OKLAHOMA
State Department
of Health

Delivery via email to: dkelley1969@gmail.com; spears.larry1@gmail.com; aberry@cotc.net

March 21, 2025

License Number: RC5401
Survey Event ID: **NP2211**

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 with complaint investigations at your facility on **March 11, 2025**.

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.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Boley Residential Care #1
Address: 222 Maple Street
City, State, Zip: Boley, Oklahoma; 74829
Provider #: RC5401
Complaint #: OK00064412
Investigation Date(s):03/11/25

ALLEGATION(S)
#1 The home failed to ensure discharge notices were given according to the State Law and failed to ensure a safe, comfortable and homelike environment
#2 The home failed to ensure background checks were completed for employees prior to employment

An unannounced on-site investigation was initiated 03/11/2025 at 09:30 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:

Tours were conducted throughout the facility on arrival and throughout the survey. Staff /resident interactions were observed and interviews conducted.

Residents communicated they felt safe and comfortable within the facility. Staff stated they were routinely in-serviced on the abuse/neglect protocols and were able to voice their roll within the protocols. The administrative staff was interviewed and were able to voice their roll within the protocols, including time frames for the reporting of such incidents and the investigative process.

The sampled residents' clinical records were reviewed. Incident reports, State Reportable incident reports, facility investigations, facility policy/procedures, facility in-services, the onboarding (hiring) process (background checks and in-services conducted prior to working around residents in the facility), and Resident Council minutes were reviewed.

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: 03/11/2025

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State Department
of Health

INVESTIGATIVE REPORT

Facility: Boley Residential Care #1
Address: 222 Maple Street
City, State, Zip: Boley, Oklahoma; 74829
Provider #: RC5401
Complaint #: OK00064412
Investigation Date(s):03/11/25

ALLEGATION(S)
The home failed to provide adequate supervision to prevent elopements

An unannounced on-site investigation was initiated 03/11/2025 at 09:30 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.

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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: 03/11/2025

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 _____	C 03/11/2025

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 survey was conducted on 03/11/25. Complaint investigations (#OK00064412 and #OK00073858) were conducted in conjunction with the survey. Facility Census: 30	R 000		
R 250 SS=D	310:680-3-10 (c) ABUSE OR NEGLECT - PROTECTIONS (c) The administrator of the residential care home who becomes aware of abuse or neglect of a resident shall immediately act to rectify the problem and shall make a report of the incident and its correction to the Department. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to make a report with the investigation and correction for elopement for 1 (#9) of 9 sampled residents for neglect. The administrator identified 30 residents resided in the facility. Findings: An undated "Critical Incident Reports" policy, read in part, "the proper documentation of critical incidents is necessary to ensure the proper care of our residents and shall contain"..."resolution or	R 250		

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 _____	C 03/11/2025

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

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R 250	Continued From page 1 action taken, date action taken." A state report, dated 11/12/24, showed an initial incident of elopement for Resident #9. A review of reported incidents from the facility from 11/12/24 through 3/06/25 did not show any investigation, follow up, or final report to the Oklahoma State Department of Health regarding Resident #9. On 03/11/25 at 1:15 p.m., the administrator stated the final incident report was missed and they were aware it was not submitted.	R 250		

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State Department of Health

Delivery via email to: dkelley1969@gmail.com; spears.larry1@gmail.com; aberry@cotc.net

March 31, 2025

License Number: RC5401
Survey Event ID: **NP2211**

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

Dear Mr. Spears, Jr.:

On **March 11, 2025**, a State Licensure survey with complaint investigations was 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 **April 21, 2025**.

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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
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
	RC5401	A. BUILDING: _____ B. WING _____	C 03/11/2025

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

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	RC5401	A. BUILDING: _____ B. WING _____	C 03/11/2025

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

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R 250	Continued From page 1 action taken, date action taken." A state report, dated 11/12/24, showed an initial incident of elopement for Resident #9. A review of reported incidents from the facility from 11/12/24 through 3/06/25 did not show any investigation, follow up, or final report to the Oklahoma State Department of Health regarding Resident #9. On 03/11/25 at 1:15 p.m., the administrator stated the final incident report was missed and they were aware it was not submitted.	R 250	After critical incidents report are submitted, the administrator or designee will review the incident reports and will ensure an investigation, a follow up, or a final report is submitted to OSDH in the required time frame (5 days).	4/21/2025

OKLAHOMA
State Department of Health

Delivery via email to: dkelley1969@gmail.com; spears.larry1@gmail.com; aberry@cotc.net

April 23, 2025

License Number: RC5401
Survey Event ID: NP2212

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

Dear Mr. Spears, Jr.:

On **April 22, 2025**, an offsite/paper revisit was conducted for 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 with complaint investigation on **March 11, 2025,** have now been corrected and your facility is in compliance with licensure standards effective **April 21, 2025**.

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 II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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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-C 04/22/2025

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

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{R 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 04/22/25. The facility was in substantial compliance.	{R 000}		

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