OKLAHOMA
State Department
of Health

Delivery via email to: mlauback@apex-homecare.com; info@edencarehomes.com

December 3, 2024

License Number: AL4202

Ms. Mary Lauback, Administrator
Eden Care - Oak Tree
13701 South Santa Fe
Edmond, OK 73025

RE: Survey Event ID: EM6P11

Dear Ms. Lauback:

On **November 25, 2024**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **November 25, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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
	AL4202	A. BUILDING: _____ B. WING _____	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN CARE - OAK TREE	13701 SOUTH SANTA FE EDMOND, OK 73025

(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 relicensure survey was conducted on 11/25/24. Facility Census: 5 Listed below are abbreviations that will be used throughout this document. CMA - certified medication aide	C 000		
C 726 SS=D	310:663-7-2(6) PRIVACY AND INDEPENDENCE Each assisted living center shall ensure privacy and independence for its residents, to include the following: (6) provisions shall be made for each resident to control the temperature in the individual living unit through the use of a damper, register, thermostat, or other reasonable means that is under the control of the resident and that preserves resident privacy, independence and safety, provided that the Department may approve an alternate means based on documentation that the design of the temperature control is appropriate to the special needs of each resident who has an alternate temperature control; and This Rule is not met as evidenced by: Based on observation and interview, the center failed to ensure residents were able to control the air temperature in their rooms for five (#1, 2, 3, 4, and #5) of five sampled residents whose rooms were observed. The house manager identified five residents resided in the center. Findings:	C 726		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL4202	A. BUILDING: _____ B. WING _____	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN CARE - OAK TREE	13701 SOUTH SANTA FE EDMOND, OK 73025

(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 726	Continued From page 1 On 11/25/24 at 11:33 a.m., during the initial tour of the facility, there were no thermostats, air conditioning units, or heating devices noted in Resident #1, 2, 3, 4, and Resident #5's rooms. There was one thermostat observed in the facility on the wall in the common area. On 11/25/24 at 12:11 a.m., Resident #4 was asked to describe the temperature in their room at night. They described the temperature as being cold and stated, "I know to stay under the covers." On 11/25/24 at 1:00 p.m., the house manager was asked if the residents could adjust/control the air temperatures in their rooms for their own safety and comfort. They stated they could not since the only thermostat was located on the wall in the living area.	C 726		
C 940 SS=D	310:663-9-4 DIETARY CONSULTANT Each assisted living center shall use a licensed dietician or qualified nutritionist to develop the assisted living center's diet plan and address the needs of individuals with special diets. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure residents received nutritionally sound options approved by the registered dietitian for breakfast and dinner for five (#1, 2, 3, 4, and #5) of five sampled residents whose meal options were reviewed.	C 940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL4202	A. BUILDING: _____ B. WING _____	11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN CARE - OAK TREE	13701 SOUTH SANTA FE EDMOND, OK 73025

(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 940	Continued From page 2 The house manager identified five residents resided in the center. Findings: Menu's for Weeks 1 - 4 listed only meal options for the lunch meal for each day of the week. On 11/25/24 at 11:56 a.m., CMA #1 was asked to produce the dietitian approved menus for the breakfast and dinner meals. They stated the facility did not use menus for any meal except lunch. On 11/25/24 at 1:43 p.m., the house manager was asked how the facility was able to ensure the residents received nutritionally sound diets if the breakfast and dinner menus were not approved by the registered dietitian. They stated they were not sure, but have always done it this way.	C 940		

OKLAHOMA
State Department of Health

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December 17, 2024

License Number: AL4202

Ms. Mary Lauback, Administrator
Eden Care - Oak Tree
13701 South Santa Fe
Edmond, OK 73025

RE: Survey Event EM6P11

Dear Ms. Lauback:

On **November 25, 2024,** agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons**:**

- **C726** failed to ensure residents could control the air temperatures in their room. The POC does not meet the requirement of residents having the ability to control the temperature in their individual rooms.

Please provide a new plan of correction for these deficiencies and return with amendments as soon as possible.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE**
	Current Date: 12/10/2024
	Facility Name: Eden Care – Oak Tree
	License Number: AL 4202
	Survey Event ID: EM6P11
	Date Survey Completed: 11/25/2024

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C726	Based on: Observation and interview, the center failed to ensure residents were able to control the air temperature in their rooms.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	All resident rooms have dampers which can be adjusted utilizing a damper tool to increase or decrease the temperature of each room for the comfort and preference of each resident.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Each resident's request for temperature control will be promptly responded to by utilizing the digital thermostat and/or the damper.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Re-education will be provided to all employees to ensure that each employee can effectively adjust the temperature of each resident's room utilizing the damper tool.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Temperature monitoring and adjustment will be added to the list of in-services performed on an annual basis with all caregivers. Each employee will be evaluated on their competency to ensure effectivesness. Temperature monitoring and comfort will be added to the resident satisfaction surveys. Resident satisfaction surveys will be reviewed during each quarterly QAPI Meeting. QAPI Meeting Minutes are retained by the center.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	12/13/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. Mary Laubach OAC 310:663-25-4(F)	**Date 12/12/2024**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum. Mary Laubach

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE**
	Current Date: 12/10/2024
	Facility Name: Eden Care – Oak Tree
	License Number: AL 4202
	Survey Event ID: EM6P11
	Date Survey Completed: 11/25/2024

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C940	Based on: Record review and interview, the facility failed to ensure residents received nutritionally sound options approved by the registered dietitian for breakfast and dinner.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	All meal and meal plans will be reviewed and approved quarterly by a registered dieititian during an on-site visit including, but not limited to, breakfast and a la carte options. Recommendations for changes or revised meal plans are conducted during the on-site visit.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	If meal and meal plans are not reviewed and approved by a registered dietitian, it could result in a resident not receiving adequate nutrition.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	A record of all meals and meal plans are available at each center. A record indicating that the plans were reviewed and approved by a registered dietitian will also be included in the binder where meal plans are stored.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Each dietitian review will be approved, signed, and reviewed by the Administrator. An indicator will be added to the QAPI Meeting to ensure that meal and meal plans are reviewed quarterly. The threshold for acceptance will be 100%. QAPI Meeting Minutes are retained by the center. Enter methods to keep monitoring records.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	12/13/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	Mary Lauback	**Date 12/12/2024**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum. MARY Lauback

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable **Date:** Click here to enter a date. **Surveyor:** Surveyor
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. **Facility in Compliance by:** Click here to enter a date.

OKLAHOMA
State Department
of Health

Delivery via email to: mlauback@apex-homecare.com; info@edencarehomes.com

December 26, 2024

License Number: AL4202

Ms. Mary Lauback, Administrator
Eden Care - Oak Tree
13701 South Santa Fe
Edmond, OK 73025

RE: Survey Event EM6P11

Dear Ms. Lauback:

On **November 25, 2024**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your amended plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **December 27, 2024**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 12/10/2024** **Facility Name:** Eden Care – Oak Tree **License Number:** AL 4202 **Survey Event ID:** EM6P11 **Date Survey Completed: 11/25/2024**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C726	Based on: Observation and interview, the center failed to ensure residents were able to control the air temperature in their rooms.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Provisions shall be made for each resident to control the temperature in the individual living unit through the use of a damper, damper tool, thermostat, or other reasonable means that is under the control of the resident and that preserves resident privacy, independence and safety. These provisions will include dampers which can be adjusted utilizing a damper tool to increase or decrease the temperature. An additional provisions will be the digital thermostat, which may also be used for additional adjustment.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Each resident's request for temperature control will be promptly responded to by utilizing the digital thermostat and/or the damper. If a resident lacks the cognitive or physical ability to adjust the temperature of their individual living unit, the center's staff will assist the resident by adjusting the temperature of the unit to the resident's preference.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Re-education will be provided to all residents, residential family members, and employees to ensure that each employee can effectively adjust the temperature of each resident's room utilizing the damper tool and the digital thermostat. The initial assessment for all residents will be revised to include resident training upon move-in.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Each employee and resident will be evaluated on their competency to make temperature adjustments to ensure their competency. Temperature adjustment will be added to the Temperature monitoring and adjustment will be added to the list of in-services performed on an annual basis with all caregivers. Temperature monitoring and comfort will be added to the resident satisfaction surveys.

	Resident satisfaction surveys will be reviewed during each quarterly QAPI Meeting. QAPI Meeting Minutes are retained by the center.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	12/27/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. Mary Raubach OAC 310:663-25-4(F)	**Date 12/12/2024**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum. 12/23/2024	**Submitted by**	Enter name of person submitting addendum. Mary Raubach

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.

Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department of Health

Delivery via email to: mlauback@apex-homecare.com; info@edencarehomes.com

January 10, 2025

License Number: AL4202
Survey Event ID: EM6P12

Ms. Mary Lauback, Administrator
Eden Care - Oak Tree
13701 South Santa Fe
Edmond, OK 73025

Dear Ms. Lauback:

On **January 9**, **2025**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **November 25**, **2024**, have now been corrected and your facility is in compliance with licensure standards effective **December 27**, **2024**.

If you have any questions concerning the information in this letter, please contact this office at (405) 426-8200.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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
	AL4202	A. BUILDING: _____ B. WING _____	R 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN CARE - OAK TREE	13701 SOUTH SANTA FE EDMOND, OK 73025

(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 An offsite/paper revisit was conducted on 01/09/25. The facility was in substantial compliance.	{C 000}		

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