OKLAHOMA
State Department of Health

Delivery via email to: homesteadrescare@yahoo.com

September 22, 2026

License Number: RC1811
Survey Event ID: **TNQZ11**

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

Dear Mr. Kelley:

Enclosed is a report of the investigation of a complaint conducted at your Residential Care facility on **September 11, 2026**. 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
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Homestead Residential Care**
Address: 35284 South 4440 Rd
City, State, Zip: **Vinita, OK., 74301**
Provider #: **RC1811**
Complaint #: **OK00090141**
Investigation Date(s): **09/11/26**

ALLEGATION(S)

1. The facility failed to ensure their license was renewed in a timely manner.

An unannounced on-site investigation was initiated 09/11/2026 at 1:00 p.m.

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.

Observations were made of residents' rooms, sinks, bathrooms, and the entire facility. Records reviewed included the facility license applications, emails, the facility license, and written documentation. Staff were asked about the license application and correspondence with OSDH regarding the application.

The attached Statement of Deficiencies, Form 2567 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: 09/15/2026

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 09/11/2026

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 (#OK00090141) was conducted on 09/11/26 . No deficiencies were cited. Facility Census: 44	R 000		

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