy delivery receipts for medication re-orders and newly ordered medications were reviewed. Medication administration records were reviewed.

Appropriate staff were observed administering medications to residents at the prescribed times.

Residents reported they received their medications on time. Medication administration staff able to describe acceptable time range for delivering medications. Administrative staff reported new orders are faxed to the pharmacy and delivered to the center within 24 hours of being received from the doctor, unless they are being provided by the residents' family.

At the time of the investigation, there was no deficient practice related to the facility failing to ensure medications were available and administered in a timely manner.

Allegation #2: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1304 for details.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the facility failing to ensure resident property was not misappropriated was conducted.

Resident council minutes were reviewed. Documentation acknowledging staff monitoring of items belonging to specific residents was reviewed.

Residents stated if they had something missing staff would look for it. Staff stated if a resident had missing items, they would notify the family and all staff would look for the item. Staff reported that extra effort is taken to keep residents from misplacing personal items.

At the time of the investigation, there was no deficient practice related to the facility failing to ensure resident property was not misappropriated.

Allegation #4: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1505 for details.

Allegation #5: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1304 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #2, #4, and #5. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

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. The deficient findings would be detailed in the Statement of Deficiencies.

Deficient practice was unsubstantiated for allegation #1 and #3. No further action is required.

A determination that an allegation was unsubstantiated (US) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Ernestine Scovens

Ernestine Scovens RN, CHFS

Date report completed: 01/24/2023

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2023
NAME OF PROVIDER OR SUPPLIER THE VERADEN		STREET ADDRESS, CITY, STATE, ZIP CODE 2709 E DANFORTH RD EDMOND, OK 73034		
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C 000	INITIAL COMMENTS A complaint investigation (#OK00059887) was conducted on 01/18/23 through 01/19/23. Listed below are abbreviations used throughout this document. ABT - antibiotic therapy ACMA - Advanced Certified Medication Aide AL - assisted living CVA - cerebral vascular accident DR - dining room EHR - electronic health record GERD - gastroesophageal reflux disease LPN - Licensed Practical Nurse MC - memory care RSC - Resident Services Coordinator RSD - Resident Services Director	C 000		
C1304 SS=D	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract. This REQUIREMENT is not met as evidenced by:	C1304		

Oklahoma State Department of Health

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

TITLE

(X6) DATE

Oklahoma State Department of Health

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C1304	Continued From page 1 Based on record review, observation, and interview the facility failed to: (1) provide toileting assistance for two (#2 and #4) of three sampled residents according to their service plan, and (2) provide baths or shower assistance to one (#3) of four sampled residents according to their service plans. The "Resident Cheat Sheets" for the assisted living and memory care units, submitted 01/18/23, documented 30 residents required assistance for bathing or showers and 23 residents required assistance for toileting. Ninety-one residents resided in the facility. Findings: A "Residency Agreement", last revised 01/12/22, read in part, " ...1.4 Individualized Service Plan: ...Associates will prepare an Individualized Service Plan that identifies the types of assistance and needs of the Resident ..." 1. Resident #2 had diagnoses that included encephalopathy and dementia. Res #2's "Oklahoma Memory Care HSE (Current) Results", dated 01/18/22, read in part, " ...Toileting Level of Assistance ...Total: Resident requires physical assistance with all tasks related to toileting ..." The "Resident Cheat Sheet" for the memory care unit documented Res #2 used a walker for mobility and required assistance with toileting. On 01/19/23 at 9:00 a.m., Res #2 was observed	C1304		

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C1304	Continued From page 2 sitting at a table in the DR eating breakfast. On 01/19/23 at 10:04 a.m., Res #2 was escorted to the common area to participate in current events activity. Res #2 had been observed without interruption from 9:00 a.m. to this time and no offer was made by staff for toileting. On 01/19/23 at 10:24 a.m., Res #2 was observed still sitting in the common area asleep in a chair during exercise activity. Res #2 had been observed without interruption from 10:04 a.m. to this time and no offer was made by staff for toileting. On 01/19/23 at 11:25 a.m., Res #2 was observed still sitting in the common area asleep in a chair during exercise activity. Res #2 had been observed without interruption from 10:24 a.m. to this time and no offer was made by staff for toileting. On 01/19/23 at 11:45 a.m., Res #2 was escorted from the activity area to a table in the DR in preparation for lunch. Res #2 had been observed without interruption from 11:25 a.m. to this time and no offer was made by staff for toileting. Res #2 was observed without interruption from 9:00 a.m. to 11:45 a.m. and no offer was made by staff for toileting. 2. Resident #4 had diagnoses that included chronic kidney disease and mild cognitive disorder. Res #4's "Resident Service Plan", dated 10/13/22, read in part, " ...12. Toileting ...Resident requires verbal prompts/cues for toileting tasks ..."	C1304		

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C1304	Continued From page 3 The "Resident Cheat Sheet" for the memory care unit documented Res #4 could bear weight during toileting but may urinate while standing once brief was removed. On 01/19/23 at 9:00 a.m., Res #4 was observed in wheelchair sitting at a table in the DR eating breakfast. On 01/19/23 at 9:50 a.m., Res #4 was observed to have completed breakfast and was still sitting at the table in the DR. Res #4 had been observed without interruption from 9:00 a.m. to this time and no prompts or cues were given by staff for toileting. On 01/19/23 at 10:04 a.m., Res #4 was escorted to the common area to participate in current events activity. Res #4 had been observed without interruption from 9:50 a.m. to this time and no prompts or cues were given by staff for toileting. On 01/19/23 at 10:24 a.m., Res #4 was observed still sitting in the common area participating in exercise activity. Res #4 had been observed without interruption from 10:04 a.m. to this time and no prompts or cues were given by staff for toileting. On 01/19/23 at 11:25 a.m., Res #4 was observed still sitting in the common area participating in exercise activity. Res #4 had been observed without interruption from 10:24 a.m. to this time and no prompts or cues were given by staff for toileting. Res #4 was observed without interruption from 9:00 a.m. to 11:25 a.m. and no prompts or cues	C1304		

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C1304	Continued From page 4 were given by staff for toileting. On 01/19/23 at 11:37 a.m., LPN #2 was asked how often residents on the memory care unit were toileted. They stated, "After every meal, before bed, and as needed throughout the day." LPN #2 was informed that this surveyor had been making continuous observations on the memory care unit, from 9:00 a.m. until 11:35 a.m., and noted that seven residents had been placed in the activity area after breakfast and had not been toileted to this time. LPN #2 stated, "No, but I will take care of it." On 01/19/23 at 12:08 p.m., CNA #1 was asked how often residents were to be toileted. They stated, "After breakfast and after lunch." CNA #1 was asked if the dependent residents on their unit had been toileted after breakfast today. They stated, "I don't know." CNA #1 was the only CNA assigned to the memory care unit for the day shift. 3. Resident #3 had diagnoses that included GERD and dementia. Res #3's "Service Plan", dated 12/29/21, read in part, "...09. Bathing ...Level of Assistance- Bathing: Extensive. Resident requires hands on assistance with participation by the resident to complete task ..." A "7 AM - 3 PM Shower List (Memory Care)", submitted 01/18/23, documented Res #3 was scheduled to receive showers on every Tuesday and Friday. It read in part, "...DOCUMENT IF SHOWER IS TAKEN OR REFUSED." A "Shower Skin Observation Report Forms" were	C1304		

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C1304	Continued From page 5 reviewed for 01/01/23 to 01/18/23. They documented Res #3 received one shower on 01/10/23 during this period. There was no documentation Res #3 had refused any showers during this period. On 01/19/23 at 10:24 a.m., Res #3 was brought to common activity area by family member who reported they had given Res #3 a shower. Res #3 was neat, clean, and dressed appropriately. On 01/19/23 at 11:17 a.m., LPN #1 was asked how she monitored if residents were receiving showers according to their service plans. They stated, "Whenever someone gives a bath or shower they have to fill out a shower sheet. Even if they refuse. Then it goes in my office in this box." On 01/19/23 at 12:08 p.m., CNA #1 was asked how resident baths were documented. They stated, "We fill out shower forms and give them to the RSC. If residents refuse we fill out a form that says the resident refused and turn it in." On 01/19/23 at 3:51 p.m., LPN #1 was asked if there was any additional documentation of baths or showers received or refused by Res #3 for the period 01/01/23 to 01/18/23. They stated, "No more I can produce."	C1304		
C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B	C1505		

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C1505	Continued From page 6 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview the facility failed to provide notification of change in condition to the resident representative for one (#3) of three sampled residents started on antibiotic therapy. The "Resident List", submitted 01/18/23,	C1505		

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C1505	Continued From page 7 documented 91 residents resided in the facility. Findings: A "Change of Condition" policy, dated 09/09/20, read in parts, "A change of condition will be evaluated and documented ...Non-Emergent ...1. The physician and legal responsible party will be notified ...within 24 hours ...3. Document the occurrence in the notes section of [EHR] ..." Resident #3 had diagnoses that included GERD and dementia. An "eMAR Summary", dated 06/01/22 to 06/30/22, read in part, " ...Nitrofurantoin Macrocrystal Oral Capsule 100 MG ...1 Capsule by mouth Two times per day ..." There was no documentation in the nurse's notes that resident representative was notified of resident's change of condition and treatment with ABT started 06/07/22. An "eMAR Summary", dated 11/01/22 to 11/30/22, read in part, " ...Macrobid Oral Capsule 100 MG ...1 Capsule by mouth Two times per day ..." There was no documentation in the nurse's notes that resident representative was notified of resident's change of condition and treatment with ABT started 11/16/22. On 01/19/23 at 8:56 a.m., LPN #2 was asked how, when, and by whom are resident representatives notified of resident changes in condition. They stated, "They would be notified by me or LPN #1 by phone when the change is reported." LPN #2 was asked if the family	C1505		

Oklahoma State Department of Health

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C1505	Continued From page 8 notification was documented. They stated, "It should be documented in the EHR." On 01/19/23 at 11:37 a.m., LPN #1 was asked how, when, and by whom are resident representatives notified of resident changes in condition. They stated, "When I am here I call them." LPN #1 was asked if the family notification was documented. They stated, "It should be documented in the EHR." LPN #1 was asked to verify there was no documentation in the EHR that Res #3's family representative had been notified of their change in condition or treatment with ABT on 06/07/22 or on 11/16/22. On 01/19/23 at 4:16 p.m., LPN #2 was asked if the family representative should be notified when a resident has a change in condition. They stated, "Yes." LPN #2 was asked to verify there was no documentation in the EHR that Res #3's family representative had been notified of their change in condition or treatment with ABT on 06/07/22 or on 11/16/22. LPN #2 was asked if Res #3's family representative had been notified in these two cases. They stated, "I don't know."	C1505		

Delivery via email to: pmiller@veradenlife.com

March 3, 2023

License Number: AL5545

Mr. Philip Miller, Administrator
The Veraden
2709 E Danforth Rd
Edmond, OK 73034

Survey Event ID: PELD11

Dear Mr. Miller:

On **January 19, 2023**, a complaint 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 **March 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
Digitally signed by Tempal Killman
Date: 2023.03.03 08:30:32 -06'00'

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

enc



Oklahoma State
Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 2/20/2023

Facility Name: The Veraden

License Number: AL5545-5545

Survey Event ID: PELD11

Date Survey Completed: 1/19/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1304 SS=D

Based on: (1) provide toileting assistance for two (#2 and #4) of three sampled residents according to their service plan, and (2) provide baths or shower assistance to one (#3) of four sampled residents according to their service plans.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan is not to be construed as an admission of our agreement with the findings and conclusions of the statement of deficiencies. Rather it is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation(s) or finding.

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

OSDH Response: Element accepted Yes ☐ No ☐

3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

OSDH Response: Element accepted Yes ☐ No ☐

ASSISTED LIVING CENTER'S PLAN ELEMENTS

Community provided in-service training involving the residents identified and their service plans for Showers and toileting to caregivers providing cares and services to identified residents.

Service plans have been reviewed and updated as necessary.
In-service held to educate caregivers on process for delivering care to residents to include showers and toileting. In-service also included when a resident refuses care and how to communicate and to whom.

Daily (M-F) rounds will be made by the RSD and RSC to follow up with care staff and review communication book. Care staff are to report refusal of care to RSD/RSC when it happens so that refusals can be communicated to family by the RSD/RSC.

Service plans have been updated

Care stream will be monitored by RSD/RSC daily to ensure cares have been provided

Observe cares being provided and report results to QA meeting.

Observing cares provided and documentation randomly to ensure completeness of the process.

3/10/2023

Administrator's Signature

OAC 310:663-25-4(F)

Date 2/20/2023

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
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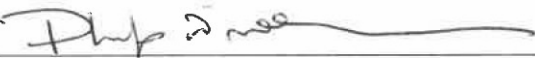
Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: [Click here to enter a date.](#) Surveyor: [Surveyor](#)

If Plan of Correction is unacceptable, the reasons are as follows: [Click here to enter text.](#)

Facility in Compliance by: [Click here to enter a date.](#)

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE			
			Current Date: 2/20/2023	
			Facility Name: The Veraden	
			License Number: AL5545-5545	
			Survey Event ID: PELD11	
Date Survey Completed: 1/19/2023				
SUMMARY OF DEFICIENCY CITED BY OSDH				
ID Prefix Tag: C1505 SS=D	Based on: provide notification of change in condition to the resident representative for one (#3) of three sampled residents started on antibiotic therapy.			
ASSISTED LIVING CENTER'S PLAN OF CORRECTION				
Assisted Living Center's Comments: This plan is not to be construed as an admission of our agreement with the findings and conclusions of the statement of deficiencies. Rather it is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation(s) or finding.				
REQUIRED ELEMENTS OF A PLAN		ASSISTED LIVING CENTER'S PLAN ELEMENTS		
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?		Inserviced care staff regarding communication about change in condition. RSD/RSC will notify family/responsible party of change in condition of resident to include receiving antibiotic orders from PCP.		
OSDH Response: Element accepted Yes ☐ No ☐				
2. How will other residents having the potential to be affected by the same deficient practice be identified?		Inserviced care staff regarding communication about change in condition. RSD/RSC will notify family/responsible party of change in condition of resident to include receiving antibiotic orders from PCP.		
OSDH Response: Element accepted Yes ☐ No ☐				
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?		1) Antibiotics to treat infections will be placed in the narcotic lock box to be counted and ensured accurate delivery of entire course of medication for resident. 2) Ensuring the antibiotic course is delivered also will give the RSD/RSC assurance that the antibiotic has been delivered and communication has been made to family that the medication has been started.		
OSDH Response: Element accepted Yes ☐ No ☐				
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		RSD/RSC will evaluate the effectiveness of signing out the antibiotics as they are administered to ensure that the entire amount ordered is given. RSD/RSC will ensure that documentation in the progress notes including that the POA/representative has been notified of the change of condition that warranted the need for antibiotic therapy is noted in the progress notes. RSD/RSC will track and trend progress notes and report to QA meeting results.		
OSDH Response: Element accepted Yes ☐ No ☐				
5. On what date will corrective action be completed?		3/10/2023		

OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature  OAC 310:663-25-4(F)			Date 2/20/2023
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			

Delivery via email to: pmiller@veradenlife.com

April 28, 2023

License Number: AL5545

Mr. Philip Miller, Administrator
The Veraden
2709 E Danforth Rd
Edmond, OK 73034

Survey Event ID: PELD12

Dear Mr. Miller:

On **April 27, 2023**, a complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **January 19, 2023**, have now been corrected effective **March 10, 2023**.

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

Sincerely,

Katie Stagner

Katie Stagner, Enforcement 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: AL5545	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 04/27/2023
NAME OF PROVIDER OR SUPPLIER THE VERADEN			STREET ADDRESS, CITY, STATE, ZIP CODE 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 revisit was conducted 04/27/23. All deficiencies from the 01/19/23 survey were cleared.	{C 000}			

Oklahoma State Department of Health

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

TITLE

(X6) DATE