OKLAHOMA
State Department
of Health

Delivery via email to: maudresidential@gmail.com

April 1, 2026

License Number: Rc6304
Survey Event ID: **9YXI11**

Ms. Sherry Snider, Administrator
Maud Residential Care
403 W Wanda Jackson Blvd
Maud, OK 74854

Dear Ms. Snider:

Enclosed is the summary of deficiencies from the licensure survey conducted at your facility on **March 26, 2026**.

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 spaces 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. This is part of your quality assurance plan. At the revisit, the quality assurance plan shall be reviewed to determine the earliest date of compliance. If there is no finding of continuing non-compliance, **evidence of quality assurance being implemented will be required to establish a correction date earlier than the date of the revisit.**
- A reasonable date of correction, which will normally be within 60 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 an acceptable 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.

Informal Dispute Resolution

In accordance with 63 OS 1-1914.5 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). 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 833 and the Oklahoma IDR Process.

The IDR request must be submitted within ten calendar days from receipt of the Statement of Deficiencies (CMS-2567). This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 IDRCoordinator@health.ok.gov or by mail 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:

- Scope and severity assessments of deficiencies with the exception of scope and severity assessments that constitute substandard quality of care (SQC) or immediate jeopardy (IJ);
- Remedy(ies) imposed by the Department;
- Alleged failure of the survey team to comply with a requirement of the survey process;
- Alleged inconsistency of the survey team 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, telephone 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

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 _____	03/26/2026

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 03/26/26. Deficiencies were cited as a result of the survey. Facility Census: 40	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 03/2025 through 03/2026. The administrator identified 40 residents resided in the facility. Findings: Facility records for State Fire Marshal inspections were reviewed 03/2025 through 03/2026. There was no documentation the State Fire Marshal had completed an annual fire safety inspection from 03/2025 through 03/2026. The last State Fire Marshal inspection was performed 12/03/24. On 03/26/26 from 12:30 p.m. to 2:30 p.m., the facility records was reviewed and the administrator was interviewed. The administrator acknowledged the State Fire Marshal had not	R 322		

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
MAUD RESIDENTIAL CARE	403 W WANDA JACKSON BLVD MAUD, OK 74854

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R 322	Continued From page 1 completed an annual inspection from 03/2025 through 03/2026.	R 322		

OKLAHOMA
State Department of Health

Delivery via email to: maudresidential@gmail.com

April 10, 2026

License Number: RC6304
Survey Event ID: **9YXI11**

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

Dear Ms. Snider:

On **March 26, 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 **May 6, 2026**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office 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

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	RC6304	A. BUILDING: _____ B. WING _____	03/26/2026

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

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Oklahoma State Department of Health

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

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R 322	Continued From page 1 completed an annual inspection from 03/2025 through 03/2026.	R 322		

POC for survey on March 26, 2026.

R322 310:680-5-5 FIRE SAFETY

Administrator shall ensure that the home provides documentation from the State Fire Marshal that the home has been inspected and approved prior to the insurance of a license renewal.

Administrator shall ensure this by periodically checking all inspections to make sure they are current and up to date.

Complete date: May 6, 2026

OKLAHOMA
State Department
of Health

Delivery via email to: maudresidential@gmail.com

May 6, 2026

License Number: RC6304
Survey Event ID: **9YXI12**

Ms. Sherry Snider, Administrator
Maud Residential Care
403 W Wanda Jackson Blvd
Maud, OK 74854

Dear Ms. Snider:

On **May 6, 2026**, an offsite/paper revisit was conducted for 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 relicensure survey on **March 26, 2026,** have now been corrected and your facility is in compliance with licensure standards effective **May 6, 2026**.

If you have any questions concerning the information in this letter, please contact this office at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

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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 _____	R 05/06/2026

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

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{R 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 05/06/26. All deficiencies from the 03/26/26 survey were cleared.	{R 000}		

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