OKLAHOMA
State Department of Health

Delivery via email to: admin@dcrduncan.com

December 20, 2023

License Number: RC6901
Survey Event ID: 0L9S11

Ms. Althea Rene Brooks, Administrator
Duncan Community Residence
P.O. Box 1474
Duncan, OK 73534

Dear Ms. Brooks:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **November 20, 2023**. 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
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Duncan Community Residence, INC
Address: 1510 W Main St, Duncan, OK 73533
City, State, Zip: Duncan, OK, 73533
Provider #: RC6901
Complaint #: OK00061730
Investigation Date(s): 11/20/23

ALLEGATION(S)
The home neglected to know the location of the resident at all times, while residing at their facility, resulting in harm to the resident.

An unannounced on-site investigation was initiated 11/20/2023 at 9:00 A.M.

A sample of 6 residents, including any identified residents, 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, 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.

Facility Records and policies and procedures were reviewed with no concerns reported.

Staff and administrator were interviewed regarding staff duties with no concerns reported.

Residents were interviewed 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: 11/20/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Duncan Community Residence, INC
Address: 1510 W Main St, Duncan, OK 73533
City, State, Zip: Duncan, OK, 73533
Provider #: RC6901
Complaint #: OK00061731
Investigation Date(s): 11/20/23

ALLEGATION(S)
The home neglected to know the location of the resident at all times, while residing at their facility, resulting in harm to the resident.

An unannounced on-site investigation was initiated 11/20/2023 at 9:00 A.M.

A sample of 6 residents, including any identified residents, 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, 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.

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Staff and administrator were interviewed regarding staff duties with no concerns reported.

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Long Term Care Service

Date report completed: 11/20/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC6901	A. BUILDING: _____ B. WING _____	C 11/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN COMMUNITY RESIDENCE	**1510 WEST MAIN DUNCAN, OK 73534**

(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 Complaint investigations (#OK00061731 and #OK00061730) were conducted on 11/20/23. No deficiencies were cited.	R 000		

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