

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

December 22, 2023

License Number: AL5539

Ms. Mary Lauback, Administrator
Eden Care - The Greens
4025 Apple Valley Dr
Oklahoma City, OK 73120

RE: Survey Event ID: PFTK11

Dear Ms. Lauback:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **December 21, 2023**. 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,



Lisa Calvin, Enforcement Analyst II
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: AL5539	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/21/2023
NAME OF PROVIDER OR SUPPLIER EDEN CARE - THE GREENS		STREET ADDRESS, CITY, STATE, ZIP CODE 4025 APPLE VALLEY DR OKLAHOMA CITY, OK 73120		
(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 re-licensure survey was conducted 12/21/23. No deficiencies were cited. Resident census was 3.	C 000		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE