

Delivery via email to: Jennifer.Williams@comanchenation.com

October 10, 2022

License Number: AL1605

Ms. Jennifer Williams, Administrator
Edith Kassanavoid Gordon Assisted Living Center
1001 Se 36 Street
Lawton, OK 73501

RE: Survey Event ID: Q0J711

Dear Ms. Williams:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **October 5, 2022**. No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Lisa Calvin

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

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/05/2022
NAME OF PROVIDER OR SUPPLIER EDITH KASSANAVOID GORDON ASSISTED LIVING CI		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SE 36 STREET LAWTON, OK 73501		
(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
C 000	INITIAL COMMENTS A relicensure survey was conducted from 10/04/22 through 10/05/22. No deficiencies were cited.	C 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE