OKLAHOMA
State Department of Health

Delivery via email to: coneill@spanishcove.com

August 21, 2026

License Number: AL0906

Ms. Cheryl O'Neill, Administrator
Spanish Cove Housing Authority
11 Palm Avenue
Yukon, OK 73099

RE: Survey Event ID: UFJK11

Dear Ms. O'Neill:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **August 18, 2026.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Spanish Cove Housing Authority AL**
Address: **11 Palm Ave.**
City, State, Zip: **Yukon, OK 73099**
Provider #: **AL0906**
Complaint #: **OK00092616**
Investigation Date(s): **08/17/2026**

ALLEGATION(S)
The center failed to ensure residents did not elope.

An unannounced on-site investigation was initiated 08/14/2026 at 8:20 a.m.

A sample of 7 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: Resident records were reviewed including assessments, physician orders, nursing notes, treatment records, and contracts. Residents and family representatives were interviewed about facility policy, elopement practices and procedures. Staff were interviewed regarding elopement practices.

The attached State form, Statement of Deficiencies, 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: 08/17/2026

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
	AL0906	A. BUILDING: _____ B. WING _____	C 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPANISH COVE HOUSING AUTHORITY	11 PALM AVENUE YUKON, OK 73099

(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
C 000	INITIAL COMMENTS A relicensure survey with compliant (#OK00092616) was conducted from 08/17/26 through 08/18/26. No deficiencies were cited. Facility Census: 46	C 000		

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