OKLAHOMA
State Department
of Health

**Delivery via email to:** bgriesel@homesteadofbethany.com

November 29, 2023

License Number: AL5502

Ms. Bre'Ana Griesel, Administrator
Homestead Of Bethany
4101 North Council Road
Bethany, OK 73008

**RE: Survey Event ID: O0ZJ11**

Dear Ms. Griesel:

On **October 18, 2023**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **October 18, 2023**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: http://www.ok.gov/health. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL5502 | A. BUILDING: _____ B. WING _____ | 10/18/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMESTEAD OF BETHANY | 4101 NORTH COUNCIL ROAD BETHANY, OK 73008 |

| (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<br><br>A relicensure survey was conducted from 10/17/23 through 10/18/23. | C 000 | | |
| C 711 SS=F | 310:663-7-1(a) GENERAL REQUIREMENTS<br><br>(a) Each assisted living center shall comply with applicable construction and safety standards pursuant to Title 74 O.S. Sections 317 through 324.21.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the center failed to ensure fire safety inspections were completed annually.<br><br>The "Assisted Living Resident Condition And Care Overview" report, dated 10/17/23, documented 15 residents resided at the center.<br><br>Findings:<br><br>Review of center documents revealed a "Bethany Fire Department Inspection form 2", dated 07/13/21.<br><br>On 10/17/23 at 4:47 p.m., when asked if any fire | C 711 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL5502 | A. BUILDING: _____ B. WING _____ | 10/18/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMESTEAD OF BETHANY | 4101 NORTH COUNCIL ROAD BETHANY, OK 73008 |

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|---|---|---|---|---|
| C 711 | Continued From page 1<br>safety inspections had been conducted at the center since 07/13/21, the Executive Director stated, "No." When asked if they could provide the center's Fire Marshal reports for the last 12 months, the Executive Director stated they could not. | C 711 | | |

OKLAHOMA
State Department
of Health

**Delivery via email to**: bgriesel@homesteadofbethany.com

December 4, 2023

License Number: AL5502

Ms. Bre'Ana Griesel, Administrator
Homestead Of Bethany
4101 North Council Road
Bethany, OK 73008

**RE: Survey Event O0ZJ11**

Dear Ms. Griesel:

On **October 18, 2023**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. **Our acceptance does not absolve the facility's responsibility for compliance** should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **December 29, 2023**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

| Oklahoma State Department of Health<br>Creating a State of Health<br><br>Protective Health Services<br>Long Term Care Service | **OPTIONAL PLAN OF CORRECTION TEMPLATE**<br>**Current Date: 12/1/2023**<br>**Facility Name:** Homestead of Bethany<br>**License Number:** AL5502<br>**Survey Event ID:** O0ZJ11<br>**Date Survey Completed: 10/18/2023** |
|---|---|

| **SUMMARY OF DEFICIENCY CITED BY OSDH** | |
|---|---|
| ID Prefix Tag: C711 | Based on: Record review and interview, the center failed to ensure fire safety inspections were completed annually |

**ASSISTED LIVING CENTER'S PLAN OF CORRECTION**

Assisted Living Center's Comments: It is the intent of this center to be in compliance with all state rules and regulations. This center will implement actions to correct deficiency

| **REQUIRED ELEMENTS OF A PLAN** | **ASSISTED LIVING CENTER'S PLAN ELEMENTS** |
|---|---|
| 1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice? | The center will ensure that a fire safety inspection occurs by 10/30/23. The center will place calendar reminders to schedule annual fire safety inspections going forward and ensure completion thereof by 10/19/23. See Addendum A for Fire Safety Inspection completed 10/23/23 |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 2. How will other residents having the potential to be affected by the same deficient practice be identified? | All residents of the center are affected by fire safety. The center will ensure that a fire safety inspection occurs by 10/30/23. The center will place calendar reminders to schedule annual fire safety inspections going forward and ensure completion thereof by 10/19/23. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? | The center will ensure that a fire safety inspection occurs by 10/30/23. The center will place calendar reminders to schedule annual fire safety inspections going forward and ensure completion thereof by 10/19/23. A copy of the fire safety inspection will be kept in a binder and appropriately labeled and audited quarterly, for completion of annual inspection, by the Director beginning with end of 4th quarter, 2023. See Addendum B. |
| OSDH Response: Element accepted Yes ☐ No ☐ | |
| 4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:<br>a. How the correction will be evaluated for effectiveness;<br>b. How the correction will be incorporated into the center's quality assurance system; and<br>c. How monitoring records will be kept to evidence the correction. | A copy of the fire safety inspection will be kept in a binder and appropriately labeled and audited quarterly, for completion of annual inspection, by the Director beginning with end of 4th quarter, 2023. Director will sign off that audit was completed at the end of each quarter beginning with the end of the 4th quarter, 2023. This sheet will be kept with the fire safety inspection in a binder. See Addendum B.<br><br>Director will sign off that audit was completed at the end of each quarter beginning with the end of the 4th quarter, 2023. This sheet will be kept with the fire safety inspection in a binder. See Addendum B. |

| | |
|---|---|
| | Director and Regional Clinical Consultant or Regional Vice President will review documentation of fire safety inspection quarterly beginning with the end of the 4th quarter, 2023. See Addendum B<br><br>Director and Regional Clinical Consultant or Regional Vice President will review documentation of fire safety inspection quarterly beginning with the end of the 4th quarter, 2023. Either the Regional Clinical Consultant or the Regional Vice President will sign off when audit is completed at the end of each quarter beginning with the end of the 4th quarter, 2023. See Addendum B |
| **OSDH Response: Element accepted Yes ☐ No ☐** | |
| **5. On what date will corrective action be completed?** | 12/29/2023 |
| **OSDH Response: Element accepted Yes ☐ No ☐** | |
| **Administrator's Signature** OAC 310:663-25-4(F) Administrator signature required. | **Date** Enter a date of signature. 12-1-2023 |

**If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.**

| | | | |
|---|---|---|---|
| **Addendum Date** | Enter a date of addendum. | **Submitted by** | Enter name of person submitting addendum. |

**Items Below Are For OSDH Use Only**

Plan of Correction: ☐ Acceptable ☐ Unacceptable **Date:** Click here to enter a date. **Surveyor:** Surveyor

**If Plan of Correction is unacceptable, the reasons are as follows:** Click here to enter text.
**Facility in Compliance by:** Click here to enter a date.

# Addendum A

# Bethany Fire Department

Occupancy: **Homestead Assisted Living Center**
Occupancy ID:
Address: **4101 Council RD Bethany OK 73008**

Form: Existing Building

Inspection Type: **Reinspection**
Inspection Date: **10/23/2023** By: Biswell, Matthew L (301)
Time In: **02:30** Time Out: **02:45**
Authorized Date: **10/24/2023** By: Biswell, Matthew L (301)
Next Inspection Date: **No Inspection Scheduled**

## Inspection Description:

New and existing construction and occupancies shall comply with all City of Bethany Ordinances, the 2018 International Fire Code (IFC), the 2018 International Building Code (IBC), the 2018 Existing Building Code, and the National Fire Codes. Items not addressed in the following inspection are still enforceable by the above-mentioned Codes and Ordinances. General authority and Responsibilities - Section 104.1 IFC (2018)

## Inspection Topics:

### Occupancy Type

Assembly Group A-1

Group A-1 occupancy includes assembly uses, usually with fixed seating, intended for the production and viewing of the performing arts or motion pictures including, but not limited to: 1. Motion picture theaters Symphony and concert halls 2. Television and radio studios admitting an audience 3. Theaters

**Status:**
**Notes:**

Assembly Group A-2

Group A-2 occupancy includes assembly uses intended for food and/or drink consumption including, but not limited to: 1. Banquet halls 2. Casinos (gaming areas) 3. Nightclubs 4. Restaurants, cafeterias and similar dining facilitates (including associated commercial kitchens) 5. Taverns and bars

**Status:**
**Notes:**

Assembly Group A-3

Group A-3 occupancy includes assembly uses intended for worship, recreation or amusement and other assembly uses not classified elsewhere in Group A including, but not limited to: 1. Amusement arcades 2. Art galleries 3. Bowling alleys 4. Community halls 5. Courtrooms 6. Dance halls (not including food or drink consumption 7. Exhibition halls 8. Funeral parlors 9. Greenhouses for the conservation and exhibition of plants that provide public access 10. Gymnasiums (without spectator seating) 11. Indoor swimming pools (without spectator seating) 12. Indoor tennis courts (without spectator seating) 13. Lecture halls 14. Libraries 15. Museums 16. Places of religious worship 17. Pool and billiard parlors 18. Waiting areas in transportation terminals

**Status:**
**Notes:**

Assembly Group A-4

Group A-4 occupancy includes assembly uses intended for viewing of indoor sporting events and activities with spectator seating including, but not limited to: 1. Arenas 2. Skating rinks 3. Swimming pools 4. Tennis courts

**Status:**
**Notes:**

Assembly Group A-5

Group A-5 occupancy includes assembly uses intended for participation in or viewing outdoor activities including but not limited to: 1. Amusement park structures 2. Bleachers 3. Grandstands 4. Stadiums

**Status:**
**Notes:**

## Business Group B

Business Group B occupancy includes, among others, the use of a building or structure, or a portion thereof, for office, professional or service transactions, including storage of records and accounts.

**Status:**
**Notes:**

## Educational Group E

Educational Group E occupancy includes, among others, the use of a building or structure, or a portion thereof, by six or more persons at any one time for educational purposes through the 12th grade.

**Status:**
**Notes:**

## Group E, Day Care Facilities

This group includes buildings and structures or portions thereof occupied by more than five children older than 2 1/2 years of age who receive educational, supervision or personal care services for fewer than 24 hours per day.

**Status:**
**Notes:**

## Moderate-Hazard Factory Industrial, Group F-1

Factory industrial Group F occupancy includes, among others, the use of a building or structure, or a portion thereof, for assembling, disassembling, fabricating, finishing, manufacturing, packaging, repair or processing operations that are not classified as a Group H hazardous or Group S storage occupancy. Factory industrial uses that are not classified as Factory Industrial F-2 Low Hazard shall be classified as F-1 Moderate Hazard.

**Status:**
**Notes:**

## Low-Hazard Factory Industrial, Group F-2

Factory industrial uses that involve the fabrication or manufacturing of noncombustible materials that during finishing, packing or processing do not involve a significant fire hazard shall be classified as F-2 occupancies and shall include, but not limited to, the following: 1. Beverages, up to and including 16% alcohol content 2. Brick and masonry 3. Ceramic products 4. Foundries 5. Glass products 6. Gypsum 7. Ice 8. Metal products (fabrication and assembly)

**Status:**
**Notes:**

## High-Hazard Group H-1

Buildings and structures containing materials that pose a detonation hazard shall be classified as Group H-1, such materials shall include, but not be limited to, the following: 1. Detonable pyrophoric materials 2. Explosives divisions 1.1-1.6 3. Organic peroxides unclassified detonable 4. Oxidizers class 4 4 Unstable (reactive) materials class 3 detonable and class 4

**Status:**
**Notes:**

## High-Hazard Group H-2

Buildings and structures containing materials that pose a deflagration hazard or a hazard from accelerated burning shall be classified as Group H-2.

**Status:**
**Notes:**

## High-Hazard Group H-3

Buildings and structures containing materials that readily support combustion or that pose a physical hazard shall be classified as Group H-3.

**Status:**
**Notes:**

## High-Hazard Group H-4

Buildings and structures containing materials that are health hazards shall be classified as Group H-4.

**Status:**
**Notes:**

## High-Hazard Group H-5

Semiconductor fabrication facilities and comparable research and development areas in which hazardous production materials (HPM) are used and the aggregate quantity of materials is in excess of those listed in Tables 307.1 (1&2) shall be classified as Group H-5.

**Status:**
**Notes:**

## Institutional Group I-1

Institutional Group I-1 occupancy shall include buildings, structures or portions thereof for more than 16 persons, excluding staff, who reside on a 24-hour basis in a supervised environment and receive custodial care. Buildings of Group I-1 shall be classified as one of the occupancy conditions specified in Section 308.2.1 or 308.2.2.

**Status:**
**Notes:**

## Institutional Group I-2

Institutional Group I-2 occupancy shall include buildings and structures used for medical care on a 24-hour basis for more than five persons who are incapable of self preservation.

**Status:** Occupancy Classification
**Notes:**

## Institutional Group I-3

Institutional Group I-3 occupancy shall include buildings and structures that are inhabited by more than five persons who are under restraint or security. a Group I-3 facility is occupied by persons who are generally incapable of self-preservation due to security measures not under the occupant s' control.

**Status:**
**Notes:**

## Institutional Group I-4, Day Care Facilities

Institutional Group I-4 occupancy shall include buildings and structures occupied by more than five persons of any age who receive custodial care for fewer than 24 hours per day by persons other than parents or guardians, relatives by blood, marriage or adaption, and in a place other than the home of the person cared for.

**Status:**
**Notes:**

## Mercantile Group M

Mercantile Group M occupancy includes, among others, the use of a building or structure or a portion thereof for the display and sale of merchandise, and involves stocks of goods, wares or merchandise incidental to such purposed and accessible to the public.

**Status:**
**Notes:**

## Residential Group R-1

residential Group R-1 occupancies containing sleeping units where the occupants are primarily transient in nature.

**Status:**
**Notes:**

## Residential Group R-2

Residential Group R-2 occupancies containing sleeping units or more than two dwelling units where occupants are primarily permanent in nature.

**Status:**
**Notes:**

## Residential Group R-3

Residential Group R-3 occupancies where the occupants are primarily permanent in nature and not classified as Group R-1, R-2, R-3, R-4, or I

**Status:**
**Notes:**

Residential Group R-4

Residential Group R-4 occupancy buildings shall include buildings, structures or portions thereof for more than five but not more than 16 persons, excluding staff, who reside on a 24-hour basis in a supervised residential environment and receive custodial care. Buildings of Group R-4 shall be classified as one of the occupancy conditions specified in Section 310.5.1 or 310.5.2.

**Status:**
**Notes:**

Moderate-Hazard Storage, Group S-1

Storage Group S-1 occupancies are buildings occupied for storage uses that are not classified as Group S-2.

**Status:**
**Notes:**

Low-Hazard Storage, Group S-2

Storage Group S-2 occupancies include, among others, buildings used for the storage of noncombustible materials such as products on wood pallets or in paper cartons with or without single thickness divisions; or in paper wrappings. Such products are permitted to have a negligible amount of plastic trim, such as knobs, handles or film wrapping.

**Status:**
**Notes:**

Utility and Miscellaneous Group U

Buildings and structures of an accessory character and miscellaneous structures not classified in any specific occupancy shall be constructed, equipped and maintained to conform to the requirements of this code commensurate with the fire and life hazard incidental to their occupancy.

**Status:**
**Notes:**

**Occupancy Specific Observations**

Occupancy Specific Observations

Occupancy specific observations

**Status:**
**Notes:**

## Additional Time Spent on Inspection:

| Category | Start Date / Time | End Date / Time |
|---|---|---|

**Notes:** No Additional time recorded

**Total Additional Time: 0 minutes**

**Inspection Time: 15 minutes**

**Total Time: 15 minutes**

## Summary:

**Overall Result:** Passed

**Inspector Notes:**

## Inspector:

Name: Biswell, Matthew L
Rank: Deputy Chief
Email(s): matthew.biswell@bethanyok.orgBiswell, Matthew L:

*Signed on: 10/24/2023 08:25*

# Addendum B

## Fire Inspection Quarterly Audit Completion

| 4th Qtr 2023 | | |
|---|---|---|
| Date: | Inspection current | Signature |
| Director | | |
| RN/ Reg. VP | | |
| | | |
| **1st Qtr 2024** | | |
| Date: | Inspection current | Signature |
| Director | | |
| RN/ Reg. VP | | |
| | | |
| **2nd Qtr 2024** | | |
| Date: | Inspection current | Signature |
| Director | | |
| RN/ Reg. VP | | |
| | | |
| **3rd Qtr 2024- Inspection due by 10/23/24** | | |
| Date: | Inspection current | Signature |
| Director | | |
| RN/ Reg. VP | | |
| | | |
| **4th Qtr 2024** | | |
| Date: | Inspection current | Signature |
| Director | | |
| RN/ Reg. VP | | |
| | | |

*Document to be kept with Fire Safety Inspection report in binder*

OKLAHOMA
State Department
of Health

**Delivery via email to:** bgriesel@homesteadofbethany.com

January 16, 2024

License Number: AL5502

Ms. Bre'Ana Griesel, Administrator
Homestead Of Bethany
4101 North Council Road
Bethany, OK 73008

**RE: Survey Event O0ZJ12**

Dear Ms. Griesel:

On **January 11, 2024,** an offsite/paper revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **October 18, 2023,** have now been corrected effective **December 29, 2023.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker 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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL5502 | A. BUILDING: _____ B. WING _____ | R 01/11/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOMESTEAD OF BETHANY | 4101 NORTH COUNCIL ROAD BETHANY, OK 73008 |

| (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<br><br>An offsite/paper revisit was conducted on 01/11/23. All tags have been cleared for this survey. | {C 000} | | |

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