OKLAHOMA
State Department of Health

Delivery via email to: rebecca.ramos@irisseniorliving.com

September 16, 2025

License Number: AL5547

Ms. Rebecca Ramos, Administrator
Iris Memory Care Of Edmond
2424 Nw 178th St
Edmond, OK 73012

Survey Event ID: SFP911

Dear Ms. Ramos:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 4, 2025**. 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,

Tempal Killman

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

Enclosure

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: **Iris Memory Care of Edmond**
Address: **2424 NW 178th Street**
City, State, Zip: **Edmond, OK, 73012**
Provider #: **AL5547**
Complaint #: **OK00085685**
Investigation Date(s): **09/02/25 through 09/04/25**

ALLEGATIONS
The center failed to ensure interventions were implemented to prevent falls.
The center failed to ensure residents were treated with dignity and respect.
The center failed to assess, monitor, and/or intervene in a timely manner.

An unannounced on-site investigation was initiated 09/02/2025 at 12:10 p.m.

A sample of three 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:

A tour of the center was conducted upon entrance and at other various times throughout the survey. Upon entrance building B staff were observed assisting residents, cleaning tables, and sweeping floor. Staff were observed redirecting residents as needed. Building A staff were observed assisting residents and interacting with residents during activities.

Resident records were reviewed including assessments, incident reports, and care plans. Facility policy and procedures were reviewed.
State reports were reviewed. Employee records were reviewed for license/certifications, abuse training, and background screening.

Family members were interviewed regarding the provision of care their loved ones received, interventions for falls, and timeliness of
care. Staff were interviewed regarding the facility fall policy, timely care and the provision of care.

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

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of Health

Date report completed: Click to Enter a Date

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 _____	09/04/2025

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 complaint investigation (#OK00085685) was conducted from 09/02/25 through 09/04/25. No deficiencies were cited. Facility Census: 33	C 000		

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