OKLAHOMA
State Department
of Health

Delivery via email to: spears.larry1@gmail.com

November 16, 2022

License Number: RC5401
Survey Event ID: GZKN11

Mr. Larry Spears, Jr., Administrator
Boley Residential Care Home #1
P.O. Box 295
Boley, OK 74829-0295

Dear Mr. Spears, Jr.:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **November 10, 2022**.

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.

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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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC5401	A. BUILDING: _____ B. WING _____	11/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOLEY RESIDENTIAL CARE HOME #1	222 NORTH MAPLE STREET BOLEY, OK 74829

(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 relicensure was conducted on 11/10/22.	R 000		
R 614 SS=D	310:680-13-1 (1)(M) MEDICATIONS - LOCKED Correct medication and pharmacy techniques and principles shall be used when medications are administered or monitored. The home shall comply with the following: (1) Storage and Maintenance. (M) All drugs shall be kept locked, and documented when taken by the resident. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep medications stored correctly. Findings: An observation with RN #1 11/10/22 at 11:45 a.m., muliple medications were found sitting on a desk. On 11/10/22 at 11:46 a.m., RN#1 was asked about the policy concerning discontinued medications and they stated, " medications are to be locked away but we have them out on the desk."	R 614		

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: spears.larry1@gmail.com; aberry@cotc.net

December 16, 2022

License Number: RC5401
Survey Event ID: GZKN11

Mr. Larry Spears, Jr., Administrator
Boley Residential Care Home #1
P.O. Box 295
Boley, OK 74829-0295

Dear Mr. Spears, Jr.:

On **November 10, 2022**, agents from our office completed an investigation at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **Tag R614** - The Plan of Correction has no indication on measures put in place such as in-service/education to ensure that the deficient practice will not recur. It was documented the administrator was to monitor weekly. There was no indication how long the administrator would monitor weekly to ensure solutions are sustained.

An amended plan of correction is due within 10 days of receipt of this notice.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC5401	A. BUILDING: _____ B. WING _____	11/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOLEY RESIDENTIAL CARE HOME #1	222 NORTH MAPLE STREET BOLEY, OK 74829

(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 relicensure was conducted on 11/10/22.	R 000		
R 614 SS=D	310:680-13-1 (1)(M) MEDICATIONS - LOCKED Correct medication and pharmacy techniques and principles shall be used when medications are administered or monitored. The home shall comply with the following: (1) Storage and Maintenance. (M) All drugs shall be kept locked, and documented when taken by the resident. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep medications stored correctly. Findings: An observation with RN #1 11/10/22 at 11:45 a.m., muliple medications were found sitting on a desk. On 11/10/22 at 11:46 a.m., RN#1 was asked about the policy concerning discontinued medications and they stated, " medications are to be locked away but we have them out on the desk."	R 614	Medications have been properly stored and locked as required. Administrator will weekly monitor nurse to ensure all medications are stored and locked properly.	11/17/22 11/17/22

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

Larry Spears, Jr. Administrator 12/15/2022

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State Department
of Health

Delivery via email to: spears.larry1@gmail.com; aberry@cotc.net

December 16, 2022

License Number: RC5401
Survey Event ID: GZKN11

Mr. Larry Spears, Jr., Administrator
Boley Residential Care Home #1
P.O. Box 295
Boley, OK 74829-0295

Dear Mr. Spears, Jr.:

On **November 10, 2022**, a State Licensure survey was conducted at your Residential Care Facility. Deficiencies were identified and we have received your amended plan of correction for these deficiencies. Your amended 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 **November 17, 2022**.

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

Digitally signed by Tempal Killman
Date: 2022.12.16 16:03:29 -06'00'

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

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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
	RC5401	A. BUILDING: _____ B. WING _____	11/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOLEY RESIDENTIAL CARE HOME #1	222 NORTH MAPLE STREET BOLEY, OK 74829

(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 relicensure was conducted on 11/10/22.	R 000		
R 614 SS=D	310:680-13-1 (1)(M) MEDICATIONS - LOCKED Correct medication and pharmacy techniques and principles shall be used when medications are administered or monitored. The home shall comply with the following: (1) Storage and Maintenance. (M) All drugs shall be kept locked, and documented when taken by the resident. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to keep medications stored correctly. Findings: An observation with RN #1 11/10/22 at 11:45 a.m., muliple medications were found sitting on a desk. On 11/10/22 at 11:46 a.m., RN#1 was asked about the policy concerning discontinued medications and they stated, " medications are to be locked away but we have them out on the desk."	R 614	Administrator met with nurse and reviewed policy and procedures regarding proper storage and securing medications. The administrator will weekly monitor nurse for three months to ensure all medications are stored and locked properly. Medications have been stored and locked properly	11/16/22 11/16/22 11/17/22

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Larry Spears, Jr. Administrator — (X6) DATE: 12/16/2022

OKLAHOMA
State Department
of Health

Delivery via email to: spears.larry1@gmail.com; aberry@cotc.net

December 30, 2022

License Number: RC5401
Survey Event ID: GZKN12

Mr. Larry Spears, Jr., Administrator
Boley Residential Care Home #1
222 North Maple Street
Boley, OK 74829

Dear Mr. Spears, Jr.:

On **December 21, 2022**, 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 **November 10, 2022,** have now been corrected and your facility is in compliance with licensure standards effective **November 17, 2022**.

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

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
	RC5401	A. BUILDING: _____ B. WING _____	R 12/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOLEY RESIDENTIAL CARE HOME #1	**222 NORTH MAPLE STREET BOLEY, OK 74829**

(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 12/21/2022. All deficiencies from 11/10/2022 survey were cleared.	{R 000}		

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