OKLAHOMA
State Department of Health

Delivery via email to: millersrescare@yahoo.com

January 13, 2026

License Number: Rc1803
Survey Event ID: **JO2G11**

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

Dear Ms. Kelley:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care Facility on **December 12, 2025**.

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 60 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.

You must submit an acceptable plan of correction within ten business days of receipt of the deficiencies identified on the STATE FORM. Please submit your plan of correction under the second column on the STATE FORM. Address each deficiency, and include the month, day, and year of the expected completion date in the third column. Sign, date, and indicate your title in the appropriate blocks on page 1 of the form. Return the STATE FORM with your completed plan of correction by email to:

OSDH.LTCEnforcement@health.ok.gov

Or send by mail to:

OKLAHOMA
State Department of Health

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

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 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.

You will be notified of any enforcement actions being taken. If you have questions or need assistance, please feel free to contact me at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

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of Health

INVESTIGATIVE REPORT

Facility: Miller's Residential Care, LLC
Address: 203 North Gunter
City, State, Zip: Vinita, Ok, 74301, Craig
Provider #: RC1308
Complaint #: OK00088130
Investigation Date(s):12/09/25-12/12/25

ALLEGATION(S)

The facility failed to ensure residents were free from sexual abuse.

An unannounced on-site investigation was initiated 12/09/2025 at 12:45 a.m.

A sample of 3 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 Centers for Medicare and Medicaid Services (CMS) 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 at entrance and at various times throughout the facility.

Physician orders were reviewed. Incidents reports, progress notes, nursing notes, minimum data set and care plans were reviewed. Therapeutic diets, facility policy and procedures were reviewed.

Consumers and staff interactions were observed.

Consumers were asked if they had any concerns.

Consumers were asked if they felt safe.

Consumers were if they knew to file a complaint.

Consumers were asked if there was anything they would like to report?

Staff were asked about abuse and neglect according to policy.

Staff were asked about incidents and if they would report to supervisor.

The attached CMS 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: 12/22/2025

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	RC1803	A. BUILDING: _____ B. WING _____	C 12/12/2025

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 Complaint investigation (#OK00088130) was conducted from 12/09/25 through 12/12/25. Deficiencies were cited as a result of the survey. Facility Census: 50 Listed below are abbreviations that will be used throughout this document: Admin. Assistant-administration assistant CMA-certified medical assistant DEPT-department DHS-department of human services IJ-immediate jeopardy LLC-limited liability company Main. Sup.-maintenance supervisor ODMH-oklahoma department of mental health OSDH-oklahoma state department of health POR-plan of removal PTSD-post traumatic stress disorder SIC-supervisor in charge	R 000		
R 249 SS=J	310:680-3-10 (b) ABUSE OR NEGLECT - REPORTING (b) Any individual who becomes aware of abuse or neglect of a resident shall report the matter immediately to the Department and comply with other reporting requirements provided in the O.S. Title 43A, section 10-104.	R 249		

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R 249	Continued From page 3 notifications to family. The deficiency remained at an isolated level with the potential for more than minimal harm. Based on record review and interview, the facility failed to; a. report to OSDH an allegation of abuse, b. investigation thorougly an allegation of abuse, and c. report inappropriate sexual behaviors for 2 (#1 and #2) of 3 residents sampled for sexual abuse. The administrator identified 50 residents resided in the facility. Findings: An undated facility policy titled "Regarding Accusation of Abuse and Neglect," read in part, "In order to assure individuals/consumers that alleged abuse will not be repeated, the following steps will be taken in order to provide protection for the individual making the allegation: 1. An investigation will be conducted and consumers will be separated until investigation is completed. 2. Administrator will notify the following persons and agencies if allegations are found and substanitated. 1)family, 2)DHS, 3)police, 4)Dept. of Health, 5) Dept. of Mental Health 5)[sic] [sic]Ombudsmen. 3. The proper form and documentation will be made in accordance with the listed agencies above. 4.Investigation of the allegation will be made in accordance with the listed agencies above recommendation for actions pending will be prescribed plan of action." 1. An undated diagnoses report showed Resident #1 had a diagnoses of schizophrenia and PTSD. The report showed Resident #1 was competent	R 249		

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R 249	Continued From page 4	R 249		

for daily decision making skills.

On 12/09/25 at 1:27 p.m., Resident #1 stated they were afraid to talk about the sexual abuse because it made them fearful. Resident #1 stated their old room mate, Resident #2 touched them in the private area about two to three weeks prior.

On 12/10/25 at 12:51 p.m., Resident #1 stated they did not feel comfortable with Resident #2 across the hall because Resident #2 called them a "bitch."

2. An undated diagnoses report showed Resident #2 had a diagnoses of schizo-affective disorder and bipolar disorder. The report showed Resident #2 was competent for daily decision making skills.

On 12/09/25 at 1:33 p.m., Resident #2 stated they did not remember touching Resident #1. Resident #2 stated they were sleepwalking, they tripped, and fell that night. They stated it was dark in the room.

On 12/09/25 at 3:11 p.m., CMA #1 stated there was an allegation of Resident #2 touching Resident #1 in the private area. CMA #1 stated Resident #1 reported Resident #2 was hovering over them and it scared them because they had post traumatic stress disorder. They stated Resident #2 was cussing Resident #1 out and blamed it on sleepwalking.

On 12/09/25 at 3:12 p.m., CMA #1 stated, family representative stated Resident #1 told them Resident #2 put their hand down Resident #1's pants and Resident #1 was afraid to tell anyone.

On 12/09/25 at 3:20 p.m., CMA #1 stated they did

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R 249	Continued From page 5 not know how to file a incident report when an abuse allegation was made. On 12/09/25 at 3:54 p.m., the business office manger stated after CMA #1 called and reported the incident, and they did not do an incident report. On 12/09/25 at 4:00 p.m., the business office manager stated they did not report to OSDH and law enforcements the sexual abuse allegation. On 12/09/25 at 4:03 p.m., the administrator stated they were supposed to write an incident report and investigate the incident. The administrator stated they did not complete training on abuse or incident reporting recently. On 12/10/25 at 12:52 p.m., Resident #3 stated they had witnessed Resident #2 calling Resident #1 a "bitch."	R 249		

OKLAHOMA
State Department of Health

Delivery via email to: millersrescare@yahoo.com

January 29, 2026

License Number: RC1803
Survey Event ID: **JO2G11**

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

Dear Ms. Kelley:

On **December 12, 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 **January 16, 2026**.

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

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R 249	Continued From page 4 for daily decision making skills. On 12/09/25 at 1:27 p.m., Resident #1 stated they were afraid to talk about the sexual abuse because it made them fearful. Resident #1 stated their old room mate, Resident #2 touched them in the private area about two to three weeks prior. On 12/10/25 at 12:51 p.m., Resident #1 stated they did not feel comfortable with Resident #2 across the hall because Resident #2 called them a "bitch." 2. An undated diagnoses report showed Resident #2 had a diagnoses of schizo-affective disorder and bipolar disorder. The report showed Resident #2 was competent for daily decision making skills. On 12/09/25 at 1:33 p.m., Resident #2 stated they did not remember touching Resident #1. Resident #2 stated they were sleepwalking, they tripped, and fell that night. They stated it was dark in the room. On 12/09/25 at 3:11 p.m., CMA #1 stated there was an allegation of Resident #2 touching Resident #1 in the private area. CMA #1 stated Resident #1 reported Resident #2 was hovering over them and it scared them because they had post traumatic stress disorder. They stated Resident #2 was cussing Resident #1 out and blamed it on sleepwalking. On 12/09/25 at 3:12 p.m., CMA #1 stated, family representative stated Resident #1 told them Resident #2 put their hand down Resident #1's pants and Resident #1 was afraid to tell anyone. On 12/09/25 at 3:20 p.m., CMA #1 stated they did	R 249		

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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 249	Continued From page 5 not know how to file a incident report when an abuse allegation was made. On 12/09/25 at 3:54 p.m., the business office manger stated after CMA #1 called and reported the incident, and they did not do an incident report. On 12/09/25 at 4:00 p.m., the business office manager stated they did not report to OSDH and law enforcements the sexual abuse allegation. On 12/09/25 at 4:03 p.m., the administrator stated they were supposed to write an incident report and investigate the incident. The administrator stated they did not complete training on abuse or incident reporting recently. On 12/10/25 at 12:52 p.m., Resident #3 stated they had witnessed Resident #2 calling Resident #1 a "bitch."	R 249	Held an employee meeting/ inservice on 12/11/2025 in regards to abuse & neglect what the definitions are to both and when to report these allegations and who to report them to. We will discuss and refresh these at our monthly inservice meetings if anyone has anything to report on abuse and/or neglect. We will also remind staff that incident reports are to be made and sent in with in 24 hours. Administrator will monitor and make sure this is being done at every inservice/meeting. We will continue at our monthly resident council meetings to remind residents to always report abuse and/or neglect to staff. Administrator will monitor resident council meetings and make sure this is being done monthly.	1/16/2025

OKLAHOMA
State Department of Health

Delivery via email to: millersrescare@yahoo.com

March 23, 2026

License Number: RC1803

Ms. Michelle Ramirez, Administrator
Miller's Residential Care, LLC
P.O. Box 459
Vinita, OK 74301

Survey Event ID: JO2G12

Dear Ms. Ramirez:

Enclosed is the summary of deficiencies following the revisit conducted at your Residential Care facility on **March 10, 2026**. The findings of the revisit indicate the deficiencies cited during your complaint survey on **December 12, 2025**, have now been corrected effective **January 16, 2026.**

You will be notified of any enforcement actions being taken. If you have any questions or need assistance, please feel free to send an email to OSDH.LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, the survey processes or deficiencies, and your inquiry will be directed appropriately.

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 03/10/2026

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{R 000}	INITIAL COMMENTS A revisit was conducted on 03/10/26. All deficiencies from the 12/12/25 survey were cleared.	{R 000}		

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