



Delivery via email to: von@cotc.net

June 30, 2021

License Number: RC5403
Survey Event ID: W8HK11

Ms. Addie Miller, Administrator
V-J's Residential Care Home, LLC
V-J's Residential Care Home
P.O. Box 57
Paden, OK 74860

Dear Ms. Miller:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **June 9, 2021**.

The deficiencies cited resulted in deficiencies representing the potential for 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 spaces 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.



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.

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2021.06.30 10:33:02 -05'00'

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

Enclosure

**INVESTIGATIVE REPORT
LICENSURE**

Facility: V-Js Residential Care Home
Address: 224 S. Cedar St.
City, State, Zip: Paden OK 74860
Provider #: RC5403
Complaint #: OK00057037
Investigation Date(s): 06/08/21 through 06/09/21

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
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1. The home failed to have and/or implement their abuse policy.	US
2. The home failed to provide a safe clean environment and failed to give residents choices in spending their money.	S

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

An unannounced on-site investigation was initiated on Tuesday, June 8, 2021 at 7:00 a.m.

A sample of eight 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 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 abuse was conducted.

The staff was observed interacting with the residents appropriately. The staff was not yelling at the residents during the survey. The residents were interacting with each other appropriately.

The residents stated they felt safe in the home; were not touched inappropriately and the staff had not yelled at them. One resident stated she had observed the staff being firm with some of the residents but not yelling at

them. One resident stated the staff talked to him sternly about smoking in his room. One resident stated she was yelled at but when the resident was asked about the incident, the resident could not recall what had happened. One resident stated he felt like the employees were in his business all of the time.

The staff was asked about inappropriate relationships between the residents. They stated they were not aware of anything. The staff was informed of an allegation from an outside agency of inappropriate sexual touching. The business manager stated she would do an investigation.

Incident reports, resident records, resident council, in-services and policies and procedures were reviewed during the investigation. No incident reports, grievances or complaints concerning abuse was documented.

However abuse will be cited related to misappropriation of resident funds.

Allegation #2: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag R158, R236, R325, R345, R356, R357, and R720 for details.

Other Concerns related to residents being overmedicated was conducted and was unsubstantiated.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. 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.

Deficient practice was substantiated for allegation #2. 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.

Thank you for bringing these concerns to our attention.



Billie Seeman, RN, Clinical Health Facility Surveyor III

Date report completed: 06/14/2021

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/09/2021
NAME OF PROVIDER OR SUPPLIER V-J'S RESIDENTIAL CARE HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 224 NORTH CEDAR PADEN, OK 74860		
(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 An abbreviated survey was conducted on 06/08/21 and 06/09/21 to investigate complaint #OK00057037. Total residents: 17	R 000		
R 158 SS=E	63 O.S. 1-1918.B.12. RIGHTS-Abuse, Neglect, Seclusion & Restraints Section 1-840. Other provisions applicable to residential care homes Residential care homes subject to the provisions of the Residential Care Act shall comply with the provisions of Sections 1-1909, 1-1910, 1-1914.1, 1-1914.2, 1-1915, 1-1917, 1-1918, 1-1919, 1-1920, 1-1921, 1-1922, 1-1924, 1-1926, 1-1927, 1-1930, 1-1939, 1-1940 and 1-1941 of this title. 63 O.S. 1-1918(B)12. Every resident shall be free from mental and physical abuse and neglect, as such terms are defined in Section 10-103 of Title 43A of the Oklahoma Statutes, corporal punishment, involuntary seclusion, and from any physical and chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms, except those restraints authorized in writing by a physician for a specified period of time or as are necessitated by an emergency where the restraint may only be applied by a physician, qualified licensed nurse or other personnel under the supervision of the physician who shall set forth in writing the circumstances requiring the use of restraint. Use of a chemical or physical restraint shall require the consultation of a physician within twenty-four (24) hours of such emergency;	R 158		

Oklahoma State Department of Health

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

TITLE

(X6) DATE

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R 158	Continued From page 1 43A-10-103.(A)8. "Abuse" means causing or permitting: a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, or mental anguish, or b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult. 43A-10-103.(A)10. "Neglect" means: a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest, b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services. This Rule is not met as evidenced by: Based on interview and record review it was determined the home failed to ensure resident's stimulus funds were distributed to the residents for four (#2, #5, #7 and #8) of seven residents whose financial records were reviewed. The business manager identified 10 residents whose funds were managed by the home. Findings	R 158		

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R 158	Continued From page 2 The home's policy, titled, 'Resident Rights and Responsibilities', not dated, documented, "...Each resident has the right to easy access to his/her personal funds on deposit with the facility, and shall be entitled to an accounting for said funds..." The contract for resident #2, dated 07/02/19, documented, "...In the event that the resident shall entrust to the home any sum of money or other valuables, the resident can expect a quarterly accounting and shall be asked to sign the ledger each time a withdrawal is made by that resident..." The business manager stated this statement was included in all of the resident's contracts. On 06/08/21 between 11:30 a.m. and 1:15 p.m., residents #2, #5, #7, and #8 all stated they had not received the three stimulus payments issued by the government. On 06/08/21 at 2:00 p.m., the financial records were reviewed with the business manager. The business manager stated the first \$600.00 stimulus payment came in a paper check and she cashed the checks and gave the money to the residents. No documentation was provided the residents received the money. The business manager showed deposits of \$1200.00 to the home's beneficiary account for the second stimulus payment for the residents. She was asked if the residents received the money. She stated they spent it all and then stated it remained in the account. She also stated the money was not in the resident's personal accounts. No documentation was provided the residents received the money or the money had been deposited in their personal accounts.	R 158		

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R 158	Continued From page 3 A residential money sheet for resident #2, #5, #7 and #8 all had a starting balance of \$1400.00. Resident #2 had a pharmacy bill and two cash deductions. The form was not signed by the resident to indicate the resident received the money. Resident #5 had a pharmacy bill and a cash deduction. The form was not dated or signed to indicate the resident received the money. Resident #7 had a pharmacy bill, hospital bill and a cash deduction. The form was not dated or signed by the resident to indicate the resident received the money. Resident #8 had a pharmacy bill and a cash deduction. The form was not signed or dated to indicate the resident received the money. The business manager stated the \$1400.00 was the third stimulus payment. She stated the residents' bills were paid out of the \$1400.00. She was asked where the rest of their money was located. She stated it remained in the home's beneficiary account. She stated she did not know she needed to keep track of the stimulus money because it was not from social security.	R 158		
R 236 SS=E	310:680-3-7 (b)(9) RESIDENT RECORDS/RESIDENT'S FUNDS (b) Every resident record shall be written in ink and include as a minimum, the following information: (9) An accounting of the resident's funds received and or distributed by the residential care home.	R 236		

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R 236	Continued From page 4 This Rule is not met as evidenced by: Based on interview and record review, it was determined the home failed to keep an accurate record of resident funds for six (#1, 2, 4, 5, 7 and 8) of seven sampled residents whose records were reviewed for funds received and distributed by the home. The business manager identified 10 residents whose finances were managed by the home. Findings: The home's policy, titled, 'Resident Rights and Responsibilities', not dated, documented, "...Each resident has the right to easy access to his/her personal funds on deposit with the facility, and shall be entitled to an accounting for said funds..." The contract for resident #2, dated 07/02/19, documented, "...In the event that the resident shall entrust to the home any sum of money or other valuables, the resident can expect a quarterly accounting and shall be asked to sign the ledger each time a withdrawal is made by that resident..." The business manager stated this statement was included in all of the resident's contracts. On 06/09/21 at 7:11 a.m., the business manager was asked if the residents' received the three stimulus payments. She stated yes. She was asked for the documentation of the money received and distributed. She stated she did not know she needed to keep track of the funds. The business manager stated she did not have the residents sign for the money.	R 236		

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R 236	Continued From page 5 The home did not provide documentation the \$600.00 stimulus payment or the \$1200.00 stimulus payment was distributed to the residents and provided incomplete documentation of the distribution of the \$1400.00 stimulus payment.	R 236		
R 325 SS=E	310:680-5-6 (c) BUILDING ELEMENTS - DOORS/WINDOWS (c) All doors and windows opening to the outside for ventilation shall be screened. Screens shall be well fitted and in good repair. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to ensure all doors and windows had screens. The facility reported 17 residents resided in the home. Findings: On 06/08/2021 at 7:40 a.m., an inspection was completed around the perimeter of the main building. There were two window screens missing on the front of the building and five window screens missing from the back of the building. At 8:08 a.m., employee #1 was shown the missing screens and asked if the windows should have screens. She stated yes, the screens had been removed for placement of window air	R 325		

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R 325	Continued From page 6 conditioning units last summer, and never replaced.	R 325		
R 345 SS=E	310:680-5-7(I) RESIDENT ROOMS - MATTRESS/BED LINENS (I) Each resident's bed shall have a comfortable mattress and bed linens which are clean and in good condition. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to provide clean sheets in good repair and without stains. The facility reported 17 residents resided in the home. Findings: On 06/08/21 at 7:24 a.m., a tour was made of the resident rooms. Seven resident beds were observed to be without sheets. Two resident's sheets were observed to have dark colored stains and debris on them. One bed had torn mattress protector and several beds without sheets had dirty mattress protectors. The linens the residents had on their beds were dirty. At 7:50 a.m., employee #1 was asked about the missing sheets. She stated some residents wet the bed at night and took the sheet off in the morning when they got up. Other residents did not like sleeping on sheets, so they pulled them off. When asked about the visible staining and dirt on the sheets, she stated some residents slept with their shoes on and sometimes they	R 345		

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R 345	Continued From page 7 spilled things on the sheets. She was asked if the facility provided clean linen for the residents, she stated they did.	R 345		
R 356 SS=E	310:680-7-5 (a) HOUSEKEEPING (a) The interior and exterior of the home shall be safe, clean and sanitary. This Rule is not met as evidenced by: Based on observation and interview it was determined the home failed to ensure a safe, clean and sanitary environment was maintained for all residents residing in the home. This had the potential to affect all 17 residents. Findings The homes resident rights and responsibilities, not dated, documented "...All residents have the right to a safe, sanitary and humane living environment..." On 06/08/21 at 7:00 a.m., upon entering the facility, a strong odor of urine was noted coming from the women's hall. There was a damp stale odor in the main building's front room. Trash was observed to be in the floor of some of the resident rooms. A roach was crawling on a nightstand that had dirt and debris on it. Flies were observed throughout the home. At 7:24 a.m., upon entrance to building five, the	R 356		

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R 356	Continued From page 8 men's building, the floor was observed to be muddy, the walls were not clean, there were cobwebs hanging from the corners that had bugs stuck in them. A light cover in the main hallway was observed to have a multiple dead bugs inside. Resident rooms were observed to have trash on the floor and over-flowing trash cans. The rooms had piles of clothes either on the floor or the bed. The main bathroom in the men's building had a strong urine odor, the three toilets had build up of stains in and around the toilet and smelled of urine. Multiple flies were in the bathroom. The sinks were dirty, the middle sink did not have good water pressure. One bathtub shower combination had dead mosquitos, dirt and debris in the tub. The other bathtub shower combination had a wad of black hair sitting on the side of the tub, the handrail was broken and the side of the shower had a crack. The shower and tub and a build up of dirt and soap scum and a black area near the drain. At 7:55 a.m., employee #1 was asked about the walls and floors upon entrance to the men's building. She stated it was just dirty. She stated there were mosquitos in the cobwebs by the door and the floor was chipped. The floor in one resident room was coming up. The employee stated the resident damaged the floor by moving his bed. A bedside table was observed to be black and have dirt and debris on the table. Employee #1 stated she thought it was from the resident's tobacco. She was asked how often the rooms and bathrooms were cleaned. She stated daily. She observed the bathroom and she rubbed an area on the bathtub and stated it would not come off. She stated the handle was broken and the shower wall was cracked. She was asked	R 356		

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R 356	Continued From page 9 if the shower was able to be cleaned. She stated no. She was asked to describe the shower curtain. She stated it was filthy. She was asked if the bathroom and rooms appeared to have been cleaned recently. She stated, "They need cleaned." On 06/09/21 at 6:38 a.m., three dining room chairs had rips in the vinyl, with the cushion showing. The chairs were unable to be cleaned due to the rips in the vinyl.	R 356		
R 357 SS=E	310:680-7-5 (b) HOUSEKEEPING (b) Practices and procedures shall be utilized to keep the home free from offensive odors, accumulation of dirt, rubbish, dust, and safety hazards. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to keep the environment free from urine odor. The facility reported 17 residents resided in the home. On 06/08/21 at 7:00 a.m., entrance was made into the facility. A moldy smell was noted in the main entrance area. A strong odor of urine was coming from the women's hall. Upon observation there were urine soaked sheets in one of the resident's rooms. At 7:24 a.m., entrance was made into the men's	R 357		

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R 357	Continued From page 10 building and a strong urine odor was observed. Upon inspection of the men's bathroom the urine odor became quite strong. Employee #1 was asked about the odor. She stated the cleaning person had not yet been there to clean. She was asked how often the bathroom was cleaned, she stated it was cleaned daily. She was shown a brown substance in the toilet, both bathtubs with flies in them and a scummy substance on the sinks. She was asked if those areas appeared to have been cleaned recently. She stated, "It needs cleaning." At 7:50 a.m., employee #1 was asked if residents were provided with clean linens (sheets), she stated yes, they asked for them. At 8:15 a.m., employee #1 was asked if there were any incontinent residents in the home. She stated, "Yes, there are three." On 06/09/21 at 6:30 a.m., upon entrance into the main building, a strong odor of urine was observed to be coming from the women's hall. Urine soaked sheets were observed on a resident's bed. Resident #1 passed by and stated it happens every night and it stinks every day.	R 357		
R 720 SS=E	310:680-15-2 (8) PROTECTION OF RESIDENTS' FUNDS To protect each resident's funds, the residential care home: (8) Shall place any monthly allowance to which a resident is entitled in that resident's personal account, or give it to the resident, unless the home has written authorization from the	R 720		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/09/2021
NAME OF PROVIDER OR SUPPLIER V-J'S RESIDENTIAL CARE HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 224 NORTH CEDAR PADEN, OK 74860		
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R 720	Continued From page 11 resident or the resident's guardian or, if the resident is a minor, to handle it differently. This Rule is not met as evidenced by: Based on interview and record review it was determined the home failed to ensure resident funds from stimulus payments were kept in a personal account for five (#2, and #5 through #8) of seven residents whose finances were managed by the home. The business manager identified 10 residents whose funds were managed by the home. Findings The home's policy, titled, 'Resident Rights and Responsibilities', not dated, documented, "...Each resident has the right to easy access to his/her personal funds on deposit with the facility, and shall be entitled to an accounting for said funds..." The contract for resident #2, dated 07/02/19, documented, "...Each resident of V-J's Residential Care Home has the right to handle their own financial affairs. In the event that the resident shall entrust to the home any sum of money or other valuables, the resident can expect a quarterly accounting and shall be asked to sign the ledger each time a withdrawal is made by that resident..." The business manager stated this statement was included in all of the resident's contracts. On 06/08/21 between 11:30 a.m. and 1:15 p.m., residents #2 and #5 through #8 all stated they had not received the three stimulus payments issued by the government.	R 720		

Oklahoma State Department of Health

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R 720	Continued From page 12 At 2:04 p.m., the business manager was asked for the documentation of the residents' stimulus funds. She stated some of the residents had money left over and it was in the bank. She was asked for the residents' personal banking documentation of the unspent stimulus money. She stated the residents did not have a personal banking account. She stated the stimulus funds were in the residential care homes payee social security beneficiary account not in personal accounts.	R 720		



Delivery via email to: marylpatterson@windstream.net

September 1, 2022

License Number: RC5403
Survey Event ID's: **B4TQ11 & W8HK12**

Ms. Addie Miller, Administrator
V-J's Residential Care Home
P.O. Box 57
Paden, OK 74860

Dear Ms. Miller:

Enclosed is the summary of deficiencies following the revisit and an additional complaint investigation conducted at your Residential Care facility on **August 23, 2022**. This revisit found that deficiencies identified at the time of your **June 9, 2022** survey have not been corrected.

The deficiencies cited on both the revisit and complaint investigation conducted on **August 23, 2022** resulted in deficiencies representing the potential for 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.



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.

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2022.09.01 10:55:45
-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: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2022
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{R 000}	INITIAL COMMENTS A revisit was conducted on 08/22/22 and 08/23/22. Census 17 Listed below are abbreviations that will be used throughout this document. BOM - business office manager Res - Resident	{R 000}		
{R 345} SS=E	310:680-5-7(I) RESIDENT ROOMS - MATTRESS/BED LINENS (I) Each resident's bed shall have a comfortable mattress and bed linens which are clean and in good condition. This Rule is not met as evidenced by: Based on observation and interview the home failed to ensure resident beds had linens and the linens were clean and in good condition The BOM reported 17 residents resided at the home. Findings: On 08/22/22 at 4:00 p.m., a tour of the men's building was conducted with the administrator. In Room 7, Res #23's bed was covered with a green blanket. The blanket had multiple large holes in it. The resident was asked if he had another blanket besides that one and he said he did not. The administrator at that time stated blankets had been handed out to the residents and didn't know what the resident had done with his. Both	{R 345}		

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: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2022
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{R 345}	Continued From page 1 residents in the room had pillows which were flat and very soiled and stained. In Room 9, both residents had pillows which were very flat, soiled, and stained. Res 24 stated he needed a new pillow. The administrator was asked if the pillows were ever washed. She stated only if the residents brought them to the laundry. She stated the home had pillows to replace the used ones. The pillows in all the resident rooms were observed very dirty/stained, flat, and in need of replacement. In Room 3, both resident beds were without sheets. The mattresses were covered with plastic covers and a blanket. Res #20's plastic bed cover was very soiled with a dark brown substance. Res #20 stated he had a fitted sheet but it kept coming off because the elastic on the corners had worn out. The pillows were dirty and flat. The administrator stated every week the residents were to bring their bedding to the laundry and receive fresh linens. The administrator stated if the linens were torn or worn out they should be discarded.	{R 345}		
{R 356} SS=E	310:680-7-5 (a) HOUSEKEEPING (a) The interior and exterior of the home shall be safe, clean and sanitary. This Rule is not met as evidenced by: Based on observation and interview the home	{R 356}		

Oklahoma State Department of Health

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{R 356}	Continued From page 2 failed to ensure a safe, clean, and sanitary environment was maintained for the residents. The BOM identified 17 residents who resided at the home. Findings: On 08/22/22 at 3:35 p.m., a tour of the main building was conducted with the administrator. The two living rooms and corridors had a moldy/musty smell. It was mentioned to the BOM and administrator and they said they could not smell the odor. Bathroom #1 and #2 had sinks which had a build up of scum and stains. The two bath tubs had scum and stains. The toilets were dirty around the base and the toilet in Bathroom #2 had urine and debris around the rim and the room had a strong urine odor. The light switch panels and the walls surrounding the panels were very soiled. The doors were soiled especially around the door knobs. The four resident rooms in use in the main building had dirt and debris around the perimeter of the rooms. The furniture in the rooms had dust and debris on them. On 08/22/22 at 4:00 p.m., a tour of the men's building was conducted with the administrator. The bathroom had a very strong smell of urine. The administrator stated she smelled the odor. The single toilet had stains around and down the sides of the toilet and appeared to not have been cleaned for a long time. The two toilets in the two stalls were dirty around the base next to the floor. The three sinks had stains. The bath tub had scum and stains. The mirror on the wall was dirty	{R 356}		

Oklahoma State Department of Health

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{R 356}	Continued From page 3 and had multiple splattered spots. The administrator stated the building was cleaned daily. The floor covering in front of the toilets in the two stalls was torn and ripped. The administrator stated the floor needed repaired. On 08/23/22 at 2:00 p.m., the BOM stated the home was trying to hire a housekeeper.	{R 356}		
{R 357} SS=E	310:680-7-5 (b) HOUSEKEEPING (b) Practices and procedures shall be utilized to keep the home free from offensive odors, accumulation of dirt, rubbish, dust, and safety hazards. This Rule is not met as evidenced by: Based on observation and interview the home failed to ensure practices and procedures shall be utilized to keep the home free from offensive odors, accumulation of dirt, dust, and safety hazards. The BOM identified 17 residents who resided at the home. Findings: On 08/22/22 at 3:35 p.m., a tour of the main building was conducted with the administrator. The two living rooms and corridors had a moldy/musty smell. It was mentioned to the BOM and administrator and they said they could not smell the odor.	{R 357}		

Oklahoma State Department of Health

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{R 357}	Continued From page 4 In the main building, Bathroom #1 and #2 had sinks which had a build up of scum and stains. The two bath tubs had scum and stains. The toilets were dirty around the base and the toilet in Bathroom #2 had urine and debris around the rim and the room had a strong urine odor. The light switch panels and the walls surrounding the panels were very soiled. The doors were soiled especially around the door knobs. The four resident rooms in use in the main building had dirt and debris around the parameter of the rooms. The furniture in the rooms had dust and debris on them. On 08/22/22 at 4:00 p.m., a tour of the men's building was conducted with the administrator. The bathroom had a very strong smell of urine. The administrator stated she smelled the odor. The single toilet had stains around and down the sides of the toilet and appeared to not have been cleaned for a long time. The two toilets in the two stalls were dirty around the base next to the floor. The three sinks had stains. The bath tub had scum and stains. The mirror on the wall was dirty and had multiple splattered spots. The administrator stated the building was cleaned daily. The floor covering in front of the toilets in the two stalls was torn and ripped. The administrator stated the floor needed repaired. On 08/23/22 at 2:00 p.m., the BOM stated the home was trying to hire a housekeeper.	{R 357}		

Delivery via email to: marylpatterson@windstream.net

September 21, 2022

License Number: RC5403
Survey Event ID: W8HK12

Ms. Addie Miller, Administrator
V-J's Residential Care Home
P.O. Box 57
Paden, OK 74860

Dear Ms. Miller:

On **August 23, 2022**, agents from our office completed a revisit 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:

- **Tag R356** - The Plan of Correction had no plan to clean and freshen up the two living areas in the main building. The room had a moldy/musty smell.

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

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2022.09.21 08:22:31 -05'00'

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

Enclosure

Subject: [redacted]

From: Tameka Holiday, amy.holiday1977@gmail.com
 Sent: Monday, September 12, 2022 3:39 PM
 To: 'OSDH LSC Enforcement' <OSDH.LSC.enforcement@health.ok.gov>
 Subject: [redacted]

PRINTED: 09/01/2022
 FORM APPROVED

Oklahoma State Department of Health				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2022
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(R 000)	INITIAL COMMENTS A revisit was conducted on 08/22/22 and 08/23/22. Census 17 Listed below are abbreviations that will be used throughout this document. BOM - business office manager Res - Resident	(R 000)	345 Changed out pillows, sheets, mattress and blankets, to whom needed them. Replaced pillows and sheets and covers. Administrator changed out all that needed one. Administrator and staff will make sure the pillows are in good condition monthly. Pillows will be washed weekly on Residents wash days with laundry. Administrator has pillows, sheets, covers on hand. Also will keep a chart on dates these things were given out to whom.	8-23-22
(R 345) SS=E	310:680-5-7(I) RESIDENT ROOMS - MATTRESS/BED LINENS (I) Each resident's bed shall have a comfortable mattress and bed linens which are clean and in good condition. This Rule is not met as evidenced by: Based on observation and interview the home failed to ensure resident beds had linens and the linens were clean and in good condition The BOM reported 17 residents resided at the home. Findings: On 08/22/22 at 4:00 p.m., a tour of the men's building was conducted with the administrator. In Room 7, Res #23's bed was covered with a green blanket. The blanket had multiple large holes in it. The resident was asked if he had another blanket besides that one and he said he did not. The administrator at that time stated blankets had been handed out to the residents and didn't know what the resident	(R 345)		

Tameka Holiday, Administrator 9-11-22

	had done with his. Both		
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Oklahoma State Department of Health

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM #009 W8HK12 If continuation sheet 1 of 5

PRINTED: 09/01/2022
FORM APPROVED

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2022
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(R 345)	Continued From page 1 residents in the room had pillows which were flat and very soiled and stained. In Room 9, both residents had pillows which were very flat, soiled, and stained. Res 24 stated he needed a new pillow. The administrator was asked if the pillows were ever washed. She stated only if the residents brought them to the laundry. She stated the home had pillows to replace the used ones. The pillows in all the resident rooms were observed very dirty/stained, flat, and in need of replacement. In Room 3, both resident beds were without sheets. The mattresses were covered with plastic covers and a blanket. Res #20's plastic bed cover was very soiled with a dark brown substance. Res #20 stated he had a fitted sheet but it kept coming off because the elastic on the corners had worn out. The pillows were dirty and flat. The administrator stated every week the residents were to bring their bedding to the laundry and receive fresh linens. The administrator stated if the linens were torn or worn out they should be discarded. (R 356) SS=E 310:680-7-5 (a) HOUSEKEEPING (a) The interior and exterior of the home shall be safe, clean and sanitary. This Rule is not met as evidenced by: Based on observation and interview the home	(R 345) (R 356)	356 Cleaned sinks, bathtubs, door knobs, light switches. Will fix torn spots in front of the two stalls. Cleaned the mirror and dusted. Staff and Administrator cleaned bathrooms, light switches and bathtubs, door knobs. Will fix the torn spot on the floor. Administrator and staff will clean bathrooms twice daily. Morning and Night. Staff will dust one weekly, staff will wipe door knobs and light switches daily. Staff will thoroughly clean clients rooms once a month from dirt and debris or as needed. Administrator also will be replacing vinyl flooring in 4 rooms in the main building.	10-10-22
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Oklahoma State Department of Health

STATE FORM 0000 W8HK12 If continuation sheet 2 of 5

PRINTED: 09/01/2022
FORM APPROVED

Oklahoma State Department of Health			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2022

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(R 356)	Continued From page 2 failed to ensure a safe, clean, and sanitary environment was maintained for the residents. The BOM identified 17 residents who resided at the home. Findings: On 08/22/22 at 3:35 p.m., a tour of the main building was conducted with the administrator. The two living rooms and corridors had a moldy/musty smell. It was mentioned to the BOM and administrator and they said they could not smell the odor. Bathroom #1 and #2 had sinks which had a build up of scum and stains. The two bath tubs had scum and stains. The toilets were dirty around the base and the toilet in Bathroom #2 had urine and debris around the rim and the room had a strong urine odor. The light switch panels and the walls surrounding the panels were very soiled. The doors were soiled especially around the door knobs. The four resident rooms in use in the main building had dirt and debris around the perimeter of the rooms. The furniture in the rooms had dust and debris on them. On 08/22/22 at 4:00 p.m., a tour of the men's building was conducted with the administrator. The bathroom had a very strong smell of urine. The administrator stated she smelled the odor. The single toilet had stains around and down the sides of the toilet and appeared to not have been cleaned for a long time. The two toilets in the two stalls were dirty around the base next to the floor. The three sinks had stains. The bath tub had scum and stains. The mirror on the wall was dirty	(R 356)		

Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

V-J'S RESIDENTIAL CARE HOME, LLC

224 NORTH CEDAR

PADEN, OK 74860

(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 356)	Continued From page 3 and had multiple splattered spots. The administrator stated the building was cleaned daily. The floor covering in front of the toilets in the two stalls was torn and ripped. The administrator stated the floor needed repaired. On 08/23/22 at 2:00 p.m., the BOM stated the home was trying to hire a housekeeper. (R 357) SS=E 310:680-7-5 (b) HOUSEKEEPING (b) Practices and procedures shall be utilized to keep the home free from offensive odors, accumulation of dirt, rubbish, dust, and safety hazards. This Rule is not met as evidenced by: Based on observation and interview the home failed to ensure practices and procedures shall be utilized to keep the home free from offensive odors, accumulation of dirt, dust, and safety hazards. The BOM identified 17 residents who resided at the home. Findings: On 08/22/22 at 3:35 p.m., a tour of the main building was conducted with the administrator. The two living rooms and corridors had a moldy/musty smell. It was mentioned to the BOM and administrator and they said they could not smell the odor.	(R 356)	357 Staff will clean around the bottom of stools and tubs, light switches, door knobs, mirrors and dust as needed. Staff also vacuums daily. Administrator and staff will take part in all cleaning that needs to be done. Administrator and staff will have meetings weekly about cleaning daily and if something need to be fixed.	8-23-22

Oklahoma State Department of Health

STATE FORM 4009 (WB) 12 If continuation sheet 4 of 5

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Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2022	
NAME OF PROVIDER OR SUPPLIER V-J'S RESIDENTIAL CARE HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 224 NORTH CEDAR PADEN, OK 74860		
(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 357)	Continued From page 4 In the main building, Bathroom #1 and #2 had sinks which had a build up of scum and stains. The two bath tubs had scum and stains. The toilets were dirty around the base and the toilet in Bathroom #2 had urine and debris around the rim and the room had a strong urine odor. The light switch panels and the walls surrounding the panels were very soiled. The doors were soiled especially around the door knobs. The four resident rooms in use in the main building had dirt and debris around the perimeter of the rooms. The furniture in the rooms had dust and debris on them. On 08/22/22 at 4:00 p.m., a tour of the men's building was conducted with the administrator. The bathroom had a very strong smell of urine. The administrator stated she smelled the odor. The single toilet had stains around and down the sides of the toilet and appeared to not have been cleaned for a long time. The two toilets in the two stalls were dirty around the base next to the floor. The three sinks had stains. The bath tub had scum and stains. The mirror on the wall was dirty and had multiple splattered spots. The administrator stated the building was cleaned daily. The floor covering in front of the toilets in the two stalls was torn and ripped. The administrator stated the floor needed repaired. On 08/23/22 at 2:00 p.m., the BOM stated the home was trying to hire a housekeeper.	(R 357)		
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Delivery via email to: mybabies1977@gmail.com

October 4, 2022

License Number: RC5403
Survey Event ID: W8HK12

Ms. Tameeka Holiday, Administrator
V-J's Residential Care Home
P.O. Box 57
Paden, OK 74860

Dear Ms. Holiday:

On **August 23, 2022**, a State Licensure revisit 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 **October 10, 2022**.

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: 2022.10.04 11:54:47 -05'00'

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

enc

NAME OF PROVIDER OR SUPPLIER V-J'S RESIDENTIAL CARE HOME, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 224 NORTH CEDAR PADEN, OK 74860		
(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)	(X6) COMPLETE DATE
(R 356)	Continued From page 2 failed to ensure a safe, clean, and sanitary environment was maintained for the residents. The BOM identified 17 residents who resided at the home. Findings: On 08/22/22 at 3:35 p.m., a tour of the main building was conducted with the administrator. The two living rooms and corridors had a moldy/musty smell. It was mentioned to the BOM and administrator and they said they could not smell the odor. Bathroom #1 and #2 had sinks which had a build up of scum and stains. The two bath tubs had scum and stains. The toilets were dirty around the base and the toilet in Bathroom #2 had urine and debris around the rim and the room had a strong urine odor. The light switch panels and the walls surrounding the panels were very soiled. The doors were soiled especially around the door knobs. The four resident rooms in use in the main building had dirt and debris around the perimeter of the rooms. The furniture in the rooms had dust and debris on them. On 08/22/22 at 4:00 p.m., a tour of the men's building was conducted with the administrator. The bathroom had a very strong smell of urine. The administrator stated she smelled the odor. The single toilet had stains around and down the sides of the toilet and appeared to not have been cleaned for a long time. The two toilets in the two stalls were dirty around the base next to the floor. The three sinks had stains. The bath tub had scum and stains. The mirror on the wall was dirty	(R 356)	356 Washed walls, washed curtains. Took plants out and vacuumed floor. Purchased a carpet cleaner. Administrator and staff washed walls. Washed curtains, and vacuumed and dusted. We will shampoo carpet. Administrator will make sure staff will wipe down walls, dust, vacuum floors on a daily basis. Shampoo carpet as needed.	9/30/2022

Taweeeka Holiday, Administrator 9/31/22

Subject: [redacted]

From: Tameka Holiday, amy.holiday1977@gmail.com
 Sent: Monday, September 12, 2022 3:39 PM
 To: 'OSDH LSC Enforcement' <OSDH.LSC@oklahoma.gov>
 Subject: [redacted]

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Oklahoma State Department of Health				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2022
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(R 000)	INITIAL COMMENTS A revisit was conducted on 08/22/22 and 08/23/22. Census 17 Listed below are abbreviations that will be used throughout this document. BOM - business office manager Res - Resident	(R 000)	345 Changed out pillows, sheets, mattress and blankets, to whom needed them. Replaced pillows and sheets and covers. Administrator changed out all that needed one. Administrator and staff will make sure the pillows are in good condition monthly. Pillows will be washed weekly on Residents wash days with laundry. Administrator has pillows, sheets, covers on hand. Also will keep a chart on dates these things were given out to whom.	8-23-22
(R 345) SS=E	310:680-5-7(I) RESIDENT ROOMS - MATTRESS/BED LINENS (I) Each resident's bed shall have a comfortable mattress and bed linens which are clean and in good condition. This Rule is not met as evidenced by: Based on observation and interview the home failed to ensure resident beds had linens and the linens were clean and in good condition The BOM reported 17 residents resided at the home. Findings: On 08/22/22 at 4:00 p.m., a tour of the men's building was conducted with the administrator. In Room 7, Res #23's bed was covered with a green blanket. The blanket had multiple large holes in it. The resident was asked if he had another blanket besides that one and he said he did not. The administrator at that time stated blankets had been handed out to the residents and didn't know what the resident	(R 345)		

Tameka Holiday, Administrator 9-11-22

	had done with his. Both		
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Oklahoma State Department of Health

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM #009 W8HK12 If continuation sheet 1 of 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5403	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/23/2022
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			(X5) COMPLETE DATE

(R 345)	Continued From page 1 residents in the room had pillows which were flat and very soiled and stained. In Room 9, both residents had pillows which were very flat, soiled, and stained. Res 24 stated he needed a new pillow. The administrator was asked if the pillows were ever washed. She stated only if the residents brought them to the laundry. She stated the home had pillows to replace the used ones. The pillows in all the resident rooms were observed very dirty/stained, flat, and in need of replacement. In Room 3, both resident beds were without sheets. The mattresses were covered with plastic covers and a blanket. Res #20's plastic bed cover was very soiled with a dark brown substance. Res #20 stated he had a fitted sheet but it kept coming off because the elastic on the corners had worn out. The pillows were dirty and flat. The administrator stated every week the residents were to bring their bedding to the laundry and receive fresh linens. The administrator stated if the linens were torn or worn out they should be discarded. (R 356) SS=E 310:680-7-5 (a) HOUSEKEEPING (a) The interior and exterior of the home shall be safe, clean and sanitary. This Rule is not met as evidenced by: Based on observation and interview the home	(R 345) (R 356)	356 Cleaned sinks, bathtubs, door knobs, light switches. Will fix torn spots in front of the two stalls. Cleaned the mirror and dusted. Staff and Administrator cleaned bathrooms, light switches and bathtubs, door knobs. Will fix the torn spot on the floor. Administrator and staff will clean bathrooms twice daily. Morning and Night. Staff will dust one weekly, staff will wipe door knobs and light switches daily. Staff will thoroughly clean clients rooms once a month from dirt and debris or as needed. Administrator also will be replacing vinyl flooring in 4 rooms in the main building.	10-10-22
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Oklahoma State Department of Health

STATE FORM 0000 W8HK12 If continuation sheet 2 of 5

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Oklahoma State Department of Health

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

V-J'S RESIDENTIAL CARE HOME, LLC

224 NORTH CEDAR

PADEN, OK 74860

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