



Delivery via email to: BoleyRescare@gmail.com

February 20, 2026

License Number: RC5401
Survey Event ID: **HECP11**

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 **February 18, 2026**. 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,

A handwritten signature in black ink that reads "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: RC5401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2026
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 relicensure survey was conducted on 02/18/26. No deficiencies were cited. Facility Census: 28	R 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE