OKLAHOMA
State Department of Health

Delivery via email to: bgriesel@homesteadofbethany.com

April 3, 2025

License Number: AL5502

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

RE: Survey Event ID: GD9311

Dear Ms. Griesel:

Enclosed is a report of the re-licensure inspection with complaint investigation conducted at your Assisted Living Center on **March 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 Bethany
Address: 4101 North Council Rd
City, State, Zip: Bethany, OK 73003
Provider #: AL5502
Complaint #: OK00067811
Investigation Date(s): 03/19/25

ALLEGATION(S)
The facility failed to ensure residents were provided care and services according to the physician orders and plan of care
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/19/2025 at 8:30 a.m.

A sample of eight residents, including any 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: Initial tour of the center showed five employees on duty, no odors, all medication carts and housekeeping doors locked. Residents were observed for signs of neglect and all residents observed were well groomed, free of odors, and demonstrated no signs of distress. Records reviewed included resident charts, incident reports, employee files, and center policies. Interviews were conducted with residents, center staff, and family members. No evidence was discovered to support allegation.

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: 03/19/2025

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
	AL5502	A. BUILDING: _____ B. WING _____	C 03/19/2025

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 A relicensure survey was conducted on 03/19/25. A complaint investigation (#OK00067811) was conducted in conjunction with the survey. 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