OKLAHOMA
State Department
of Health

Delivery via email to: autumnketcher2021@gmail.com

July 12, 2023

License Number: RC0201
Survey Event ID: IL6W11

Ms. Autumn Ketcher, Administrator
Sugar Mountain Retreat
27753 South Welling Rd.
Welling, OK 74471

Dear Ms. Ketcher:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **June 26, 2023**.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the space provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

- A statement of exactly how the facility has or intends to correct each deficiency.
- The method of correction. This includes who is responsible for the correction.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- A reasonable date of correction, which will normally be within 30 days of this notice.

NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process.** Please retain a copy of this completed form for your files.

In the event that we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable and we will request another Plan of Correction. If your plan of correction is acceptable, there will be no acknowledgement. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 426-8200.

OKLAHOMA
State Department
of Health

In accordance with O.S. 63 830.1, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833-RC). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833RC and the Oklahoma IDR Process Residential Care Centers.

The IDR request must be submitted within 30 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 On 06/26/23, a re-licensure was conducted. The following abbreviations will be seen throughout this document: MAT - Medication Administration Technician	R 000		
R 204 SS=E	310:680-3-3 (d) & (e)(1) INSPECTIONS, PHYSICIAN AND EMS SERVICES (d) An application for an initial license to operate a residential care home shall include documentation that the State Fire Marshal or the State Fire Marshal's representative has inspected and approved the home. Each application for renewal of a license for a residential care home with more than six beds shall include documentation of annual inspection and approval by the State Fire Marshal or the State Fire Marshal's representative. (e) The following items must be renewed annually: (1) An agreement with a physician to provide emergency medical services and consultation.	R 204		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 204	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the annual physician's and electrical inspection agreement was renewed. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: A document titled "Physician's Agreement" showed a signed date of 12/16/21. A document titled "Electrical Inspection" showed a signed date of 05/16/22. On 06/26/23 at 2:30 p.m., the Administrator stated, "The agreement should be renewed annually."	R 204		
R 227 SS=E	310:380-3-7 (a) RESIDENT RECORDS (a) All current documents which relate to the residents must be kept in the residential care home. Other records may be kept in the central business office or other location, but must be made available upon request by the Department. This Rule is not met as evidenced by: Based on observation, record review, and	R 227		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 227	Continued From page 2 interview, the facility failed to ensure resident records were available upon request for two (Client #6 and Client #8) of two sampled records reviewed. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: During review of records, Client # 6 and # 8 charts were not available for review. On 06/26/23 at 2:40 p.m., the Administrator stated, "I was not able to find the charts."	R 227		
R 309 SS=E	310:680-5-1 (9) GENERAL CRITERIA - GOOD REPAIR Residential care homes must meet or exceed the following requirements: (9) Each residential care home shall be maintained in good repair for operation and appearance. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the men's shower was in good repair and appearance. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings:	R 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 309	Continued From page 3 On 06/26/23 at 12:15 p.m, the men's shower was observed to have a hole in the floor. On 06/26/24 at 12:45 p.m., the Administrator was asked about the hole in the men's shower. The Administrator stated, "The hole had been there for two days. It happened over the weekend." On 06/26/23 at 1:40 p.m., MAT #1 was asked about the shower floor. MAT # 1 stated, "On May 15, 2023, I put the men's shower on the maintenance list and sent to accountant."	R 309		
R 326 SS=E	310:680-5-6 (d) BUILDING ELEMENTS - STORAGE SPACE (d) Adequate enclosed storage space shall be provided for items belonging to residents. Clothing, bedding, and residents's personal belongings shall be stored off the floor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure resident's personal belongings were stored off the floor for seven of (Room # 1, 2, 4, 8, 9, 15, 16 and #18) seven sampled resident rooms. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: During tour of the resident rooms #1, 2, 4, 8, 9, 15, 16 and #18, the following items were observed on the floor:	R 326		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 326	Continued From page 4 - clothes, - shoes, and - plastic tubs. On 06/26/23 at 2:40 p.m. the administrator was asked about the items on the floor in resident rooms. The administrator stated, "Yes, we need to put some items in storage."	R 326		
R 334 SS=E	310:680-5-7 (a) RESIDENT ROOMS - ACCOMMODATIONS (a) Each resident shall be provided with clean, comfortable orderly, and reasonable private living accommodations. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure resident rooms were clean and orderly for seven of seven sampled resident rooms. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: On 06/26/23, a tour of the facility showed the following: Room #1 with clothes on the floor and under the bed, Room # 2 with tubs, clothes and shoes under both beds, Room # 4 had more than one tub under the bed, Room # 8 had more than one tub under the bed, Room # 9 had more than one tub under the bed,	R 334		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 334	Continued From page 5 Room # 15 had shoes and clothes under the bed, Room # 16 had shoes and clothes under the bed, and Room # 18 had shoes under the bed. On 06/26/23 at 12:20 p.m., MAT #1 stated, "We try to remind the clients to clean their room but they say it's our job. So, to prevent an argument we clean the room."	R 334		
R 411 SS=E	310:680-9-1(j) FOOD SERVICE - Chapter 257 A residential care home shall be in compliance with Chapter 257 of this Title, regarding storage, preparation, and serving of food (including milk and ice). A residential care home may use residential equipment provided that the equipment must maintain hot and cold temperatures as required in OAC 310:257. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the proper storage and labeling of food items. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: On 06/26/23 at 12:00 P.M., an initial tour of the kitchen and food preparation area was	R 411		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 411	Continued From page 6 conducted. The following items were observed in the refrigerator: A. A plastic bag with meat with no label or date. On 06/26/23 at 2:19 p.m., MAT #2 was asked about the unlabeled meat. MAT #2 stated, "That's a ham from December. Someone took it out. We can throw it away." The following items were observed in the walk-in refrigerator: A. Two bags of sugar on the floor. On 06/26/23 at 2:25 p.m., asked about MAT #2 was asked about the sugar on the floor. MAT #2 stated, "I got busy and forgot to put it up." The following items were observed in the kitchen: A. A plastic container of sugar with a coffee mug used for dipping. B. A plastic opened half-full bag of macaroni shells on the shelf with pots and pans. On 06/26/23 at 2:36 p.m., MAT #2 was asked about the coffee cup in plastic tub of sugar. MAT #2 stated, " I forgot to take it out." MAT #2 stated the macaroni shells should not have been stored on the pots and pans shelf.	R 411		

OKLAHOMA
State Department
of Health

Delivery via email to: autumnketcher2021@gmail.com

September 1, 2023

License Number: RC0201
Survey Event ID: IL6W11

Ms. Autumn Ketcher, Administrator
Sugar Mountain Retreat
27753 South Welling Rd.
Welling, OK 74471

Dear Ms. Ketcher:

On **June 26, 2023**, a State Licensure survey was conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **August 21, 2023**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

enc

PRINTED: 07/12/2023
FORM APPROVED

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
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 On 06/26/23, a re-licensure was conducted. The following abbreviations will be seen throughout this document: MAT – Medication Administration Technician	R 000		
R 204 SS=E	310:680-3-3 (d) & (e)(1) INSPECTIONS, PHYSICIAN AND EMS SERVICES (d) An application for an initial license to operate a residential care home shall include documentation that the State Fire Marshal or the State Fire Marshal's representative has inspected and approved the home. Each application for renewal of a license for a residential care home with more than six beds shall include documentation of annual inspection and approval by the State Fire Marshal or the State Fire Marshal's representative. (e) The following items must be renewed annually: (1) An agreement with a physician to provide emergency medical services and consultation.	R 204	R 204 (d) Administrator located the OSFM Annual Inspection dated 08-02-2022. Administrator shall practice better filing and organization skills to ensure all documents are available upon request. Also, Administrator contact OSFM office for Annual Inspection. They will be in touch within 7-10 business days with a time and date for upcoming inspection that is due on 8/2/23. Admin. Shall have this document ready and available for the department at that time.	

PRINTED: 07/12/2023
FORM APPROVED

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
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 204	Continued From page 1 This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure the annual physician's and electrical inspection agreement was renewed. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: A document titled "Physician's Agreement" showed a signed date of 12/16/21. A document titled "Electrical Inspection" showed a signed date of 05/16/22. On 06/26/23 at 2:30 p.m., the Administrator stated, "The agreement should be renewed annually."	R 204	R 204 (e) able Administrator was ~~about~~ to print off updated Physician's Agreement off computer on 6-30-23. Admin shall keep all "Annual Agreements and Inspections in a binder to ensure they will be available for the Department upon request as of 7/28/23	
R 227 SS=E	310:380-3-7 (a) RESIDENT RECORDS (a) All current documents which relate to the residents must be kept in the residential care home. Other records may be kept in the central business office or other location, but must be made available upon request by the Department. This Rule is not met as evidenced by: Based on observation, record review, and	R 227		

PRINTED: 07/12/2023
FORM APPROVED

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
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 227	Continued From page 2 interview, the facility failed to ensure resident records were available upon request for two (Client #6 and Client #8) of two sampled records reviewed. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: During review of records, Client # 6 and # 8 charts were not available for review. On 06/26/23 at 2:40 p.m., the Administrator stated, "I was not able to find the charts."	R 227	R 227 Administrator found client #6 and Client #8 records on 06-27-23. Admins will put into correct filing cabinet to ensure client's documents will be able to be found easier for future surveys. Admin shall have client records available for the department when they come back out on or before 08-01-23	
R 309 SS=E	310:680-5-1 (9) GENERAL CRITERIA - GOOD REPAIR Residential care homes must meet or exceed the following requirements: (9) Each residential care home shall be maintained in good repair for operation and appearance. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the men's shower was in good repair and appearance. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings:	R 309	R 309 Shower was repaired on 6-30-23. Administrator will implement a work order form to ensure timely action on maintenance issues. Date implemented 7-25-23	

PRINTED: 07/12/2023
FORM APPROVED

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
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 309	Continued From page 3 On 06/26/23 at 12:15 p.m, the men's shower was observed to have a hole in the floor. On 06/26/24 at 12:45 p.m., the Administrator was asked about the hole in the men's shower. The Administrator stated, "The hole had been there for two days. It happened over the weekend." On 06/26/23 at 1:40 p.m., MAT #1 was asked about the shower floor. MAT # 1 stated, "On May 15, 2023, I put the men's shower on the maintenance list and sent to accountant."	R 309		
R 326 SS=E	310:680-5-6 (d) BUILDING ELEMENTS - STORAGE SPACE (d) Adequate enclosed storage space shall be provided for items belonging to residents. Clothing, bedding, and residents's personal belongings shall be stored off the floor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure resident's personal belongings were stored off the floor for seven of (Room # 1, 2, 4, 8, 9, 15, 16 and #18) seven sampled resident rooms. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: During tour of the resident rooms #1, 2, 4, 8, 9, 15, 16 and #18, the following items were observed on the floor:	R 326	R 326 Administrator will implement room organization and declutter practices for residents. Estimated completion of declutter of all resident rooms will be 08-21-23. At that time room shall be inspected every morning to ensure a clean and organized room before going to daily rehab treatment.	

PRINTED: 07/12/2023
FORM APPROVED

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
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 326	Continued From page 4 - clothes, - shoes, and - plastic tubs. On 06/26/23 at 2:40 p.m. the administrator was asked about the items on the floor in resident rooms. The administrator stated, "Yes, we need to put some items in storage."	R 326		
R 334 SS=E	310:680-5-7 (a) RESIDENT ROOMS - ACCOMMODATIONS (a) Each resident shall be provided with clean, comfortable orderly, and reasonable private living accommodations. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure resident rooms were clean and orderly for seven of seven sampled resident rooms. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: On 06/26/23, a tour of the facility showed the following: Room #1 with clothes on the floor and under the bed, Room # 2 with tubs, clothes and shoes under both beds, Room # 4 had more than one tub under the bed, Room # 8 had more than one tub under the bed, Room # 9 had more than one tub under the bed,	R 334	R 334-5-7 (a) Admin held inservice with staff and residents on 7/24/23 regarding storage. Residents will have 1 tub w/ lid in their room. Rooms will be monitored daily for cleanliness and clutter.	

PRINTED: 07/12/2023
FORM APPROVED

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
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 334	Continued From page 5 Room # 15 had shoes and clothes under the bed, Room # 16 had shoes and clothes under the bed, and Room # 18 had shoes under the bed. On 06/26/23 at 12:20 p.m., MAT #1 stated, "We try to remind the clients to clean their room but they say it's our job. So, to prevent an argument we clean the room."	R 334		
R 411 SS=E	310:680-9-1(j) FOOD SERVICE - Chapter 257 A residential care home shall be in compliance with Chapter 257 of this Title, regarding storage, preparation, and serving of food (including milk and ice). A residential care home may use residential equipment provided that the equipment must maintain hot and cold temperatures as required in OAC 310:257. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure the proper storage and labeling of food items. The "Resident List," received 06/26/23, documented 40 residents resided in the facility. Findings: On 06/26/23 at 12:00 P.M., an initial tour of the kitchen and food preparation area was	R 411	R 411 Administrator held inservice with staff on 7-15-23 on the proper labeling and storage of all food. Administrator has ensured all staff is current on food handlers safety classes. Administrator surveyed the storage site and has reorganized the food to stay in compliance. Daily walk-throughs will ensure that Sugar Mountain stay in food health compliance.	

PRINTED: 07/12/2023
FORM APPROVED

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
	RC0201	A. BUILDING: _____ B. WING _____	06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 411	Continued From page 6 conducted. The following items were observed in the refrigerator: A. A plastic bag with meat with no label or date. On 06/26/23 at 2:19 p.m., MAT #2 was asked about the unlabeled meat. MAT #2 stated, "That's a ham from December. Someone took it out. We can throw it away." The following items were observed in the walk-in refrigerator: A. Two bags of sugar on the floor. On 06/26/23 at 2:25 p.m., asked about MAT #2 was asked about the sugar on the floor. MAT #2 stated, "I got busy and forgot to put it up." The following items were observed in the kitchen: A. A plastic container of sugar with a coffee mug used for dipping. B. A plastic opened half-full bag of macaroni shells on the shelf with pots and pans. On 06/26/23 at 2:36 p.m., MAT #2 was asked about the coffee cup in plastic tub of sugar. MAT #2 stated, " I forgot to take it out." MAT #2 stated the macaroni shells should not have been stored on the pots and pans shelf.	R 411		

Maintenance Work Order Request Form

Person Initiating Request: _____ Date of Request: _____

Location: _____ Building: _____

Category: ☐ General Maintenance ☐ Plumbing ☐ Heat & Air ☐ Electrical

Describe your problem or request:

Maintenance Personnel:	Confirmation of Completion:
☐ Completed	Date Complete: _____
Date Complete _____	Requestee Signature:
Completed By: _____	_____
Signature:	Printed Name:
_____	_____
Comments:	Comments:

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

5

R334-5-7(2) Resident Room Accomidations (Re.)

Admin - had meeting w/ staff 7-24-23 & residents regarding shoes + tubs being in their rooms, + clothes needing to go to storage.

Residents will be only able to keep 1 tub in their room w/ tight fitted lid. That tub will be used only for dirty laundry. All other tubs will be labeled + put in storage buildings

expected date to have done for main build + the cottage is around 8/21/23

Also, as of 7/24/23 Admin has ordered shoe racks for residents shoes to be placed on depending on availability of shoe racks, this is estimated to have completed on or around 8/21/23 to ensure residents shoes are not laying on the floor, or under beds Anymore

Admin + Staff will monitor daily.

OKLAHOMA
State Department
of Health

Delivery via email to: autumnketcher2021@gmail.com

October 25, 2023

License Number: RC0201
Survey Event ID: IL6W12

Ms. Autumn Ketcher, Administrator
Sugar Mountain Retreat, Inc
25376 South Welling Road
Welling, OK 74471

Dear Ms. Ketcher:

On **October 11, 2023**, a revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Residential Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **June 26, 2023,** have now been corrected and your facility is in compliance with licensure standards effective **October 11, 2023**.

If you have any questions concerning the information in this letter, please contact this office 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC0201	A. BUILDING: _____ B. WING _____	R 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR MOUNTAIN RETREAT, INC	25376 SOUTH WELLING ROAD WELLING, OK 74471

(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 follow-up survey was conducted on 10/11/23. All deficiencies from 06/26/23 were corrected.	{R 000}		

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