OKLAHOMA
State Department
of Health

**Delivery via email to:** autumnketcher2021@gmail.com; autumnketcher813@gmail.com

August 7, 2024

License Number: RC0201
Survey Event ID: 1XMB11

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 **July 29, 2024**. 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,

Clorissa Nubine

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

Enclosure

OKLAHOMA
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# INVESTIGATIVE REPORT

**Facility:** **Sugar Mountain Retreat, Inc.**
**Address:** **25376 South Welling Road**
**City, State, Zip:** **Welling, OK, 74471, Cherokee**
**Provider #:** **RC0201**
**Complaint #:** **OK00066024**
**Investigation Date:** **07/29/24**

| ALLEGATION(S) |
| --- |
| The facility failed to protect residents from sexual abuse. |

An unannounced on-site investigation was initiated 07/29/2024 at 8:30 am

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 entry and at various times throughout the survey. Common areas of the facility were observed to be clean and free of odors. Staff were observed assisting residents, providing care, and cleaning the facility.

Staff, residents, and the ombudsman were interviewed regarding abuse and neglect.

Records reviewed included: facility policies and procedures regarding abuse identification and reporting, employee records including documentation of abuse training, resident records and incident reports.

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: 07/29/2024

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 07/29/2024 |

| 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<br><br>A complaint investigation (#OK00066024) was conducted on 07/29/24. No deficiencies were cited.<br><br>Facility census: 37 | R 000 | | |

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