OKLAHOMA
State Department of Health

July 6, 2023

License Number: RC5810
Survey Event ID: FDZY11

Mrs. Tracy Wheatley, Administrator
Rt 66 Residential
Po Box 466
Afton, OK 74331

Dear Mrs. Wheatley:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **June 20, 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.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Rt. 66 Residential Care Home
Address: 21992 S Hwy 69
City, State, Zip: Afton, OK 74331
Provider #: RC5810
Complaint #: OK00059342
Investigation Dates: 06/19/23 through 06/20/23

ALLEGATION

The home failed to follow discharge policies and procedures.

An unannounced on-site investigation was initiated 06/19/2023 at 2:15p.m.

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 entrance and at various times throughout the survey. The client hallways were observed to be clean and free of odors. Clients were observed in the common areas visiting and playing games.

Client records were reviewed including admission and discharge policies and grievances

Residents were interviewed related to care and safety.

Staff were interviewed related to policy and procedures.

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: 06/21/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Rt. 66 Residential Care Home
Address: 21992 S. Hwy 69
City, State, Zip: Afton, Ok 74331
Provider #: RC5810
Complaint #: OK00060797
Investigation Dates: 06/19/23 through 06/20/23

ALLEGATIONS

enter text The home failed to ensure supervision was provided to prevent accidents
enter text The home failed to ensure adequate monitoring was completed for use if antipsychotic medications.

An unannounced on-site investigation was initiated 06/19/2023 at 2:15p.m.

A sample of four 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 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 various times throughout the survey. Client hallways were clean and free of odors. Clients were observed in the common areas playing games and visiting.

Client records were reviewed including admission forms, medication administration and grievance records.

Residents were interviewed related to care and safety.

Staff members were interviewed regarding policy and procedure.

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: 06/21/2023

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
	RC5810	A. BUILDING: _____ B. WING _____	C 06/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RT 66 RESIDENTIAL CARE HOME, LLC	21992 S HWY 69 AFTON, OK 74331

(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 Complaint investigations (#OK00059342 and #OK00060797). No deficiencies were cited.	R 000		

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