OKLAHOMA
State Department
of Health

Delivery via email to: goldrescare@gmail.com

March 10, 2022

License Number: RC1802
Survey Event ID: 0CF511

Ms. Lyndie McKinney
Golden Life Residential Care
P.O. Box 180
Bluejacket, OK 74333

Dear Ms. McKinney:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **February 25, 2022**. 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.

Sincerely,

Lisa Calvin

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

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Golden Life Residential**
Address: **408 North East Center**
City, State, Zip: **Blue Jacket, OK, 74333**
Provider #: **RC1802**
Complaint #: **OK00058454**
Investigation Date: **02/25/22**

ALLEGATIONS	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to provide an abuse free environment.	**US**
2. The home failed to provide a clean, comfortable, homelike environment.	**US**
3. The home failed to meet staffing requirement.	**US**
4. The home failed to follow proper infection control procedures related to COVID-19.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 02/25/2022 at 10:07 a.m.

A sample of eight residents including any identified resident, was selected for the investigation based on the concerns relevant to the allegations.

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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to abuse was conducted.

Observations of staff and resident interactions were made throughout the survey. Staff were observed to interact with residents in a friendly and respectful manner. Residents were observed to interact with staff in a familiar and friendly manner. No signs of abusive behaviors was observed. No physical indicators of abuse were noted on any of the residents observed.

Residents were asked if they had ever been abuse in any form while resident at the home. Each stated they had not. They were asked if they had felt bullied by any of the staff. Each stated they had not.

Staff were asked if they had observed or had been aware of any abuse directed toward the residents. Each stated they had not.

A review of the resident council minutes found no documentation that indicated abusive treatment at the facility.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to a clean, comfortable, homelike environment having been provided to the residents was conducted.

The ambient temperature of the facility upon entrance was 75 degrees Fahrenheit.

Residents were asked if they had any concerns related to the heating system in the facility. Each stated they did not. They were asked if they had ever ran out of personal hygiene products such a toilet paper. Each stated they had not.

Staff were asked if there had been any problems with the home's heating unit in the past year. Each state no. They were asked if there had been any period of time in which personal hygiene supplies were not available o the residents. Each state no.

Resident rooms were observed to have personal hygiene supplies available in their rooms. Such supplies were found in ample supply in storage areas inside the facility.

A review of resident council minutes found no documentation related to insufficient heat or personal hygiene supplies.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to staffing at the facility was conducted.

Residents were asked if they had any knowledge of short staffing in the facility. Each stated no. They were asked if there had ever been a time when there was not staff in the building. Each stated no.

Staff were asked if there had been any of instances of short staffing or no staffing in the home. Each stated no.

Resident council minutes were reviewed related to staffing issues. No such documentation was observed.

Facility records were reviewed. No document that suggested inadequate staffing was observed.

Allegation #4: Deficient practice was unsubstantiated related to this allegation.

An investigations specific to infection control procedures related to COVID-19 was conducted.

There were no cases of COVID-19 in the home at the time of the survey.

One resident who had experienced quarantine at the home was asked how long the period had been. He stated it was five or six days. Other residents were asked if they had knowledge of residents having been isolated or quarantined for excessive periods of time. Each stated they were unaware of such.

Staff were asked how long resident had been placed in quarantine / isolation. The stated they would stay about 7 days but only one person stayed that long as the three others were hospitalized or transferred to a nursing home.

A review of resident council minutes found no documentation related to quarantine or isolation.

A review of facility records found the facility policy in related to this issue were in accordance with current CMS guidelines

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1, 2, 3, and #4. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Eric R. Ward, MPA BSN RN

Date report completed: 03/04/2022

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
	RC1802	A. BUILDING: _____ B. WING _____	C 02/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN LIFE RESIDENTIAL	408 NORTH EAST CENTER BLUEJACKET, OK 74333

(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 A complaint investigation (#OK00058454) was conducted on 02/25/22. No deficiencies were cited.	R 000		

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