

Delivery via email to: edna_lees1986@yahoo.com

October 27, 2023

License Number: RC1806
Survey Event ID: YKP411

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 **October 13, 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.

Respectfully,



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

Enclosure

INVESTIGATIVE REPORT

Facility:
Address:
City, State, Zip:
Provider #:
Complaint #:
Investigation Date:

ALLEGATION

The home failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 10/13/2023 at 8:51 a.m.

A sample of four residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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 was conducted of the facility upon entrance. Each resident room and common areas were observed for the presence of pests.

Resident records were reviewed. Facility pest control records were reviewed.

Residents were interviewed regarding the presence of pests in the home and the facility staff's efforts to eliminate pests.

Facility staff were interviewed regarding pest control.

The attached Statement of Deficiencies, Form 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: 10/18/2023

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 10/13/2023
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 (#OK00061574) was conducted on 10/13/23. No deficiencies were cited.	R 000			

Oklahoma State Department of Health

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

TITLE

(X6) DATE