OKLAHOMA
State Department
of Health

Delivery via email to: ellengtonboyce@yahoo.com

November 12, 2020

License Number: RC5405
Survey Event ID: 54BI12

Ms. Ellengton Spears, Administrator
Boley Residential Care Home #2
102 East Seward Avenue
Boley, OK 74829

Dear Ms. Spears:

On **November 6, 2020**, a desk audit revisit was conducted with 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 **February 25, 2020,** have now been corrected and your facility is in compliance with licensure standards effective **June 18, 2020**

If you have any questions concerning the information in this letter, please contact this office at (405) 271-6868.

Sincerely,

Users, Lisa D Calvin
Digitally signed by Users, Lisa D Calvin
Date: 2020.11.12 13:59:09 -06'00'

Lisa Calvin, Enforcement Reviewer/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
	RC5405	A. BUILDING: _____ B. WING _____	R 11/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOLEY RESIDENTIAL CARE HOME #2	102 EAST SEWARD AVENUE 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 desk audit was conducted on 11/06/20. All deficiencies from the 02/25/20 survey have been corrected.	{R 000}		

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