OKLAHOMA
State Department
of Health

Delivery via email to: autumnketcher2021@gmail.com; missaky@live.com

December 11, 2023

License Number: RC0201
Survey Event ID: PHRV11

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

Dear Ms. Ketcher:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **November 30, 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: Sugar Mountain Retreat, INC
Address: 25396 S Welling Rd
City, State, Zip: Welling, OK, 74471
Provider #: RC0201
Complaint #: OK00061636
Investigation Date(s): 11/30/23

ALLEGATION(S)

The home failed to ensure residents were not physically, verbally or psychosocially abused.
The home failed to ensure residents received nutritious, palatable meals.

An unannounced on-site investigation was initiated 11/30/2023 at 8:00 A.M.

A sample of 8 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.

Staff records, certifications and duties were reviewed with no concerns reported.

Staff and facility director were interviewed regarding residents with no concerns reported.

Residents were interviewed with no concerns reported.

Food supplies was reviewed 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: 11/30/2023

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 _____	C 11/30/2023

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 complaint investigation (#OK00061636) was conducted on 11/30/23. No deficiencies were cited	R 000		

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