



OKLAHOMA
State Department
of Health

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

November 1, 2023

License Number: RC5401
Survey Event ID: OSZU11

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

Dear Mr. Spears, Jr.:

Enclosed is a report of the inspection conducted at your Residential Care facility on **October 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.

Respectfully,

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: RC5401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/30/2023
NAME OF PROVIDER OR SUPPLIER BOLEY RESIDENTIAL CARE HOME #1		STREET ADDRESS, CITY, STATE, ZIP CODE 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 re-licensure survey was conducted on 10/30/23. No deficiencies were cited.	R 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE