OKLAHOMA
State Department of Health

Delivery via email to: goldrescare@gmail.com

October 21, 2024

License Number: RC1802
Survey Event ID: **GDI511**

Mr. Randy McKinney, Administrator
Golden Life Residential Care
P.O. Box 180
Bluejacket, OK 74333

Dear Mr. McKinney:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **October 5, 2024**.

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 spaces 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) business 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.

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.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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 #: **OK00068422**
Investigation Dates: **10/04/24 and 10/05/24**

ALLEGATIONS
#1 The home failed to have a licensed administrator.
#2 The home failed to provide adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 05/05/2023 at 5:28 p.m.

A sample of 19 residents, including any identified residents, 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 Summary of Complaint Investigation:

An inspection of the facility was conducted upon arrival to the facility. All reported residents were observed. One staff member present at entrance but they departed within 15 minutes.

Residents were interviewed regarding safety and current health. They were interviewed regarding abuse.

The owner was interviewed regarding staffing. No staff was present to interview.

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: 10/10/2024

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 10/05/2024

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 (#OK00068422) was conducted on 10/04/24 and 10/05/24. Facility Census: 19	R 000		
R 501 SS=F	310:680-11-1 STAFFING REQUIREMENTS Residential care homes shall employ sufficient personnel appropriately qualified and trained to provide the essential services of the home. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to employ qualified staff to care for residents. The facility owner identified 19 residents resided at the facility. Findings: On 10/04/24 at 5:28 p.m., this surveyor entered the facility and was met by the facility owner. The owner was asked if they had employees to care to the resident. They stated yes. An unidentified employee entered the room and informed the owner they would no longer work at the facility as they did not believe they would be paid. The unidentified employee was observed giving a facility key to the owner then departing the facility. The owner was asked if the were any employees to care for the resident. They stated there was not. On 10/04/24 at 6:00 p.m., 19 residents were observed in the facility. Each were asked if they	R 501		

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R 501	Continued From page 1 lived at the facility and if they felt safe. Each stated they resided at the facility and felt safe and were in good health.	R 501		
R 506 SS=F	310:680-11-1 (2)(A) STAFF QUALIFICATIONS - ADMINISTRATOR (2) Staff Qualifications. (A) Each residential care home shall have a person designated as "Administrator," who is at least 21 years old and has obtained a residential care administrator's certificate of training from an institute of higher learning whose program has been reviewed by the Department. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to employ a full-time administrator. The facility owner identified 19 residents resided at the facility. Findings: On 10/04/24 at 5:28 p.m., this surveyor entered the facility and was met by the facility owner. The owner stated they had fired the facility administrator at approximately 11:30 a.m. this morning. They stated they would have a new administrator that would start on the following Monday, but they were not officially an employee of the facility. The owner stated they could not be the administrator and understood the facility did not currently employ an administrator. They stated they understood the facility was required to have a qualified facility administrator. An adult protective services worker who was at the facility stated they would be moving the current residents	R 506		

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R 506	Continued From page 2 to other facilities that day. On 10/04/24 at 6:00 p.m., 19 residents were observed in the facility. Each were asked if they lived at the facility and if they felt safe. Each stated they resided at the facility and felt safe and were in good health.	R 506		