OKLAHOMA
State Department
of Health

Delivery via email to: goldrescare@gmail.com

September 14, 2023

License Number: RC1802
Survey Event ID: 1FW511

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

Dear Ms. McKinney:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **August 29, 2023**.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the space provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

- A statement of exactly how the facility has or intends to correct each deficiency.
- The method of correction. This includes who is responsible for the correction.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- A reasonable date of correction, which will normally be within 30 days of this notice.

NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process.** Please retain a copy of this completed form for your files.

In the event that we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable and we will request another Plan of Correction. If your plan of correction is acceptable, there will be no acknowledgement. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 426-8200.

OKLAHOMA
State Department
of Health

In accordance with O.S. 63 830.1, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833-RC). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833RC and the Oklahoma IDR Process Residential Care Centers.

The IDR request must be submitted within 30 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility:
Address:
City, State, Zip:
Provider #:
Complaint #:
Investigation Date(s):

ALLEGATION(S)

The Facility failed to have an effective pest control program

An unannounced on-site investigation was initiated 08/29/2023 at 8:00 A.M.

A sample of 3 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:

A tour of the facility was conducted upon entrance. During the survey there was an observation of a black substance that looked like mold on walls within two bathrooms.

Residents were interviewed related mold in other areas and no concerns reported.

Staff members were interviewed regarding the black substance and stated it could be the moisture in the bathrooms creating the substance and said they would get it clean and fixed immediately.

The attached Statement of Deficiencies, Form 2567 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: 08/31/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Golden Life Residential
Address: 408 North East
City, State, Zip: Bluejacket, OK, 74333
Provider #: RC1802
Complaint #: OK00060566
Investigation Date(s): 08/29/23

ALLEGATION(S)

The Facility failed to ensure residents were not physically, verbally, or psychosocially abused.
The facility failed to ensure residents had the right to access mental health care; failed to ensure residents received their monthly allowance and a quarterly statement of their personal fund account and failed to ensure a private location to make/receive phone calls.
The facility failed to ensure residents received adequate nutrition.
The facility failed to ensure residents property was not misappropriated.

An unannounced on-site investigation was initiated 08/29/2023 at 8:00 A.M.

A sample of 3 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:
A tour of the facility was conducted upon entrance. During the survey there was no observation of inadequate nutrition, no signs of any abuse and It was observed the facility offers a phone and a private room for residents.

Resident records were reviewed including the residents plan of care, and meals. The facility policy and procedures were reviewed. Documentation was provided that shows that the residents receive 3 meals a day and the menus are made in advance. The facility has a no cell phone policy but offers a wireless phone to use at anytime and a private room available to make calls in private. Resident counsel minutes were reviewed.

Residents were interviewed related to abuse, phone use, inadequate food and misappropriated property with no concerns reported.

Staff members were interviewed regarding the abuse, personal funds, phone use, meals, and resident property,

The attached Statement of Deficiencies, Form 2567 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: 08/31/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Golden Life Residential
Address: 408 North East Center
City, State, Zip: Bluejacket, OK, 74333
Provider #: RC1802
Complaint #: OK00060627
Investigation Date(s): 08/29/23

ALLEGATION(S)

The facility failed to have and/or implement an effective pest control program.
The facility failed to ensure the right to personal property/right to retain and use a cellular phone/the right to a safe pest free and comfortable environment.
The facility failed to ensure residents property was not misappropriated.

An unannounced on-site investigation was initiated 08/29/2023 at 8:00 A.M.

A sample of 3 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.

The staff was interviewed

A Summary of Complaint Investigation:
A tour of the facility was conducted upon entrance. During the survey there was no observation of pests within the facility. It was observed the facility offers a phone and a private room for residents.

Resident records were reviewed including the residents plan of care. The facility policy and procedures were reviewed. Documentation was provided that shows pest control was out at the facility monthly. The facility has a no cell phone policy but offers a wireless phone to use at anytime and a private room available to make calls in private. Resident counsel minutes were reviewed.

Residents were interviewed related to pests, cell phone use, and misappropriated property with no concerns reported.

Staff members were interviewed regarding pest control and stated the facility did not have pests at this time and the facility was sprayed monthly by a pest control service and treated in-house as needed.

The attached Statement of Deficiencies, Form 2567 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: 08/31/2023

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 08/29/2023

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 re-licensure survey and complaint investigations (#OK00060566, #OK00060627,#OK00060245) were conducted in conjunction with the survey on 08/29/23.	R 000		
R 359 SS=E	310:680-7-5 (d) HOUSEKEEPING (d) Walls and ceilings shall be in good condition and shall be cleaned regularly. All homes shall have walls capable of being cleaned. This Rule is not met as evidenced by: Based on observation and interview it was determined the facility failed to maintain walls & ceilings in good conditions for two of two shower roooms and the administrators office. Findings: On 08/28/23 from 1:30 a.m. - 2:00p.m. an environmental tour was conducted and the following observations were made: There was a black like substance that looked like mold was found on the wall and ceilings in the bathroom in the administrator's office and the bathroom outside the administrators office in the hall for the residents to use. The administrator was shown and acknowledged the findings on 08/29/23.	R 359		

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

OKLAHOMA
State Department
of Health

Delivery via email to: goldrescare@gmail.com

October 3, 2023

License Number: RC1802
Survey Event ID: 1FW511

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

Dear Ms. McKinney:

On **August 29, 2023**, a Licensure survey and a Complaint investigation were conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **October 21, 2023**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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PRINTED: 09/14/2023
FORM APPROVED

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 08/29/2023

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) COMPLETION DATE
R 000	INITIAL COMMENTS A re-licensure survey and complaint investigations (#OK00060566, #OK00060627,#OK00060245) were conducted in conjunction with the survey on 08/29/23.	R 000		
R 359 SS=E	310:680-7-5 (d) HOUSEKEEPING (d) Walls and ceilings shall be in good condition and shall be cleaned regularly. All homes shall have walls capable of being cleaned. This Rule is not met as evidenced by: Based on observation and interview it was determined the facility failed to maintain walls & ceilings in good conditions for two of two shower rooms and the administrators office. Findings: On 08/28/23 from 1:30 p.m. - 2:00p.m. an environmental tour was conducted and the following observations were made: There was a black like substance that looked like mold was found on the wall and ceilings in the bathroom in the administrator's office and the bathroom outside the administrators office in the hall for the residents to use. The administrator was shown and acknowledged the findings on 08/29/23.	R 359	Both Bathrooms HAVE Been Cleaned and wiped down with A special cleaner to dissolve Whatever the Black Substance was. Administrator Has Bought A dehumidifier to put in Bathrooms to extract Any moisture In the air. Neither of the Bathrooms have Vent/Exhaust fans in them so they tend to draw moisture.	10-21-2023 10/21/2023

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Yolandie McElveen TITLE: Administrator (X6) DATE: 10-21-2023

STATE FORM 6899 1FW511 If continuation sheet 1 of 1

PRINTED: 09/14/2023
FORM APPROVED

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 08/29/2023

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 re-licensure survey and complaint investigations (#OK00060566, #OK00060627,#OK00060245) were conducted in conjunction with the survey on 08/29/23.	R 000	Administrator will monitor Both Bathrooms. If Any NEW Substance should re-occur I will have to Bring in a Contractor to find out why this would Be Re-Occurring. 10-21-2023	
R 359 SS=L	310:680-7-5 (d) HOUSEKEEPING (d) Walls and ceilings shall be in good condition and shall be cleaned regularly. All homes shall have walls capable of being cleaned. This Rule is not met as evidenced by: Based on observation and interview it was determined the facility failed to maintain walls & ceilings in good conditions for two of two shower rooms and the administrators office. Findings: On 08/28/23 from 1:30 p.m. - 2:00p.m. an environmental tour was conducted and the following observations were made: There was a black like substance that looked like mold was found on the wall and ceilings in the bathroom in the administrator's office and the bathroom outside the administrators office in the hall for the residents to use. The administrator was shown and acknowledged the findings on 08/29/23.	R 359		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jamie McKinney — TITLE: Administrator — (X6) DATE: 9-27-2023

FORM CMS-2567(02-99) FW511

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED	REMOTE CSID	DURATION	PAGES	STATUS
September 27, 2023 at 12:48:30 PM CDT	918 784 2019	65	3	Received

09/27/2023 1:17 PM FAX 918 784 2019 GOLDEN LIFE RESIDENTIAL ☑0001/0003

GOLDEN LIFE RCF

408 NE CENTER ST BLUEJACKET, OK 74333

918-784-2359 PHONE 918-784-2019 FAX

fax

TO: Tempal

FROM: LYNDIE MCKINNEY
ADMINISTRATOR

FAX:

PAGES:

PHONE:

DATE: 9/27/2023

RE:

CC:

Please accept this as the Plan of Correction for Survey that was conducted at facility on 8/29/2023.

Best Regards,

Lyndie McKinney

Administrator

OKLAHOMA
State Department of Health

Delivery via email to: goldrescare@gmail.com

November 27, 2023

License Number: RC1802
Survey Event ID: 1FW512

Ms. Lyndie McKinney, Administrator
Golden Life Residential
408 North East Center
Bluejacket, OK 74333

Dear Ms. McKinney:

On **November 21, 2023**, a revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Residential Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **August 29, 2023,** have now been corrected and your facility is in compliance with licensure standards effective **November 21, 2023**.

If you have any questions concerning the information in this letter, please contact this office at (405) 426-8200.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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 _____	R-C 11/21/2023

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 revisit was conducted on 11/21/23. All deficiencies from the 08/29/23 survey were cleared.	{R 000}		

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