OKLAHOMA
State Department
of Health

Delivery via email to: vickie_tipton@yahoo.com

January 24, 2024

License Number: RC1804
Survey Event ID: **6NHV11**

Ms. Randi Todd, Administrator
Santa Fe Residential Care Home
P.O. Box 148
Vinita, OK 74301

Dear Ms. Todd:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **January 18, 2024**.

The deficiencies cited resulted in the potential for no more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the space provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

- A statement of exactly how the facility has or intends to correct each deficiency.
- The method of correction. This includes who is responsible for the correction.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- A reasonable date of correction, which will normally be within 30 days of this notice.

  NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **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 this completed form for your files.

In the event that we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable and we will request another Plan of Correction. If your plan of correction is acceptable, there will be no acknowledgement. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 426-8200.

OKLAHOMA
State Department
of Health

In accordance with O.S. 63 830.1, 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 833-RC). 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 833RC and the Oklahoma IDR Process Residential Care Centers.

The IDR request must be submitted within 30 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 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.

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: **Santa Fe Residential Care Home**
Address: **618 East Canadian**
City, State, Zip: **Vinita, OK 74301**
Provider #: **RC1804**
Complaint #: **OK00061707**
Investigation Date(s): **01/17/24 and 01/18/24**

ALLEGATION(S)

The home failed to ensure resident's rights were honored.

An unannounced on-site investigation was initiated 01/17/2024 at 11:40 a.m.

A sample of eight residents, including any 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:

Observations were made of meal services, staff and resident interactions, environment, food storage and medications being administered. Staff was observed passing medications to residents as ordered by the physician. No resident was observed providing medications to other residents. Residents were observed throughout the survey to be well groomed and free of odors. All bathrooms in the facility were observed to have operating showers, and were clean. The dining area and common areas were clean and no black like substances were observed. Residents were observed accessing funds to buy snacks and drinks.

Residents were interviewed regarding medications being received as ordered, treatment by staff, other residents, and visitors. They were interviewed about meals, peroneal properly, grooming and hygiene, pest control, access to funds, contracts and monthly charges for rent.

Staff was interviewed regarding the discharging of residents, when they terminate payment of rent after a resident no longer was at the facility and/or they could not meet the level of care.

Facility records were reviewed to include policies and procedures, resident council, grievances, contracts, account ledgers, and pest control. n

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: 01/22/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Santa Fe Residential Care Home**
Address: **618 East Canadian**
City, State, Zip: **Vinita, OK 74301**
Provider #: **RC1804**
Complaint #: **OK00062190**
Investigation Date(s): **01/17/24 and 01/18/24**

ALLEGATION(S)

The home failed to ensure residents were not physically, verbally or psychosocially abused.
The home failed to ensure qualified staff were administering resident medications.
The home failed to ensure residents' property was not misappropriated.
The home failed to ensure adequate, palatable, nutritious food was available for residents.
The home failed to ensure a safe, clean and homelike environment.

An unannounced on-site investigation was initiated 01/17/2024 at 11:40 a.m.

A sample of eight residents, including any 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:

Observations were made of meal services, staff and resident interactions, environment, food storage and medications being administered. Staff was observed passing medications to residents as ordered by the physician. No resident was observed providing medications to other residents. Residents were observed throughout the survey to be well groomed and free of odors. All bathrooms in the facility were observed to have operating showers, and were clean. The dining area and common areas were clean and no black like substances were observed. Menus were observed posted in the facility and the facility had sufficient food on hand for the menus in excess of three days. Resident rooms and common areas were observed to be free of pest including bed bugs.

Residents were interviewed regarding medications being received as ordered, treatment by staff, other residents, and visitors. They were interviewed about meals, peroneal properly, grooming and hygiene, pest control, access to funds, and monthly charges for rent.

Staff was interviewed regarding the medications being received as ordered, mistreatment by staff or other residents, falls, skin conditions, weight loss, and meal service. Staff was also interviewed about their knowledge of the facility abuse policy and procedures. All staff were knowledgeable of the facility policy on abuse and who to report any allegations to for investigation.

Facility records were reviewed to include policies and procedures, abuse investigations, resident council, grievances, contracts, account ledgers, and pest control. Employee files were also reviewed for abuse training and pre-hire screening.

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: 01/22/2024

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
	RC1804	A. BUILDING: _____ B. WING _____	C 01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA FE RESIDENTIAL CARE HOME	618 EAST CANADIAN VINITA, OK 74301

(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 (OK00061707 and OK00062190) were conducted on 01/17/24 and 01/18/24. Facility census: 18	R 000		
R 712 SS=E	310:680-15-1 (g) RESIDENT'S CONTRACT (g) The contract shall provide that if the resident dies, or is compelled by a change in physical or mental health to leave the residential care home, the contract and all obligations under it shall terminate immediately. All charges shall be prorated as of the date on which the contracts terminates, and, if any payments have been made in advance, the excess shall be refunded to the resident. This Rule is not met as evidenced by: Based on record review and interview the facility failed to terminate a contract once a resident was no longer able to provide self care, ambulate, and was no longer at the facility for one (#8) of one sampled resident reviewed for termination of contracts. Findings: Resident #8's contract, dated 07/02/18, read in part, "...Rates, Refund...policy...monies will be refunded equal to the cost of care for the remainder of the month..." A review of the Resident #8 ledgers for monthly rent payments, from 01/01/23 through 11/30/23, documented the resident was paying monthly rent in the amount of $1,030 a month.	R 712		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA FE RESIDENTIAL CARE HOME	618 EAST CANADIAN VINITA, OK 74301

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R 712	Continued From page 1 A ledger entry, dated 04/03/23, read in part, "...took $50 to [Resident #8] at [Name deleted facility] for canteen..." A ledger entry, dated 11/04/23, read in part, "... $1,030 rent...$150 cash...back at [Name deleted Facility]..." On 01/18/24 at 9:50 a.m., the administrator stated there was no policy for charging residents when they are no longer at the facility and can not care for themselves. The administrator stated Resident #8 had been sent to Oklahoma City for a surgery the end of February 2023 and never returned. The administrator further stated they went off the doctors and the facility he was in that he would return. After reviewing the regulation the administrator stated the facility should have a policy that after 30 days the resident is discharged and monthly rent stopped.	R 712		

OKLAHOMA
State Department
of Health

Delivery via email to: vickie_tipton@yahoo.com

February 8, 2024

License Number: RC1804
Survey Event ID: 6NHV11

Ms. Randi Todd, Administrator
Santa Fe Residential Care Home
P.O. Box 148
Vinita, OK 74301

Dear Ms. Todd:

On **January 18, 2024**, agents from our office completed a complaint investigation at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **R0712:** The plan of correction does not address the issue of continuing to charge a resident monthly rent after they no longer were able to meet criteria to reside in a Res Care. The regulation states:

> (g) The contract shall provide that if the resident dies, or is compelled by a change in physical or mental health to leave the residential care home, the contract and all obligations under it shall terminate immediately. All charges shall be prorated as of the date on which the contracts terminates, and, if any payments have been made in advance, the excess shall be refunded to the resident.

An amended plan of correction is due within 10 days of receipt of this notice.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
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
	RC1804	A. BUILDING: _____ B. WING _____	C 01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA FE RESIDENTIAL CARE HOME	618 EAST CANADIAN VINITA, OK 74301

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

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
	RC1804	A. BUILDING: _____ B. WING _____	C 01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA FE RESIDENTIAL CARE HOME	618 EAST CANADIAN VINITA, OK 74301

(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
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Santa Fe Residential Care Home

Resident Room Hold Policy

_____ requests room be held while they are away. This needs updated every 90 days if away from facility for this duration. If resident/ guardian chooses to not renew all personal items shall be removed from contract end date.

_____ _____

Resident Signature Date

_____ _____

Administrator Signature Date

OKLAHOMA
State Department
of Health

Delivery via email to: vickie_tipton@yahoo.com

March 5, 2024

License Number: RC1804
Survey Event ID: 6NHV11

Ms. Randi Todd, Administrator
Santa Fe Residential Care Home
P.O. Box 148
Vinita, OK 74301

Dear Ms. Todd:

On **January 18, 2024**, a complaint investigation was conducted at your Residential Care Facility. Deficiencies were identified and we have received your amended plan of correction for these deficiencies. Your amended plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **February 15, 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,

Clorissa Nubine

Clorissa Nubine, 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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA FE RESIDENTIAL CARE HOME	618 EAST CANADIAN VINITA, OK 74301

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

Randi Todd — 2/15/24

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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA FE RESIDENTIAL CARE HOME	618 EAST CANADIAN VINITA, OK 74301

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Santa Fe Residential Care Home

Resident Room Hold Policy

_____ requests room be held while they are away. This policy will be reviewed every 30 days for any changes in resident status. If resident doesn't meet admission criteria a refund will be prorated and made to resident/guardian. If resident/ guardian chooses to not renew all personal items shall be removed from contract end date.

_____ _____

Resident Signature Date

_____ _____

Administrator Signature Date

OKLAHOMA
State Department
of Health

Delivery via email to: vickie_tipton@yahoo.com

April 2, 2024

License Number: RC1804
Survey Event ID: 6NHV12

Mr. Randi Todd, Administrator
Santa Fe Residential Care Home
618 East Canadian
Vinita, OK 74301

Dear Mr. Todd:

On **March 27, 2024**, an offsite/paper revisit was conducted at your facility by this agency. The findings of that visit indicate that the deficiencies cited during your survey on **January 18, 2024,** have now been corrected and your facility is in compliance with licensure standards effective **February 15, 2024**.

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

Respectfully,

Clorissa Nubine

Clorissa Nubine, 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
	RC1804	A. BUILDING: _____ B. WING _____	R-C 03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA FE RESIDENTIAL CARE HOME	618 EAST CANADIAN VINITA, OK 74301

(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 On 03/27/23, an offsite/revisit was conducted. The deficiencies were cleared.	{R 000}		

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