OKLAHOMA
State Department
of Health

Delivery via email to: homesteadrescare@yahoo.com

September 29, 2022

License Number:

RC1811

Survey Event ID:

Z27711
Mr. Ron Kelley, Administrator
Homestead Residential Care
P.O. Box 554
Vinita, OK 74301

Dear Mr. Kelley:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **September 6, 2022**. 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.

Sincerely,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Homestead Residential Care**
Address: **35284 South 4440 Road**
City, State, Zip: **Vinita, Ok, 74301**
Provider #: **RC1811**
Complaint #: **OK00059395**
Investigation Date: **09/06/22**

ALLEGATIONS	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The home failed to ensure residents were not abused.	**US**
2. The home failed to ensure residents' rights to monthly allowance were honored.	**US**

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

An unannounced on-site investigation was initiated on 09/06/2022 at 10:45 a.m.

A sample of three residents including any identified resident, 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.

Residents were observed to be well kempt, clean, and appropriately dressed. Residents were friendly and talkative. Residents showed no withdrawal from staff at any time. Residents were observed to be friendly and joke with staff. Communication between residents and staff was observed to be respectful.

Sampled residents were interviewed and stated they did not feel they had been abused or taken advantage of. Sampled residents stated they enjoyed being at the home.

Record review of the identified resident revealed they had a diagnosis of paranoid schizophrenia and were court ordered to receive services from Grand Lake Mental Health on a continuous basis. Documentation in the resident's clinical record revealed those services were continuing with open communication with the facility. The Mental Health clinic is aware of the resident's desire to move and is working with the facility in conjunction to facilitate the request.

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

Residents stated they signed for the money they requested and the form documented their remaining balance.

Staff were interviewed and stated residents had the right to manage their own funds, but none at the facility did. Staff stated records were kept that identified each resident's income amount, rent payments, and cash withdrawals from their account. They stated residents sign each time they take a cash withdrawal and are made aware of the remaining balance at the same time.

Review of financial records revealed residents signed for cash withdrawals and their remaining balances. The records documented residents were not denied access to their funds.

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

Date report completed: 09/12/2022

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
	RC1811	A. BUILDING: _____ B. WING _____	C 09/06/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD RESIDENTIAL CARE	35284 SOUTH 4440 ROAD VINITA, OK 74301

(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
R 000	INITIAL COMMENTS A complaint investigation (#OK00059395) was conducted on 09/06/22. No deficiencies were cited.	R 000		

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