OKLAHOMA
State Department of Health

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

March 19, 2026

License Number: AL6905

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

Survey Event ID: E9Q211

Dear Ms. Wilkerson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 3, 2026**. 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

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INVESTIGATIVE REPORT

Facility: **Duncan Assisted Living**
Address: **1095 Chisholm Trail Parkway**
City, State, Zip: **Duncan, OK, 73533**
Provider #: **AL6905**
Complaint #: **OK00089668**
Investigation Dates: **03/02/26 through 03/03/26**

ALLEGATION
The facility failed to ensure residents were capable of consent to a sexual relationship and were not being abused.

An unannounced on-site investigation was initiated 03/02/2026 at 12:45 p.m.

A sample of three 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:

A tour of the facility was conducted upon entrance and throughout the survey. Residents were observed during meals, in common areas, in their rooms, and while participating in activities. Staff members were observed administering medication and providing assistance for residents.

Sampled clinical records, including any named residents, were reviewed for physician orders, care plans, progress notes, behaviors, resident rights, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Resident council minutes, grievances, and in-services were reviewed.

Residents and family members were interviewed regarding abuse, ability to consent to a relationship, and feeling safe in the facility. Staff members were interviewed about abuse training, any concerns with abuse, and any concerns with residents having the ability to safely consent to a relationship.

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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: 03/03/2026

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 03/03/2026

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 A complaint investigation (#OK00089668) was conducted from 03/02/26 through 03/03/26. No deficiencies were cited. Facility Census: 28	C 000		

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