OKLAHOMA
State Department of Health

Delivery via email to: Laura.leehan@jasmineestatesokc.com

November 7, 2025

License Number: AL5598

Laura Leehan, Administrator
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

Survey Event ID: 228Z11

Dear Ms. Leehan:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **November 3, 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,

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: Jasmine Estates of Edmond
Address: 1001 S Bryant Ave
City, State, Zip: Edmond, OK 73034
Provider #: AL5598
Complaint #: OK00086501
Investigation Date(s): 11/03/25

ALLEGATION(S)
The facility failed to ensure the resident's right to privacy
The facility failed to ensure adequate staff to evacuate residents in an emergency situation
The facility failed to ensure residents were free from abuse.
enter text
enter text

An unannounced on-site investigation was initiated 11/03/2025 at 7:38 a.m.

A sample of 6 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, staff, and staff to resident ratio were made. Records including residents' health charts, staff schedules and time punches, and communication method between staff were reviewed. Interviews with staff and families were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations at this time.

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: 11/03/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Jasmine Estates of Edmond
Address: 1001 S Bryant Ave
City, State, Zip: Edmond, OK 73034
Provider #: AL5598
Complaint #: OK00087344
Investigation Date(s): 11/03/25

ALLEGATION(S)
The facility failed to provide adequate supervision to prevent elopements.
enter text
enter text
enter text

An unannounced on-site investigation was initiated 11/03/2025 at 7:38 a.m.

A sample of 6 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, staff, exit doors, staff to resident ratio and staff with resident interactions were made. Records including residents' health charts, staff schedules and time punches, incident reports, and center policies were reviewed. Interviews with staff and families were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations at this time.

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: 11/03/2025

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INVESTIGATIVE REPORT

Facility: Jasmine Estates of Edmond
Address: 1001 S Bryant Ave
City, State, Zip: Edmond, OK 73034
Provider #: AL5598
Complaint #: OK00087339
Investigation Date(s): 11/03/25

ALLEGATION(S)
The facility failed to provide adequate supervision to prevent elopements.
enter text
enter text
enter text

An unannounced on-site investigation was initiated 11/03/2025 at 7:38 a.m.

A sample of 6 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, staff, exit doors, staff to resident ratio and staff with resident interactions were made. Records including residents' health charts, staff schedules and time punches, incident reports, and center policies were reviewed. Interviews with staff and families were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations at this time.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

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Date report completed: 11/03/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5598	A. BUILDING: _____ B. WING _____	C 11/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

(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 Complaint investigations (#OK00086501, OK00087339, and #OK00097344) were conducted on 11/03/25. 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