OKLAHOMA
State Department of Health

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

November 20, 2025

License Number: AL4202

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

RE: Survey Event ID: 38CL11

Dear Ms. Lauback:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **November 12, 2025.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,

Clorissa Nubine

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Eden Care - Oaktree**
Address: **13701 S. Santa Fe**
City, State, Zip: **Edmond, OK, 73025**
Provider #: **AL4202**
Complaint #: **OK00087117**
Investigation Date(s): **11/10/25 and 11/12/25**

ALLEGATION(S)
The center failed to ensure a renewal license was filed by the renewal date specified on the existing license.

An unannounced on-site investigation was initiated 11/10/2025 at 9:40 a.m.

A sample of 3 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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:

Tours of the facility were conducted upon entry and throughout the survey. A current license was observed hanging on the wall upon entry to the facility. The facility was observed for staff assistance with resident care needs and the supervision and safety of residents. Residents were observed interacting with staff and other residents. Staff were observed providing resident care and administering medications.

Resident medical records were reviewed including physician orders, medication administration records, progress notes, care plans, and assessments. Policies and procedures were reviewed. Incident reports, including state reportable incidents were reviewed. Employee files were reviewed. In-services and training records were reviewed. Documentation related to license renewal was reviewed.

Residents were interviewed regarding their safety and satisfaction with the care they received. Staff were interviewed regarding license renewal procedures.

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: 11/17/2025

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
	AL4202	A. BUILDING: _____ B. WING _____	C 11/12/2025

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 A relicensure survey with complaint (#OK00087117) was conducted on 11/10/25 and 11/12/25. No deficiencies were cited. Facility Census: 5	C 000		

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