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February 13, 2023

License Number: RC6601
Survey Event ID: B5PK11

Ms. Tracy Copp, Administrator
Copps Residential Care, Inc.
14092 East 500 Road
Claremore, OK 74017

Dear Ms. Copp:

Enclosed is a report of the inspection conducted at your Residential Care facility on **February 7, 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.

Sincerely,

A handwritten signature in black ink that reads "Lisa Calvin". The signature is written in a cursive, flowing style.

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

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC6601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2023
NAME OF PROVIDER OR SUPPLIER COPP'S RESIDENTIAL CARE, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 14092 EAST 500 ROAD CLAREMORE, OK 74017		
(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 re-licensure survey was conducted on 02/07/2023. Current census was 44. No deficient practice was identified.	R 000		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE