OKLAHOMA
State Department of Health

Delivery via email to: ellengtonboyce@yahoo.com

August 26, 2026

License Number:

RC5405

Survey Event ID:

SRHG11
Ms. Ellington Boyce, Administrator
Boley Residential Care Home #2
P.O. Box 295
Boley, OK 74829

Dear Ms. Boyce:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **August 21, 2026**. 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,

Malinda Perry

Malinda Perry, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Boley Residential Care Home #2**
Address: **102 East Seward Ave.**
City, State, Zip: **Boley OK, 74829**
Provider #: **RC5405**
Complaint #: **OK00088746**
Investigation Date(s): **08/21/26**

ALLEGATION(S)

1. The home failed to provide adequate meals which included the four food groups in the recommended amounts

An unannounced on-site investigation was initiated 08/21/2026 at 11:30 a.m.

A sample of 4 residents, including 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.

Observations were made of meal service, menus posted, and food stores on hand. Residents were asked questions regarding balanced meals served, food options, and satisfaction with the amount of food. Staff were interviewed regarding food service, planned menus, and dietician oversight of menus. Records reviewed included policies, menus, substitution menus, and resident records.

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: 08/24/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Boley Residential Care Home #2**
Address: **102 East Seward Ave.**
City, State, Zip: **Boley OK, 74829**
Provider #: **RC5405**
Complaint #: **OK00088839**
Investigation Date(s): **08/21/26**

ALLEGATION(S)

1. The home failed to follow discharge policies and procedures.
2. The home failed to provide a diet that meet residents' nutritional needs and dietary preferences.

An unannounced on-site investigation was initiated 08/21/2026 at 11:30 a.m.

A sample of 4 residents, including 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.

Observations were made of meal service, menus posted, and food stores on hand. Residents were asked questions regarding balanced meals served, food options, and satisfaction with the amount of food. Resident families were asked questions regarding discharge policies and procedures. Staff were interviewed regarding food service, planned menus, and dietician oversight of menus. Records reviewed included policies, menus, substitution menus, medication destruction records, and resident discharge records.

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: 08/24/2026

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
	RC5405	A. BUILDING: _____ B. WING _____	08/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOLEY RESIDENTIAL CARE HOME #2	102 EAST SEWARD AVENUE BOLEY, OK 74829

(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 (#OK00088839 and #OK00088746) were conducted on 08/21/26. No deficiencies were cited. Facility Census: 42	R 000		

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