OKLAHOMA
State Department
of Health

Delivery via email to: wendy.wilkerson@canoebrookal.com

October 1, 2025

License Number: AL6905

Ms. Wendy Wilkerson, Administrator
Duncan Assisted Living
1095 Chisholm Trail Parkway
Duncan, OK 73533

Survey Event ID: JXXW11

Dear Ms. Wilkerson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 24, 2025**. No deficiencies were cited. Oklahoma Statutes 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.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Duncan Assisted Living
Address: 1095 Chisholm Trail Parkway
City, State, Zip: Duncan, OK 73533
Provider #: AL6905
Complaint #: OK00085181
Investigation Date(s): 09/24/25

ALLEGATION(S)
The facility failed to protect residents from abuse
The facility failed to follow abuse reporting policies and procedures
enter text
enter text
enter text

An unannounced on-site investigation was initiated 09/24/2025 at 9:30 a.m.

A sample of 6 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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: Observations of staff and resident interactions as well as resident conditions were made. Records of resident health charts, incident reports, and policies were reviewed. Interviews with residents, staff, and families were conducted. Based on observations, record reviews, and interviews, the center is in compliance with state regulations.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 09/24/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Duncan Assisted Living
Address: 1095 Chisholm Trail Parkway
City, State, Zip: Duncan, OK 73533
Provider #: AL6905
Complaint #: OK00086218
Investigation Date(s): 09/24/25

ALLEGATION(S)
The facility failed to ensure a proper pest control plan was in place
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 09/24/2025 at 9:30 a.m.

A sample of 6 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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: Observations of resident rooms and common areas and resident skin conditions were made. Records of pest control invoices, center policies, resident health charts and contracts were reviewed. Interviews with residents, staff, and families were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 09/24/2025

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: Duncan Assisted Living
Address: 1095 Chisholm Trail Parkway
City, State, Zip: Duncan, OK 73533
Provider #: AL6905
Complaint #: OK00086225
Investigation Date(s): 09/24/25

ALLEGATION(S)
The facility failed to ensure an effective pest control plan was in place
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 09/24/2025 at 9:30 a.m.

A sample of 6 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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: Observations of resident rooms and common areas and resident skin conditions were made. Records of pest control invoices, center policies, resident health charts and contracts were reviewed. Interviews with residents, staff, and families were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 09/24/2025

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
	AL6905	A. BUILDING: _____ B. WING _____	C 09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN ASSISTED LIVING	1095 CHISHOLM TRAIL PARKWAY DUNCAN, OK 73533

(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 Complaint investigations (#OK00085181, OK00086218, and #OK00086225) were conducted on 09/24/25. No deficiencies were cited. Facility Census: 33	C 000		

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