OKLAHOMA
State Department
of Health

Delivery via email to: ncook@sagora.com

March 8, 2024

License Number: AL5545

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

RE: Survey Event ID: IXLX11

Dear Mr. Miller:

On **February 23, 2024**, agents from our office concluded a State Licensure survey 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 **February 23, 2024**.

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:

(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) 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 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,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **The Veraden Assisted Living**
Address: **2709 E Danforth Rd**
City, State, Zip: **Edmond, OK, 73034**
Provider #: **AL5545**
Complaint #: **OK00062326**
Investigation Date(s): **02/20/24 through 02/23/24**

ALLEGATION(S)

The center failed to ensure residents did not have injuries of unknown origin.
The center failed to have competent staff to provide care for residents with dementia.
The center failed to ensure assistance with activities of daily living was provided according to the contract.
The center failed to ensure adequate staff to meet the needs of the residents.
The center failed to ensure services were provided according to the contract and the services advertised by the center.

An unannounced on-site investigation was initiated 02/20/2024 at 10:15 a.m.

A sample of ten residents, including any identified residents, 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 Summary of Complaint Investigation: Upon entrance and throughout the survey residents were observed moving about the facility independently and some with the assistance of staff. Residents denied abuse and no bruises were noted. Residents, staff, and family members were interviewed regarding abuse, staffing, and assistance with activities of daily living. A record review was conducted which included resident assessments, resident care plans, physician orders, policies and procedures, contracts, in-services, and incident reports. Resident council minutes and grievances were also reviewed.

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: 02/20/2024

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 02/23/2024

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 relicensure survey was conducted from 02/20/24 through 02/23/24. A complaint investigation (#OK00062326) was conducted in conjunction with the survey. Facility Census: 99 Listed below are abbreviations that will be used throughout this documented. CNA - certified nurse aide DM - dietary manager	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, record review, and interview the facility failed to prepare and serve food under sanitary conditions. The administrator identified 99 residents who ate meals prepared by the kitchen. Findings: A facility policy titled "FOOD HANDLING" documented "...All staff are required to have their hair styled so that it does not touch the collar,....Hair restraints are required and should cover all hair on the head...Beard nets are required when facial hair is visible.." On 02/22/24 at 7:40 a.m., a kitchen observation	C 391		

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 02/23/2024

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

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C 391	Continued From page 1 was conducted. There was a black substance covering the walls and doors of the oven. There was a cookie sheet under the grill side of the oven filled with about an inch deep of a black substance. Dietary cook #1 was wearing a ball cap with their hair out from the sides of the cap to the base of their neck. The cook was not wearing a hair restraint. On 02/22/24 at 7:55 a.m., dietary cook #1 stated the black substance in the oven and on the cookie sheet was grease and burned food particles. The cook stated they did not know when the last time the oven or grill was cleaned. The cook stated there was not documented cleaning schedule. On 02/22/24 at 8:00 a.m., a staff member was observed entering the kitchen and obtained a ladle from the food prep area. The staff was not wearing a hair restraint. The staff stated they were a CNA from the memory unit and needed a ladle. On 02/22/24 at 8:10 a.m., dietary server #1 entered the food prep area two times to obtain a bowl without wearing a hair restraint. On 02/22/24 at 8:21 a.m., the dietary staff/dishwasher had their hair covered on top of there head, but had long hair that was past their shoulders that was not restrained. On 02/22/24 at 8:24 a.m., the DM stated any staff entering the food prep or cooking area should be wearing a hair restraint. The DM stated no documented current cleaning schedule, just tell staff verbally cleaning needs. The DM stated the oven looked like it had not been cleaned in weeks.	C 391		

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 02/23/2024

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

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OKLAHOMA
State Department
of Health

Delivery via email to: dmasten@sagora.com

April 4, 2024

License Number: AL5545

Ms. Deborah Masten, Administrator
The Veraden
2709 E Danforth Rd
Edmond, OK 73034

RE: Survey Event IXLX11

Dear Ms. Masten:

On **February 23, 2024**, a Licensure inspection with a complaint investigation was conducted at your Assisted Living Center facility. 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 **April 19, 2024**.

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

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 3/13/2024** **Facility Name:** The Veraden **License Number:** AL5545 **Survey Event ID:** IKLX11 **Date Survey Completed: 2/23/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 391	Based on: This STANDARD is not met as evidenced by:C 391Based on observation, record review, andinterview the facility failed to prepare and servefood under sanitary conditions

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The following is the Plan of Correction for The Veraden Assisted Living & Memory Care regarding the Statement of Deficiencies dated February 23,2024. This Plan of Correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or any related sanction or fine. Rather, it is a submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective.

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?	Education had been provided to all team members to include culinary team members on the importance of hair restraints and how to wear hair restraints properly. Education was also provided on proper cleaning for the kitchen area and the importance of cooking and serving meals from a clean kitchen. Once education was provided, hair restraint stations were impletmented and a cleaning schedule was developed and carried out.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Implementing hair restraint areas and an appropriate cleaning schedule will ensure that all potential residents are not affected in the future. As this deficieny has the potential to affect all residents.
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?	The culinary director and the executive director have implemented hair restraint stations at all doors leading into the kitchen and posted hair restraint areas. CD and ED have inserviced all staff to restrain hair properly while serving and wear hair restraints when entering the food preparation areas of the kitchen. Culinary director has created an appropriate cleaning schedule checklist for all areas of the kitchen to include all equipment, cooking utensils, floors, walls, and ceiling to maintain proper cleanliness.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:	Culinary director will monitor weekly compliance of hair restraint supply, spot checking for hair restraints in appropriate areas, and oversee cleaning completion.

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.	Executive director will monitor effectiveness of compliance of use of hair restraints and cleaning shcedule monthly. Executive director will oversee all tasks and evaluate for effectiveness and make changes if needed to ensure each correction is sustained. Culinary Director will present results of new systems put into place will be reviewed in Quality Assuance meeting for effectiveness. Culinary director will keep a binder of education materials and cleaning chesklists as evidence of the correction.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/19/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date** Enter a date of signature. 4-3-24

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.

OKLAHOMA
State Department
of Health

Delivery via email to: dmasten@sagora.com

April 24, 2024

License Number: AL5545

Ms. Deborah Masten, Administrator
The Veraden
2709 E Danforth Rd
Edmond, OK 73034

RE: Survey Event IXLX12

Dear Ms. Masten:

On **April 23, 2024,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 23, 2024,** have now been corrected effective **April 19, 2024.**

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

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5545	A. BUILDING: _____ B. WING _____	R-C 04/23/2024

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 revisit was conducted on 04/23/24. All deficiencies from the 02/23/24 survey were cleared. facility census: 103	{C 000}		

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