OKLAHOMA
State Department of Health

Delivery via email to: administration@okcharbor.com

October 15, 2024

License Number: RC5521
Survey Event ID: **JI1O11**

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 **October 9, 2024**. 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.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Veterans Harbor
Address: 4100 North Newport Avenue
City, State, Zip: Oklahoma, Ok 73112
Provider #: RC5521
Complaint #: OK00066764
Investigation Date(s): 10/07/24

ALLEGATION(S)

The facility failed to provide adequate supervision to prevent self-injurious behaviors and resultant injuries.

An unannounced on-site investigation was initiated 10/07/2024 at 8:35pa.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 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance. Resident halls were observed for staff and resident interaction. Staff were observed providing activities of daily living.

Resident records were reviewed including care plans, physician orders, nursing notes, grievances, policy and procedures. Staffing records and resident council minutes were reviewed.

Residents were interviewed related to residents' safety, emergency response and abuse/neglect. They were asked if they felt unsafe and whom would you report to with safety concerns.

Staff were interviewed regarding about emergency response, safety care procedures and policy.

The attached CMS 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: 10/08/2024

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 10/09/2024

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 (#OK00066764) was conducted on 10/07/24. No deficiencies were cited. The Administrator stated 73 residents resided in the facility.	R 000		

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