OKLAHOMA
State Department of Health

Delivery via email to: savanna.petricek@irisseniorliving.com

May 7, 2025

License Number: AL5547

Ms. Jonna Warrick, Administrator
Iris Memory Care of Edmond
2424 NW 178th St
Edmond, OK 73012

RE: Survey Event ID: 5FOQ11

Dear Ms. Warrick:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **May 1, 2025.** No deficiencies were cited. Oklahoma State Statute 63-1-1910 requires 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,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Iris Memory Care Edmond
Address: 2424 NW 178th St
City, State, Zip: Edmond, OK 73012
Provider #: AL5547
Complaint #: OK00062154
Investigation Date(s): 05/01/25

ALLEGATION(S)
The center failed to ensure residents were provided timely incontinent care
The center failed to ensure a clean, sanitary and odor-free environment, and ensure resident, visitor and staff restrooms were properly cleaned and stocked
The center failed to ensure adequate staff to provide care for dependent residents
enter text
enter text

An unannounced on-site investigation was initiated 05/01/2025 at 8:30 a.m.

A sample of 8 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: Observations of residents and staff throughout the survey showed no signs of neglect. The residents were assisted with incontinent care in a timely manner and no resident clothing was shown to be soiled. No odors were present throughout the center and the center was sanitary. The presence of staff and the care of the residents was observed to meet the needs of the residents in the center. All restrooms were observed to be sanitary, odor free and adequately stocked with supplies. Review of resident care plans and staff schedules showed adequate staff to meet the needs of the residents. Interviews conducted with family members, staff, and residents resulted in no grievances regarding the care, staffing, or cleanliness of the center.

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: 05/02/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Iris Memory Care Edmond
Address: 2424 NW 178th St
City, State, Zip: Edmond, OK 73012
Provider #: AL5547
Complaint #: OK00081340
Investigation Date(s): 05/01/25

ALLEGATION(S)
The facility failed to ensure the residents were free from physical abuse
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 05/01/2025 at 8:00 a.m.

A sample of 8 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: Throughout the survey the residents were observed to be calm and cooperative with care and activities. Adequate staff were observed interacting with and assisting residents. Record reviews showed the center followed proper protocol to ensure safety of residents and effort to improve the mental affliction which caused the incident. Interviews conducted resulted in residents reporitng feeling safe in their environment and improved mental stability in the instigator of the incident.

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: 05/01/2025

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
	AL5547	A. BUILDING: _____ B. WING _____	C 05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRIS MEMORY CARE OF EDMOND	2424 NW 178TH ST EDMOND, OK 73012

(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 and complaint survey (#OK00062154 and OK00081340) was conducted on 05/01/25. No deficiencies were cited. Facility Census: 39	C 000		

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