OKLAHOMA
State Department of Health

Delivery via email to: twheatley@aftonschools.net

September 15, 2026

License Number: RC5810
Survey Event ID: **11VU11**

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

Dear Ms. Wheatley:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **September 10, 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: RT 66Residential Care Home LLC
Address: 21992 S HWY 69
City, State, Zip: Afton, OK., 74331
Provider #: RC5810
Complaint #: OK00087442
Investigation Date(s): 09/09/26 through 09/10/26

ALLEGATION(S)

1. The facility failed to ensure interventions were in place to decrease the risk for falls.
2. The facility failed to complete assessments to ensure medications were administered as needed, according to the physician orders.

An unannounced on-site investigation was initiated 09/09/2026 at 3:00 p.m.

A sample of 3 residents, including 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey.

Observations were made of residents' rooms, sinks, bathrooms, and the entire facility. Records reviewed included incident reports, grievances, assessments, hospital records, contracts, and facility policies. Residents were interviewed regarding concerns related to medication administration and changes in condition. Staff were interviewed regarding facility policies regarding falls, medication administration policies and procedures, and changes in conditions.

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: 09/11/2026

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
	RC5810	A. BUILDING: _____ B. WING _____	C 09/10/2026

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 A complaint investigation (#OK00087442) was conducted from 09/09/26 through 09/10/26. No deficiencies were cited. Facility Census: 34	R 000		

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