OKLAHOMA
State Department
of Health

Delivery via email to: okcharbor@sbcglobal.net

May 6, 2022

License Number: RC5521
Survey Event ID: ZWBS11

Mr. Barry Gilliam, Jr., Administrator
Veterans Harbor
4100 North Newport Avenue
Oklahoma City, OK 73112

Dear Mr. Gilliam, Jr.:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **April 14, 2022**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Sincerely,

Katie Stagner
Digitally signed by Katie Stagner
Date: 2022.05.06 14:39:34 -05'00'

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

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Veterans Harbor**
Address: **4100 North Newport Ave.**
City, State, Zip: **Oklahoma City, Ok. 73112**
Provider #: **RC5521**
Complaint #: **OK00058630**
Investigation Date(s): **04/14/2022**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to provide adequate supervision to prevent elopement resulting in resident's death	**US**

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

An unannounced on-site investigation was initiated on Thursday, April 14, 2022 at 08:20 a.m

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

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) 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.

Upon entering, a facility tour was conducted. While gated, the facility was observed to have multiple unlocked exits for residents to enter and exit the building. The front gate was observed to be open for nearly all of the survey.

Residents were observed to enter and exit at their leisure, spending much of the day in the covered smoking areas outside. All residents were observed to be independent in activities of daily living.

Staff were observed to provide assistance with social service needs, activities, meals (cooking only), and medications.

Residents were interviewed and stated they were independent and able to come and go freely from their home. The residents stated if they left the grounds, they signed out and when they returned, they signed back in.

Staff were interviewed and stated the facility provided assistance with the residents' medication regimen, meal preparation, and activities. They stated the campus was an open campus and all they requested was the resident signed out on the facility sign out book and signed back in when they returned. They stated while there was no elopement from an open campus, they did do everything they could to locate a resident when meals and/or medications were missed.

Staff stated a few residents enjoy taking the bus to local establishments to spend a few hours away and meals/medications are provided for their travels if needed. They stated a few of the residents own vehicles, possess a license, and will leave the grounds for a few hours. They stated most residents are uncomfortable in the community at large and do not like to go outside of the grounds. Staff stated when a resident is not available for meals or medications and did not sign out, they will start driving around the area and start calling around to the resident's friends/family, local missions, and hospitals in an attempt to locate the resident. They stated the local police require they wait 24 hours before filing a missing person report.

The sampled residents clinical records were reviewed and documented when a resident was unable to be located for meals or medications, the facility notified family, physician, and administration and attempted to locate the resident both on facility grounds and outside of facility by driving the area around the facility and places the resident frequented, calling shelters, local missions, hospitals, and clinics. The records documented the facility filed missing persons reports at the 24 hour mark if the resident was not located or returned.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation one. 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 federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

B. Garrison, R.N.

B. Garrison, R.N.

Date report completed: 05/03/2022

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
	RC5521	A. BUILDING: _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VETERANS HARBOR	4100 NORTH NEWPORT AVENUE OKLAHOMA CITY, OK 73112

(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 (#OK00058630) was conducted from 03/14/22. No deficiencies were cited.	R 000		

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