



OKLAHOMA
State Department
of Health

Delivery via email to: edna_lees1986@yahoo.co

September 12, 2023

License Number: RC1806
Survey Event ID: 7R7U11

Ms. Edna Keaton, Administrator
Edna Lee's Residential Care
421 West South Avenue
Vinita, OK 74301

Dear Ms. Keaton:

Enclosed is a report of the complaint investigation conducted at your Residential Care facility on **July 27, 2023**. 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.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: Edna Lee's
Address: 421 W South Ave
City, State, Zip: Vinita, OK, 74301
Provider #: RC1806
Complaint #: OK00060999
Investigation Date(s): 07/27/23

ALLEGATION(S)

Physical Environment - The facility failed to have and/or implement an effective pest control program.
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An unannounced on-site investigation was initiated 07/27/2023 at 9:00 AM

A sample of 14 clients, including any identified clients, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with clients, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

Observations made on the facility 7/27/23. Staff, residents, and pest control company were interviewed. Records were also reviewed.

The attached CMS 2567 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: 07/27/2023

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: RC1806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/27/2023
NAME OF PROVIDER OR SUPPLIER EDNA LEE'S RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 421 WEST SOUTH AVENUE VINITA, OK 74301		
(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
R 000	INITIAL COMMENTS A complaint investigation (#OK0006099) was conducted on 07/27/23. Current census was 60. No deficient practice was cited.	R 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE