OKLAHOMA
State Department
of Health

Delivery via email to: administrator@newhopenursing.com

January 13, 2026

License Number: RC6105
Survey Event ID: S6BL11

Ms. Joyce Hightower, Administrator
New Hope Retirement & Care Center
1220 East Electric Boulevard
McAlester, OK 74501

Dear Ms. Hightower:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **January 6, 2026**.

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.

OKLAHOMA
State Department
of Health

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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC6105	A. BUILDING: _____ B. WING _____	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

(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 01/06/26. Deficiencies were cited as a result of the survey. Facility Census: 8	R 000		
R 322 SS=F	310:680-5-5 FIRE SAFETY Each residential care home shall provide documentation that the State Fire Marshal or the State Fire Marshal's representative has inspected and approved the home prior to issuance of an initial license. Each residential care home with more than six beds shall provide documentation of annual inspection and approval prior to issuance of a license renewal. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a State Fire Marshal annual inspection with approval was completed from January 2025 through January 2026. The administrator identified eight residents resided in the facility. Findings: Facility records for State Fire Marshal inspections were reviewed. There was no documentation the State Fire Marshal had completed an annual fire safety inspection from January 2025 through January 2026. On 01/06/26 from 1:30 p.m. to 2:30 p.m., the facility records had been reviewed and the administrator was interviewed. They acknowledged the State Fire Marshal had not completed an annual inspection from January	R 322		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC6105	A. BUILDING: _____ B. WING _____	01/06/2026

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(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 322	Continued From page 1 2025 through January 2026.	R 322		

OKLAHOMA
State Department of Health

Delivery via email to: administrator@newhopenursing.com

February 6, 2026

License Number: RC6105
Survey Event ID: S6BL11

Ms. Joyce Hightower, Administrator
New Hope Retirement & Care Center
1220 East Electric Boulevard
McAlester, OK 74501

Dear Ms. Hightower:

On **January 6, 2026**, a State Licensure survey 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 **February 27, 2026**.

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,

Clorissa Nubine

Clorissa Nubine, 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC6105	A. BUILDING: _____ B. WING _____	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

(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 01/06/26. Deficiencies were cited as a result of the survey. Facility Census: 8	R 000		
R 322 SS=F	310:680-5-5 FIRE SAFETY Each residential care home shall provide documentation that the State Fire Marshal or the State Fire Marshal's representative has inspected and approved the home prior to issuance of an initial license. Each residential care home with more than six beds shall provide documentation of annual inspection and approval prior to issuance of a license renewal. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a State Fire Marshal annual inspection with approval was completed from January 2025 through January 2026. The administrator identified eight residents resided in the facility. Findings: Facility records for State Fire Marshal inspections were reviewed. There was no documentation the State Fire Marshal had completed an annual fire safety inspection from January 2025 through January 2026. On 01/06/26 from 1:30 p.m. to 2:30 p.m., the facility records had been reviewed and the administrator was interviewed. They acknowledged the State Fire Marshal had not completed an annual inspection from January	R 322	See attached sheets 2-27-26	

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
	RC6105	A. BUILDING: _____ B. WING _____	01/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

(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 322	Continued From page 1 2025 through January 2026.	R 322		

R322

1. The State Fire Marshal Report is being obtained for the Residential Care Center.
2. This has the potential to affect all residents in the facility.
3. The Administrator, DON, and Maintenance Director will be in-serviced on R322 and regulations pertaining to obtaining the Fire Marshal Report Timely.
4. The Administrator or designee will conduct monthly rounds to look at all areas of the building to ensure there are no problems related to the Fire Marshal Report and then report any findings to the QAPI Committee.

OKLAHOMA
State Department
of Health

Delivery via email to: administrator@newhopenursing.com

March 3, 2026

Provider Number: RC6105

Ms. Joyce Hightower, Administrator
New Hope Retirement & Care Center
1220 East Electric Boulevard
McAlester, OK 74501

Survey Event ID: S6BL12

Dear Ms. Hightower:

On **March 2, 2026,** agents from our office concluded a State Licensure survey revisit at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

Plan of Correction (PoC)

You must submit a plan of correction within ten business days of receipt of the deficiencies. A Plan of Correction (PoC) shows a facility's willingness and ability to achieve and maintain compliance and to provide residents the care and services they need. A PoC demonstrates correction has been or will be achieved and makes the facility's allegation of compliance credible. Your PoC should contain the following:

- 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.

NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

In addition, the PoC must contain only a Plan of Correction or evidence refuting each deficient practice in a deficiency citation. It must be specific and realistic, stating exactly how the deficiency will be or was corrected.

Please submit your plan of correction under the second column on the enclosed STATE FORM. Address each deficiency, and include the month, day, and year of the expected completion date in the third column. **Sign, date, and indicate your title in the appropriate blocks on page 1 of the form.** Return the STATE FORM with your plan of correction by email to: LTCEnforcement@health.ok.gov

Or by mail to:

Long Term Care Enforcement Division
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave., Ste. 1702
Oklahoma City, OK 73102-6406

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.

You will be notified you of any enforcement actions being taken. If you have questions or need assistance, please feel free to contact me at (405) 426-8200.

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
IDRCoordinator@health.ok.gov
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,

Clorissa Nubine

Clorissa Nubine, 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC6105	A. BUILDING: _____ B. WING _____	R 03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

(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 revisit survey was conducted on 03/02/26. Deficiencies were cited as a result of the survey. Facility Census: 8	{R 000}		
{R 322} SS=F	310:680-5-5 FIRE SAFETY Each residential care home shall provide documentation that the State Fire Marshal or the State Fire Marshal's representative has inspected and approved the home prior to issuance of an initial license. Each residential care home with more than six beds shall provide documentation of annual inspection and approval prior to issuance of a license renewal. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a State Fire Marshal annual inspection with approval was completed from January 2025 through March 2026. The administrator identified eight residents resided in the facility. Findings: Facility records for State Fire Marshal inspections were reviewed. There was no documentation the State Fire Marshal had completed an annual fire safety inspection from 01/01/25 through 03/02/26. On 03/02/26 from 12:00 p.m. to 12:30 p.m., the facility records had been reviewed and the administrator was interviewed. The administrator acknowledged the State Fire Marshal had not completed an annual inspection from 01/01/25	{R 322}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC6105	A. BUILDING: _____ B. WING _____	R 03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

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{R 322}	Continued From page 1 through 03/02/26.	{R 322}		

OKLAHOMA
State Department of Health

Delivery via email to: administrator@newhopenursing.com

March 13, 2026

License Number: RC6105
Survey Event ID: S6BL12

Ms. Joyce Hightower, Administrator
New Hope Retirement & Care Center
1220 East Electric Boulevard
McAlester, OK 74501

Dear Ms. Hightower:

On **March 2, 2026**, a State Licensure survey 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 **March 3, 2026**.

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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

New Hope Retirement & Care Center, LLC

3/10/2026

To Whom it may concern,

Please find enclosed the plan of corrections in response to the findings cited during the recent survey.

We appreciate the opportunity to address these matters and have carefully reviewed each citation to ensure appropriate corrective actions have been implemented. Our facility is committed to maintaining compliance with all state and federal regulations and to providing safe, high-quality care for all residents.

Should you have any questions or require additional information, please do not hesitate to contact me.

Joyce Hightower

Joyce Hightower- Administrator- RN

918-423-9095

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
	RC6105	A. BUILDING: _____ B. WING _____	R 03/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

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

Joyce Hightower RN — administrator — 3-10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{R 322}	Continued From page 1 through 03/02/26.	{R 322}		

R322

1. The State Fire Marshal Report is being obtained for the Residential Care Center.
2. This has the potential to affect all residents in the facility.
3. The Administrator, DON, and Maintenance Director will be in-serviced on R322 and regulations pertaining to obtaining the Fire Marshal Report Timely.
4. The Administrator or designee will conduct monthly rounds to look at all areas of the building to ensure there are no problems related to the Fire Marshal Report and then report any findings to the QAPI Committee.

OKLAHOMA
State Department of Health

Delivery via email to: administrator@newhopenursing.com

March 16, 2026

License Number: RC6105

Ms. Joyce Hightower, Administrator
New Hope Retirement & Care Center
1220 East Electric Boulevard
McAlester, OK 74501

Survey Event ID: S6BL13

Dear Ms. Hightower:

Enclosed is the summary of deficiencies following the revisit conducted at your Residential Care facility on **March 11, 2026**. Subsequent visits took place on **March 2, 2026**. The findings of the revisit indicate the deficiencies cited during your survey **January 6, 2026** have now been corrected effective **March 11, 2026.**

You will notified of any enforcement actions being taken. If you have questions or need assistance, please feel free to contact me at (405) 426-8200.

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.

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Protective Health Services
Oklahoma State Department of Health
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Oklahoma City, OK 73102-6406

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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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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	RC6105	A. BUILDING: _____ B. WING _____	R 03/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE RETIREMENT & CARE CENTER	1220 EAST ELECTRIC BLVD MCALESTER, OK 74501

(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 revisit was conducted on 03/11/26. All deficienices from the 03/02/26 were cleared.	{R 000}		

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