OKLAHOMA
State Department of Health

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

April 7, 2026

License Number: AL5547

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

Survey Event ID: YM9Z11

Dear Ms. Ramos:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **April 1, 2026**. 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Iris Memory Care of Edmond**
Address: **2424 NW 178th Street**
City, State, Zip: **Edmond, OK 73012**
Provider #: **AL5547**
Complaint #: **OK00090301**
Investigation Date(s): **03/31/26 through 04/01/26**

ALLEGATION(S)
The facility failed to ensure adequate supervision to prevent an elopement.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/31/2026 at 9:20 a.m.

A sample of four 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 facility was conducted upon entrance, and at other various times throughout the survey. Residents were observed for elopement and exit seeking.

Facility policy and procedures were reviewed. Nurses' notes, physician orders, resident assessment, service plan, state reportables. and contracts were reviewed.

Residents and representatives were interviewed regarding elopement. Staff were interviewed regarding facility policy and procedure related to elopement.

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

OKLAHOMA
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of Health

Date report completed: 04/01/2026

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 04/01/2026

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 (#OK00090301) was conducted from 03/31/26 through 04/01/26. No deficiencies were cited. Facility Census: 37	C 000		

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