



Oklahoma State Department of Health
Creating a State of Health

September 27, 2019

License Number: AL6701

Ms. Vicky Anderson, Administrator
Avonlea Cottage Of Seminole
2207 West Wrangler
Seminole, OK 74868

RE: Survey Event ID: SKMB11

Dear Ms. Anderson:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **September 10, 2019**. 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) 271-6868.

Sincerely,

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

Board of Health

Gary Cox, JD
Commissioner of Health

Timothy E Starkey, MBA (*President*)
Edward A Legako, MD (*Vice-President*)
Becky Payton (*Secretary*)

Jenny Alexopoulos, DO
Terry R Gerard II, DO
Charles W Grim, DDS, MHSA

R Murali Krishna, MD
Ronald D Osterhout
Charles Skillings

www.health.ok.gov
An equal opportunity
employer and provider



Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL6701	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/10/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF SEMINOLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2207 WEST WRANGLER SEMINOLE, OK 74868		
(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 re-licensure survey was conducted on 09/09/19 and 09/10/19. Current census was 23. No deficient practice was cited.	C 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE

STATE WORKLOAD REPORT

Provider/Supplier Number

AL6701

Provider/Supplier Name

AVONLEA COTTAGE OF SEMINOLE

Type of Survey (select all that apply)

2				
---	--	--	--	--

A Complaint Investigation

B Dumping Investigation

C Federal Monitoring

D Follow-up Visit

M Other

E Initial Certification

F Inspection of Care

G Validation

H Life Safety Code

I Recertification

J Sanctions/Hearing

K State License

L CHOW

Extent of Survey (select all that apply)

A				
---	--	--	--	--

A Routine/Standard Survey (all providers/suppliers)

B Extended Survey (HHA or Long Term Care Facility)

C Partial Extended Survey (HHA)

D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1.  36191	09/09/2019	09/10/2019	1.00	0.00	12.50	0.00	4.25	1.50
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....

0.00

Total RO Supervisory Review Hours....

0.00

Total SA Clerical/Data Entry Hours....

0.00

Total RO Clerical/Data Entry Hours....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

SEP 30 2019

