OKLAHOMA
State Department of Health

Delivery via email to: homesteadrescare@yahoo.com

October 8, 2025

License Number: RC1811
Survey Event ID: **22WZ11**

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 **October 7, 2025**. 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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INVESTIGATIVE REPORT

Facility: **Homestead Residential Care**
Address: **35284 South 4440 Road**
City, State, Zip: **Vinita, OK,74301, Craig**
Provider #: **RC1811**
Complaint #: **OK00085370**
Investigation Date: **10/07/25**

ALLEGATIONS
The facility failed to ensure residents were free from abuse.
The facility failed to ensure medications were administered according to the standard of care.

An unannounced on-site investigation was initiated 10/07/2025 at 10:00 a.m.

A sample of 6 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 Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Resident hallways were observed for staff assistance with resident care needs, staff/resident interactions, and the presence of obnoxious and/or foul odors. A medication pass was also observed.

Incident reports, policies and procedures were reviewed along with training records and resident records.

Staff members, the ombudsman, and residents were interviewed regarding abuse and medication administration.

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: 10/07/2025

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
	RC1811	A. BUILDING: _____ B. WING _____	C 10/07/2025

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 (#OK00085370) was conducted on 10/07/25. No deficiencies were cited. Facility Census: 45	R 000		

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