OKLAHOMA
State Department
of Health

**Delivery via email to: Jennifer Jackson <jjackson@goldenoaks.com>**

June 5, 2023

License Number: AL2403

Ms. Jennifer Jackson, Administrator
Golden Oaks Assisted Living
5801 North Oakwood Road
Enid, OK 73703

**RE: Survey Event ID: 5H3N11**

Dear Ms. Jackson:

Enclosed is a report of the inspection along with a complaint investigation conducted at your Assisted Living Center on **May 31, 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,

Lisa Calvin

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

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# INVESTIGATIVE REPORT

**Facility:** **Golden Oaks Assisted Living**
**Address:** **5801 North Oakwood Road**
**City, State, Zip:** **Enid, OK, 73703**
**Provider #:** **AL2403**
**Complaint #:** **OK00059638**
**Investigation Date(s):** **05/31/23**

## ALLEGATION(S)

1. The center failed to provide a safe, clean, sanitary, and homelike environment.

An unannounced on-site investigation was initiated 05/31/2023 at 7:15 a.m.

A sample of eight residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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:**

Tours were conducted throughout the survey.

A review of records was conducted to include residents' clinical records and grievances.

Residents were asked if they had any concerns with the facility providing a safe, clean, sanitary, and homelike environment. Staff were asked what the policy was for providing a safe, clean, sanitary, and homelike environment.

Thank you for bringing your concerns to our attention.

*Rae Belt, RN*

Rae Belt, RN

Date report completed: 06/04/2023

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 |
|---|---|---|---|
| | AL2403 | A. BUILDING: _____ B. WING _____ | C 05/31/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN OAKS ASSISTED LIVING | 5801 NORTH OAKWOOD ROAD ENID, OK 73703 |

| (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<br><br>A re-licensure survey was conducted on 05/31/23. Complaint (#OK00059638) was investigated in conjunction with this survey. There was no deficient practice cited. | C 000 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE