OKLAHOMA
State Department
of Health

Delivery via email to: millersrescare@yahoo.com

March 21, 2025

License Number: RC1803
Survey Event ID: **DC2H11**

Mr. Ron Kelley, Administrator
Miller Cozy Home, Inc.
P.O. Box 459
Vinita, OK 74301

Dear Mr. Kelley:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the complaint survey at your facility on **March 13, 2025**.

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.

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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.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: Miller's Residential Care, Llc
Address: 203 N Gunter Street
City, State, Zip: Vinita, Oklahoma 74301
Provider #:RC1803
Complaint #: OK00078889
Investigation Date(s): 03/13/25

ALLEGATION(S)
The facility failed to ensure adequate supervision to prevent accidents which resulted in death.
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/13/2025 at 8:00 a.m.

A sample of three 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:

Tours were conducted throughout the facility on arrival and throughout the two-day survey. Staff /resident interactions were observed and interviews conducted.
Residents communicated they felt safe and comfortable within the facility. The administrative staff was interviewed and were able to voice their roll within the protocols, including time frames for the reporting of such incidents and the investigative process.
The sampled residents' clinical records were reviewed. Incident reports, State Reportable incident reports, facility investigations, facility policy/procedures, facility in-services, and the onboarding (hiring) process (background checks and in-services conducted prior to working around residents in the facility).

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: 03/13/2025

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
	RC1803	A. BUILDING: _____ B. WING _____	C 03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S RESIDENTIAL CARE, LLC	203 NORTH GUNTER VINITA, OK 74301

(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 (#OK00078889) was conducted on 03/13/25. Facility Census: 54 Listed below are abbreviations that will be used throughout this document. OSDH - Oklahoma State Department of Health	R 000		
R 250 SS=D	310:680-3-10 (c) ABUSE OR NEGLECT - PROTECTIONS (c) The administrator of the residential care home who becomes aware of abuse or neglect of a resident shall immediately act to rectify the problem and shall make a report of the incident and its correction to the Department. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a missing resident within 1 business day for 1 (#5) of 3 sampled residents reviewed for neglect. The administrator identified 54 residents resided in the facility. Findings: A state report, dated 01/29/25, for Resident #5,	R 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC1803	A. BUILDING: _____ B. WING _____	C 03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S RESIDENTIAL CARE, LLC	203 NORTH GUNTER VINITA, OK 74301

(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 250	Continued From page 1 showed an initial incident of elopement which occurred on 01/25/25. The initial report was received by OSDH four days after the incident. No follow up or investigation was filed with OSDH. On 03/13/25 at 4:30 p.m., the administrator stated the initial incident report was late as the fax machine was not working, and they were aware it was not submitted in the required time frame.	R 250		

OKLAHOMA
State Department of Health

Delivery via email to: Donna Kelley <millersrescare@yahoo.com>

April 30, 2025

License Number: RC1803
Survey Event ID: **DC2H11**

Ms. Donna Kelley, Administrator
Miller Cozy Home, Inc.
P.O. Box 459
Vinita, OK 74301

Dear Ms. Kelley:

On **March 13, 2025**, a complaint investigation 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 will be corrected and you will be in substantial compliance by **March 24, 2025**.

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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
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
	RC1803	A. BUILDING: _____ B. WING _____	C 03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S RESIDENTIAL CARE, LLC	203 NORTH GUNTER VINITA, OK 74301

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R 000	INITIAL COMMENTS A complaint investigation (#OK00078889) was conducted on 03/13/25. Facility Census: 54 Listed below are abbreviations that will be used throughout this document. OSDH - Oklahoma State Department of Health	R 000	An Inservice was conducted on 3/24/2025 discussing that we will all explore temporary fax solutions if in the future the fax line is not working properly while trying to send a report into OSDH. Administrator Donna Kelley will take report to other residential care facility that she owns or utilize an online fax service. Admin will be in communication with OSDH via phone to inform the recipient about the fax line being down and confirm alternative submission methods of incident reports. We will continue to keep records of document delays and any subsequent actions taken to submit reports.	3/24/2025
R 250 SS=D	310:680-3-10 (c) ABUSE OR NEGLECT - PROTECTIONS (c) The administrator of the residential care home who becomes aware of abuse or neglect of a resident shall immediately act to rectify the problem and shall make a report of the incident and its correction to the Department. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report a missing resident within 1 business day for 1 (#5) of 3 sampled residents reviewed for neglect. The administrator identified 54 residents resided in the facility. Findings: A state report, dated 01/29/25, for Resident #5,	R 250		

Oklahoma State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Donna Kelley TITLE Owner/Admin (X6) DATE 4/30/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC1803	A. BUILDING: _____ B. WING _____	C 03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S RESIDENTIAL CARE, LLC	203 NORTH GUNTER VINITA, OK 74301

(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 250	Continued From page 1 showed an initial incident of elopement which occurred on 01/25/25. The initial report was received by OSDH four days after the incident. No follow up or investigation was filed with OSDH. On 03/13/25 at 4:30 p.m., the administrator stated the initial incident report was late as the fax machine was not working, and they were aware it was not submitted in the required time frame.	R 250		

OKLAHOMA
State Department of Health

Delivery via email to: millersrescare@yahoo.com

May 7, 2025

License Number: RC1803
Survey Event ID: **DC2H12**

Ms. Donna Kelley, Administrator
Miller's Residential Care, Llc
203 North Gunter
Vinita, OK 74301

Dear Ms. Kelley:

On **May 7, 2025**, an offsite/paper revisit was conducted for 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 complaint survey on **March 13, 2025,** have now been corrected and your facility is in compliance with licensure standards effective **March 24, 2025**.

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 II
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
	RC1803	A. BUILDING: _____ B. WING _____	R-C 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILLER'S RESIDENTIAL CARE, LLC	203 NORTH GUNTER VINITA, OK 74301

(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 An offsite/paper revisit was conducted on 05/07/25. The facility was in substantial compliance.	{R 000}		

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