OKLAHOMA
State Department
of Health

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

September 1, 2023

License Number: AL1605

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

RE: Survey Event ID: WJMJ11

Dear Ms. Williams:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **August 30, 2023.** 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,

LeKenya Antwine

LeKenya Antwine, MBA-HC
Enforcement Manager
Long Term Care
Oklahoma State Department of Health

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
	AL1605	A. BUILDING: _____ B. WING _____	08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDITH KASSANAVOID GORDON ASSISTED LIVING CI	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 on 08/28/23 and 08/30/23. No deficiencies were cited.	C 000		

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