OKLAHOMA
State Department of Health

Delivery via email to: ellengtonboyce@yahoo.com

October 24, 2025

License Number: RC5405
Survey Event ID: **L0UV11**

Ms. Ellengton Boyce, Administrator
Boley Residential Care Home #2
P.O. Box 295
Boley, OK 74829

Dear Ms. Boyce:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **October 20, 2025**. No deficiencies were cited. Oklahoma Statutes require 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

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 HOME #2
Address: 102 EAST SEWARD AVENUE
City, State, Zip: BOLEY, OK, 74829
Provider #: RC5405
Complaint #: OK00086875
Investigation Date: 10/20/25

ALLEGATION(S)
1. The facility failed to prevent accidents with major injuries.

An unannounced on-site investigation was initiated 10/20/2025 at 9:30 a.m.

A sample of three participants, including any identified participants, 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, staff members and others as indicated; and review of pertinent written records.

A Summary of Complaint Investigation: A tour of the facility was conducted upon entrance into the center. Residents were observed for abuse and neglect concerns, personal care concerns, staffing, meals, medications and infection control measures. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, and grievances. Residents and staff were asked questions regarding food handling, service and safe preparation.

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: 10/21/2025

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
	RC5405	A. BUILDING: _____ B. WING _____	C 10/20/2025

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 complaint investigation (#OK00086875) was conducted on 10/20/25. No deficiencies were cited. Facility Census: 44	R 000		

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