
Delivery via email to: goldrescare@gmail.com

April 6, 2023

License Number: RC1802
Survey Event ID: X93I11

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

Dear Ms. McKinney:

Enclosed is a report of the inspection conducted at your Residential Care facility on **March 30, 2023**. No deficiencies were cited. Oklahoma Statutes 63, Section 1-840 requires 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,

Katie Stagner

Katie Stagner
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC1802	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/30/2023
NAME OF PROVIDER OR SUPPLIER GOLDEN LIFE RESIDENTIAL		STREET ADDRESS, CITY, STATE, ZIP CODE 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 re-licensure survey was conducted on 03/30/23. Current census was 49. No deficient practice was cited.	R 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE