OKLAHOMA
State Department
of Health

Delivery via email to: maggielewis@jcmh.com

November 14, 2022

License Number: AL3301

Ms. Maggie Lewis, Administrator
Tamarack Retirement Center
1224 East Tamarack Road
Altus, OK 73521

RE: Survey Event ID: L3L211

Dear Ms. Lewis:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **November 10, 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,

Katie Stagner
Digitally signed by Katie Stagner
Date: 2022.11.14 14:05:36 -06'00'

Katie Stagner
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

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
	AL3301	A. BUILDING: _____ B. WING _____	11/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAMARACK RETIREMENT CENTER	1224 EAST TAMARACK ROAD ALTUS, OK 73521

(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 11/08/22 to 11/10/22. No deficiencies were cited.	C 000		

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