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

December 21, 2023

License Number: RC5521
Survey Event ID: WWZW11

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

Dear Mr. Gilliam, Jr.:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **November 22, 2023**.

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.

Respectfully,



Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
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 #: OK00061732

Investigation Date(s): 11/21/23 and 11/22/23

ALLEGATION(S)

The home failed to assess, monitor and intervene in a timely manner to prevent a resident death.
--

The home failed to ensure residents' belongings were not misappropriated.

The home failed to notify the residents/residents' representatives of a change of notification.

An unannounced on-site investigation was initiated 11/21/2023 at 3:35p.m.

A sample of three 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Staff were observed for staff interaction with residents' items and belongings.

Client records were reviewed including physician's orders, incident/state reportable, medication administration records, discharges, deaths and transfers. Client service contracts were reviewed. Staffing records and schedules were reviewed.

Clients were interviewed related to care, safety, misappropriation of belongings and notification of client's representatives of a change in condition. Clients stated, they had no issues with personal property or had been notified of changes of condition.

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: 11/27/2023

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/22/2023
NAME OF PROVIDER OR SUPPLIER VETERANS HARBOR		STREET ADDRESS, CITY, STATE, ZIP CODE 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 (OK00061732) was conducted on 11/21/23 and 11/22/23. Facility census: 71	R 000		
R 602 SS=D	310:680-13-1 (1)(A) MEDICATIONS - STORAGE/MAINTENANCE Correct medication and pharmacy techniques and principles shall be used when medications are administered or monitored. The home shall comply with the following: (1) Storage and Maintenance. (A) Medications shall be stored in an area that is locked, is well lighted, and room temperature not to exceed 86 degree Fahrenheit. This Rule is not met as evidenced by: Based on reservation and interview the facility failed to ensure pharmaceutical medications were locked. The administrator identified 72 clients in the facility. Findings: On 11/22/23 at 11:34 a.m., during an observation with the administrator, they stated, these meds were supposed to be locked in a medication storage area. They stated, "I don't know why this	R 602		

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: RC5521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/22/2023
NAME OF PROVIDER OR SUPPLIER VETERANS HARBOR		STREET ADDRESS, CITY, STATE, ZIP CODE 4100 NORTH NEWPORT AVENUE OKLAHOMA CITY, OK 73112		
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R 602	Continued From page 1 is in here." On 11/22/23 at 11:26 a.m., Housekeeping #1 stated meds were to be locked in this room.	R 602		

Delivery via email to: administrator@okcharbor.com

January 2, 2024

License Number: RC5521
Survey Event ID: **WWZW11**

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

Dear Mr. Gilliam, Jr.:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **November 22, 2023**.

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:

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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.

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Long Term Care
Protective Health Services
Oklahoma State Department of Health
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Oklahoma City, OK 73102-6406

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- 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC5521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/22/2023
NAME OF PROVIDER OR SUPPLIER VETERANS HARBOR		STREET ADDRESS, CITY, STATE, ZIP CODE 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 (OK00061732) was conducted on 11/21/23 and 11/22/23. Facility census: 71	R 000		
R 602 SS=D	310:680-13-1 (1)(A) MEDICATIONS - STORAGE/MAINTENANCE Correct medication and pharmacy techniques and principles shall be used when medications are administered or monitored. The home shall comply with the following: (1) Storage and Maintenance. (A) Medications shall be stored in an area that is locked, is well lighted, and room temperature not to exceed 86 degree Fahrenheit. This Rule is not met as evidenced by: Based on reservation and interview the facility failed to ensure pharmaceutical medications were locked. The administrator identified 72 clients in the facility. Findings: On 11/22/23 at 11:34 a.m., during an observation with the administrator, they stated, these meds were supposed to be locked in a medication storage area. They stated, "I don't know why this	R 602		

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: RC5521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/22/2023
NAME OF PROVIDER OR SUPPLIER VETERANS HARBOR		STREET ADDRESS, CITY, STATE, ZIP CODE 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 602	Continued From page 1 is in here." On 11/22/23 at 11:26 a.m., Housekeeping #1 stated meds were to be locked in this room.	R 602		

INVESTIGATIVE REPORT

Facility: Veterans Harbor

Address: 4100 North Newport Avenue

City, State, Zip: Oklahoma City, Ok 73112

Provider #: RC5521

Complaint #: OK00061732

Investigation Date(s): 11/21/23 and 11/22/23

ALLEGATION(S)

The home failed to assess, monitor and intervene in a timely manner to prevent a resident death.
--

The home failed to ensure residents' belongings were not misappropriated.

The home failed to notify the residents/residents' representatives of a change of notification.

An unannounced on-site investigation was initiated 11/21/2023 at 3:35p.m.

A sample of three 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Staff were observed for staff interaction with residents' items and belongings.

Client records were reviewed including physician's orders, incident/state reportable, medication administration records, discharges, deaths and transfers. Client service contracts were reviewed. Staffing records and schedules were reviewed.

Clients were interviewed related to care, safety, misappropriation of belongings and notification of client's representatives of a change in condition. Clients stated, they had no issues with personal property or had been notified of changes of condition.

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: 11/27/2023

Delivery via email to: administration@okcharbor.com

January 17, 2024

License Number: RC5521
Survey Event ID: **WWZW11**

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

Dear Mr. Gilliam, Jr.:

On **November 22, 2023**, 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 will be corrected and you will be in substantial compliance by **January 18, 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,

Tempal Killman

Tempal Killman, 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: RC5521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/22/2023
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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 (OK00061732) was conducted on 11/21/23 and 11/22/23. Facility census: 71	R 000	The facility administrator instructed the maintenance man to install a new lock on the nurses' desk so that the medications stored in her desk meet the standard. This will be completed on or before January 18, 2024.	
R 602 SS=D	310:680-13-1 (1)(A) MEDICATIONS - STORAGE/MAINTENANCE Correct medication and pharmacy techniques and principles shall be used when medications are administered or monitored. The home shall comply with the following: (1) Storage and Maintenance. (A) Medications shall be stored in an area that is locked, is well lighted, and room temperature not to exceed 86 degree Fahrenheit. This Rule is not met as evidenced by: Based on reservation and interview the facility failed to ensure pharmaceutical medications were locked. The administrator identified 72 clients in the facility. Findings: On 11/22/23 at 11:34 a.m., during an observation with the administrator, they stated, these meds were supposed to be locked in a medication storage area. They stated, "I don't know why this	R 602		

Oklahoma State Department of Health

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

Brenda L. Spillman
6899 WWZW11

TITLE

Administrator

(X6) DATE

1/3/2024

STATE FORM

If continuation sheet 1 of 2

Delivery via email to: administration@okcharbor.com

January 30, 2024

License Number: RC5521
Survey Event ID: WWZW12

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

Dear Mr. Gilliam, Jr.:

On **January 26, 2024**, 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 Residential Care Facility. The findings of that visit indicate that the deficiencies cited during your complaint survey on **November 22, 2023**, have now been corrected and your facility is in compliance with licensure standards effective **January 18, 2024**.

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

Respectfully,



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: RC5521	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/26/2024
NAME OF PROVIDER OR SUPPLIER VETERANS HARBOR		STREET ADDRESS, CITY, STATE, ZIP CODE 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 revisit was conducted on 01/26/24. All deficiencies from the 11/22/23 survey were cleared.	{R 000}		

Oklahoma State Department of Health

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

TITLE

(X6) DATE