OKLAHOMA
State Department
of Health

Delivery via email to: JPomeroy@Homesteadofowasso.com

January 13, 2023

License Number: AL7225

Joseph Pomeroy, Administrator
The Homestead Of Owasso
14701 East 86th Street North
Owasso, OK 74055

RE: Survey Event ID: BFV311

Dear Mr. Pomeroy:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **January 11, 2023.** 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.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

OKLAHOMA
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INVESTIGATIVE REPORT
LICENSURE

Facility: **Homestead Assisted Living & Memory Care**
Address: **14701 E 86th St. North**
City, State, Zip: **Owasso, Ok, 74055**
Provider #: **AL7225**
Complaint #: **OK00059976**
Investigation Dates: **01/09/23 through 01/11/23**

ALLEGATIONS	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility neglected to provide a therapeutic diet which resulted in the death of a resident.	**US**
2. The facility neglected to report incidents of abuse/neglect to the state survey agency in a timely manner.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 01/09/2023 at 3:00 p.m.

A sample of nine residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

Throughout the survey observations were made during two meal services. The residents had received their prescribed diet.

Residents stated they received the diet they were prescribed and the food was palatable and hot. Staff stated they plate and serve each meal individually. Staff stated most residents dine in the dining room.

Review of the identified resident's clinical record revealed a mechanical soft diet was ordered. The identified resident had a change to their liquid order from nectar to thin two days prior to the incident. The incident report investigation was reviewed. The investigation revealed the resident did receive a mechanical soft diet of meatloaf, mashed potatoes with gravy, and cut up Brussel sprouts with fruit cocktail. During the investigation the RN documented a piece of fruit came out of the resident's mouth during administering the Heimlich maneuver that had been chewed. This information from the investigation was not submitted to OSDH with the Form 283.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

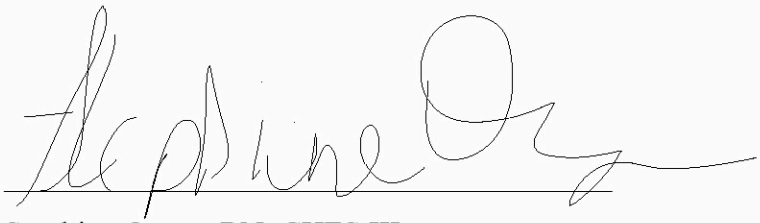
Review of the faxed documents, for the incident that occurred on 09/15/22, revealed the facility had faxed both the form 283 and the Form 718 were both faxed on 09/16/22 to the OSDH and the registry. The information was re-requested by OSDH and it was resubmitted as requested. Copies of the documentation were obtained from the facility.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation one and two. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.



Stephine Organ, RN, CHFS III

Date report completed: 01/11/2023

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
	AL7225	A. BUILDING: _____ B. WING _____	C 01/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF OWASSO	14701 EAST 86TH STREET NORTH OWASSO, OK 74055

(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 re-licensure survey was conducted from 01/09/23 through 01/11/23. A complaint investigation (#OK00059976) was conducted in conjunction with this survey. No deficiencies were cited.	C 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE