OKLAHOMA
State Department
of Health

USPS TRACKING # 9114 9011 5981 8322 2429 67

August 13, 2020

License Number: RC0101
Survey Event ID: CAQR11

Ms. Autumn Ketcher, Administrator
Lake Francis Retirement Care Home, LLC
3rd And Cemetary Road
Watts, OK 74964

Dear Ms. Ketcher:

On **March 19, 2020**, agents from our office attempted to conduct a survey at Lake Francis Retirement Care Home, Llc. They were unable to complete the survey because the facility was closed at the time and appeared to no longer be in operation. A brief report of the visit is contained on the enclosed STATE FORM.

Please advise us of your intentions concerning the future status of Lake Francis Retirement Care Home, LLC. If we do not receive assurance by August 25, 2020 that you wish to continue to function as an Adult Day Care Center, we will recommend that your license to operate be suspended or revoked.

If you have any questions concerning this matter, please contact me at (405) 271-6868.

Sincerely,

Katie Stagner

Digitally signed by Katie Stagner
DN: cn=Katie Stagner, o=Oklahoma State Department of Health, ou=Long Term Care, email=katies@health.ok.gov, c=US
Date: 2020.08.12 14:35:46 -05'00'

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

cc: Espaniola X. Bowen, State Licensure

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
	RC0101	A. BUILDING: _____ B. WING _____	03/19/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE FRANCIS RETIREMENT CARE HOME, LI	3RD AND CEMETARY ROAD WATTS, OK 74964

(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
R 000	INITIAL COMMENTS An abbreviated survey was attempted on 03/19/20. The home was locked with a silver pad lock and chain on the front glass main entrance doors. There were two signs with 'Property Closed No Trespassing' on the doors. The interior of the home was dark.	R 000		

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
RC0101	LAKE FRANCIS RETIREMENT CARE HOME, LLC

Type of Survey (select all that apply)

2				

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

D				

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. 25837	03/19/2020	03/19/2020	0.00	0.00	0.25	0.00	2.25	0.25
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.50

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

AUG 17 2020

Oklahoma State Department of Health

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R 000	INITIAL COMMENTS An abbreviated survey was attempted on 03/19/20. The home was locked with a silver pad lock and chain on the front glass main entrance doors. There were two signs with 'Property Closed No Trespassing' on the doors. The interior of the home was dark.	R 000	Lake Francis RCF is no longer in operation	

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

Autumn Betchan — 8/24/2020