
Delivery via email to: SLee@homesteadofweatherford.com

June 19, 2024

License Number: AL2003

Ms. Stacey Lee, Administrator
Homestead Of Weatherford
3601 East Main
Weatherford, OK 73096

RE: Survey Event ID: DL0L11

Dear Ms. Lee:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **June 5, 2024**. 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, 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: AL2003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/05/2024
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NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF WEATHERFORD	STREET ADDRESS, CITY, STATE, ZIP CODE 3601 EAST MAIN WEATHERFORD, OK 73096
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(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 was conducted from 06/03/24 through 06/05/24. No deficiencies were cited. Facility Census: 44	C 000		

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