OKLAHOMA
State Department of Health

Delivery via email to: bjgilliam@okcharbor.com; okcharbor@gmail.com

August 31, 2023

License Number: RC5521
Survey Event ID: Z5OK11

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 inspection with complaint investigations conducted at your Residential Care facility on **August 22, 2023**. No deficiencies were cited. Oklahoma Statutes 63, Section 1-840 requires 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,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: **Veterans Harbor**
Address: **4100 North Newport Avenue**
City, State, Zip: **Oklahoma City, OK 73112**
Provider #: **RC5521**
Complaint #: **OK00058867**
Investigation Date(s): **08/21/23 and 08/22/23**

ALLEGATION(S)

The facility failed to prevent neglect of a resident
The facility failed to ensure all residents are treated with dignity and respect.

An unannounced on-site investigation was initiated 08/21/2023 at 2:45 p.m.

A sample of 11 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 staff interaction with residents, residents' interactions with each other, housekeeping and maintenance services. Observations were made of resident's rooms and the common area for pest and rodents. Housekeeping was observed cleaning the common area and residents' rooms. No rooms or areas of the facility were observed with odors. No residents were observed walking around in soiled clothes that smelled of feces and urine.

Resident interviews were conducted regarding medications, mistreatment, grievance process pest control and clean environment.

Staff were interviewed regarding the facility abuse protocol, pest control staff assistance, grievance process and clean
environment.

Facility records were reviewed to include abuse investigations, maintenance, housekeeping pest control, resident council and grievances.

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: 08/24/2023

INVESTIGATIVE REPORT

Facility: **Veterans Harbor**
Address: **4100 North Newport Avenue**
City, State, Zip: **Oklahoma City, OK 73112**
Provider #: **RC5521**
Complaint #: **OK00061074**
Investigation Date(s): **08/21/23 and 08/22/23**

ALLEGATION(S)

The home failed to ensure residents were not physically, verbally or psychosocially abused.
The home failed to have and/or implement an effective pest control system.
The home failed to provide a clean, sanitary and homelike environment.

An unannounced on-site investigation was initiated 08/21/2023 at 2:45 p.m.

A sample of 11 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:

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Oklahoma State Department of Health
Long Term Care Service

Date report completed: 08/24/2023

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 _____	C 08/22/2023

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 relicensure survey was conducted from 08/21/23 through 08/22/23. Commplaint investigations (#OK00058867, and #OK00061074) were conducted in conjunction with the survey. No deficiencies were cited.	R 000		

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