OKLAHOMA
State Department of Health

Delivery via email to: millersrescare@yahoo.com

April 1, 2026

License Number: RC1803
Survey Event ID: **M4GI11**

Michelle Ramirez, Administrator
Miller Cozy Home, Inc.
P.O. Box 459
Vinita, OK 74301

Dear Ms. Ramirez:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **March 24, 2026**. 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 II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Miller's Residential Care, LLC**
Address: **203 North Gunter**
City, State, Zip: **Vinita, OK, 74301, Craig**
Provider #: **RC1803**
Complaint #: **OK00090202**
Investigation Date: **03/24/26**

ALLEGATIONS

The facility failed to protect residents from sexual abuse by another resident.
The home failed to ensure residents were appropriate for admission.

An unannounced on-site investigation was initiated 03/24/2026 at 8:45a.m.

A sample of 3 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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 upon entrance and at other various times throughout the survey. Resident hallways were observed for staff assistance with resident care needs, staff/resident interactions, and the presence of obnoxious and/or foul odors.

Resident council minutes, incident reports, policies and procedures, client medical records and staffing data were reviewed

Staff members, the ombudsman, and residents were interviewed regarding sexual abuse.

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: 03/26/2026

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 03/24/2026

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 (#OK00090202) was conducted on 03/24/26. No deficiencies were cited. Facility Census: 47	R 000		

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