OKLAHOMA
State Department of Health

Delivery via email to: Jpomeroy@homesteadofowasso.com

September 17, 2024

License Number: AL7225

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

Survey Event ID: L0RP11

Dear Mr. Pomeroy:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 29, 2024**. No deficiencies were cited. Oklahoma Statutes 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
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of Health

INVESTIGATIVE REPORT

Facility: **The Homestead of Owasso**
Address: **14701 East 86th Street North**
City, State, Zip: **Owasso, OK, 74055**
Provider #: **AL7225**
Complaint #: **OK00066657**
Investigation Date(s): **08/27/24 and 08/28/24**
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ALLEGATION
The facility failed to ensure CPR was immediately initiated.

An unannounced on-site investigation was initiated 08/27/2024 at 10:20 a.m.

A sample of three residents, including any identified resident, was selected for the investigation based on the concerns relevant to the allegation.

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 and at other various times throughout the survey. Resident halls were observed to be clean and without odors. Staff were observed for assisting residents with activities of daily living.

Staff were interviewed regarding response to urgent situations, facility policy and education.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, and treatment records.

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: 08/28/2024

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 08/29/2024

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 complaint investigation (#OK00066657) was conducted on 08/27/24 and 08/29/10. No deficiencies were cited. Facility Census: 62	C 000		

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