OKLAHOMA
State Department
of Health

Delivery via email to: middleej@yahoo.com

October 26, 2023

License Number: RC6304
Survey Event ID: OMPD11

Ms. Sherry Snider, Administrator
Maud Residential Care
300 Hwy 39 E
Konawa, OK 74849

Dear Ms. Snider:

Enclosed is a report of the inspection along with a complaint investigation conducted at your Residential Care facility on **October 9, 2023**. 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,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Maud Residential Care
Address: W Wanda Jackson Blvd
City, State, Zip: Maud, OK, 74854
Provider #: RC6304
Complaint #: OK00061263
Investigation Date(s): 10/9/23

ALLEGATION(S)
The home failed to ensure resident funds were distributed appropriately, residents received a monthly allowance and residents were assisted with medical/dental treatment.

An unannounced on-site investigation was initiated 10/10/2023 at 12:30 PM

A sample of 3 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 participants, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey.

Staff records, certifications and duties were reviewed with no concerns reported.

Staff and facility director were interviewed regarding unqualified staff members with no concerns reported.

All staff documents, qualifications, and certifications were accounted for.

All records and financial records and resident protocol were reviewed with no concerns reported.

The attached Statement of Deficiencies, Form 2567, 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: 10/18/2023

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
	RC6304	A. BUILDING: _____ B. WING _____	C 10/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAUD RESIDENTIAL CARE	403 W WANDA JACKSON BLVD MAUD, OK 74854

(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 10/9/23. A complaint investigation (#OK00061263) was conducted in conjunction with the survey. No deficiencies were cited.	R 000		

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