OKLAHOMA
State Department
of Health

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.

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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

INVESTIGATIVE REPORT
LICENSURE

Facility: **V-J's Residential Care Home**
Address: **224 North Cedar**
City, State, Zip: **Paden, OK 74860**
Provider #: **RC5403**
Complaint #: **OK00058759**
Investigation Date(s): **08/22/22 through 08/23/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to provide a safe, clean, home like environment and prevent offensive odors.	**S**
2. The home failed to provide ADL assistance.	**US**
3. The home failed to protect residents from abuse.	**US**
4. The home failed to follow resident leave policies and procedures as contracted.	**US**

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

An unannounced on-site investigation was initiated on 08/22/2022 at 3:30 p.m.

A sample of seven residents was selected for the investigation based on the concerns relevant to the allegations. No residents were named on the complaint.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

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

Allegation #1: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag R345, R356, and R357 for details.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

During the investigation resident were observed wearing clean, fell fitting clothes. The residents were observed to be well groomed. The laundry schedule was observed posted in the dining room. The residents did not have any complaints related to their laundry not getting completed.

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

Resident and staff interactions were observed and were appropriate at the time of the investigation. Residents did not voice any complaints of abuse or fear of other residents or staff. The home's abuse policy was reviewed. There were no recent reports of allegations of abuse.

Allegation #4: Deficient practice was unsubstantiated related to this allegation.

The residents voiced they were supposed to tell the staff when they left the facility. The staff stated the residents tell them when they leave the grounds. Residents were not observed leaving the home at the time of the survey. The home's policy for leaving the grounds was reviewed. The policy was included in the admission paper work.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

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

Deficient practice was unsubstantiated for allegations #2, #3, and #4. No further action is required.

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

Thank you for bringing these concerns to our attention.

B. Lankford

Brenda Lankford, RN

Date report completed: 08/25/2022

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
	RC5403	A. BUILDING: _____ B. WING _____	08/23/2022

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 000	INITIAL COMMENTS A complaint investigation (#OK00058759) 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(l) RESIDENT ROOMS - MATTRESS/BED LINENS (l) 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		

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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		

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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. 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	R 356		

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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		

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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		

OKLAHOMA
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Delivery via email to: Tameeka Holiday mybabies1977@gmail.com

October 26, 2022

License Number: RC5403
Survey Event ID: B4TQ11

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 complaint investigation was conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey have been corrected and you were 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: 2022.10.26 15:49:46 -05'00'

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

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			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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V-FS RESIDENTIAL CARE HOME, LLC	224 NORTH CEDAR PADEN, OK 74860

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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		

OKLAHOMA
State Department
of Health

Delivery via email to: Tameeka Holiday mybabies1977@gmail.com

December 16, 2022

License Number: RC5403
Survey Event ID: B4TQ12

Ms. Tameeka Holiday, Administrator
V-J's Residential Care Home, LLC
224 North Cedar
Paden, OK 74860

Dear Ms. Holiday:

On **November 30, 2022**, a revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **August 23, 2022,** have now been corrected and your facility is in compliance with licensure standards effective **October 10, 2022**.

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

Sincerely,

Katie Stagner

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC5403	A. BUILDING: _____ B. WING _____	R 11/30/2022

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 000}	INITIAL COMMENTS A revisit was conducted on 11/30/22. All deficiencies from the 08/23/22 survey were cleared.	{R 000}		

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