OKLAHOMA
State Department of Health

**Delivery via email to: Elizabeth.Chapman@Wagonerhr.com**

May 14, 2025

License Number: RC7303
Survey Event ID: **411Q11**

Ms. Elizabeth Chapman, Administrator
Wagoner Health & Rehab Res Care, Llc
9 Professional Drive
Bella Vista, AR 72715

Dear Ms. Chapman:

Enclosed is a report of the inspection conducted at your Residential Care facility on **May 2, 2025**. 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,

Tempal Killman

Tempal Killman, 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 |
|---|---|---|---|
| | RC7303 | A. BUILDING: _____ B. WING _____ | 05/02/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WAGONER HEALTH & REHAB RES CARE | 205 NORTH LINCOLN WAGONER, OK 74467 |

| (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<br><br>A State licensure recertification was conducted on 05/02/25. No deficiencies were cited | R 000 | | |

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