OKLAHOMA
State Department of Health

Delivery via email to: jbyerly@homesteadofelkcity.com; tvidaurri@homesteadofelkcity.com

June 27, 2025

License Number: AL0501

Ms. Julie Byerly, Administrator
Homestead Of Elk City
1000 Elkwood Blvd
Elk City, OK 73644

RE: Survey Event ID: LJ0811

Dear Ms. Byerly:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **June 19, 2025.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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: **Homestead of Elk City**
Address: **1000 Elkwood Blvd**
City, State, Zip: **Elk City, OK. 74010**
Provider #: **AL0501**
Complaint #: **OK00083545**
Investigation Date: **06/17/25 through 06/19/25**

ALLEGATION(S)
1. The center failed to ensure staff recognized/followed the resident's code status.

An unannounced on-site investigation was initiated 06/17/2025 at 10:00 a.m.

A sample of three participants, including any identified participants, 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 into the center. Residents were observed for abuse and neglect concerns. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, grievances, and fire chief report. Residents and staff were asked questions regarding, resident rights, CPR, and abuse training.

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: 02/06/2025

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
	AL0501	A. BUILDING: _____ B. WING _____	C 06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF ELK CITY	1000 ELKWOOD BLVD ELK CITY, OK 73644

(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
C 000	INITIAL COMMENTS A relicensure survey with complaint (#OK00083545) was conducted from 06/17/25 through 06/19/25. No deficiencies were cited. Facility Census: 27	C 000		

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