OKLAHOMA
State Department
of Health

Delivery via email to: edna_lees1986@yahoo.com

January 16, 2024

License Number: RC1806
Survey Event ID: 0CMS11

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 **January 4, 2024**. 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: Edna Lee's Residential Care
Address: 421 West South Ave
City, State, Zip: Vinita, OK, 74301
Provider #: RC1806
Complaint #: OK00061900
Investigation Date(s): 01/04/24

ALLEGATION(S)
The Home failed to ensure residents were not physically, verbally, or psychosocially abused and were not retaliated against staff.
Misappropriation of Property

An unannounced on-site investigation was initiated 01/04/2023 at 9:00 A.M.

A sample of 4 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.

Facility Records and service invoices were reviewed with no concerns reported.

Staff and facility director were interviewed regarding a pest control program with no concerns reported.

Residents were interviewed with no concerns reported.

A tour of the facility, furniture, and bedding was conducted and no concerns reported.

Pest control services were interviewed with no concerns reported.

Policy and procedures were reviewed with no concerns reported.

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: 01/04/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Edna Lee's Residential Care
Address: 421 West South Ave
City, State, Zip: Vinita, OK, 74301
Provider #: RC1806
Complaint #: OK00061900
Investigation Date(s): 01/04/24

ALLEGATION(S)
The home failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 01/04/2023 at 9:00 A.M.

A sample of 4 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.

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Long Term Care Service

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC1806	A. BUILDING: _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDNA LEE'S RESIDENTIAL CARE	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 Complaint investigtaions (#OK00061900, OK00061949) were conducted on 01/04/2024. No deficiencies were cited. Facility Census: 59	R 000		

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