OKLAHOMA
State Department
of Health

Delivery via email to: edna_lees1986@yahoo.com

May 22, 2024

License Number: RC1806
Survey Event ID: **1MB511**

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

Dear Ms. Kelley:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **May 20, 2024**.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies.

Please note the items listed in the deficiency column of the report. Your plan of correction and anticipated date of completion must be typed in the spaces provided. If additional space is needed, a supplemental sheet may be attached.

The criteria for an acceptable plan of correction are:

- A statement of exactly how the facility has or intends to correct each deficiency.
- The method of correction. This includes who is responsible for the correction.
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.
- A reasonable date of correction, which will normally be within 30 days of this notice.

  NOTE: Please avoid naming individuals, business firms or brand names on the enclosed form since it is a public disclosure form.

Please sign, date and **return the completed form to this office within ten (10) days** of your receipt of this letter. **Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process.** Please retain a copy of this completed form for your files.

In the event that we find your Plan of Correction unacceptable, you will be notified of the reason(s) it is not acceptable and we will request another Plan of Correction. If your plan of correction is acceptable, there will be no acknowledgement. We will conduct a revisit in accordance with your stated correction dates. If you have any questions concerning this letter, please contact me at (405) 426-8200.

OKLAHOMA
State Department
of Health

In accordance with O.S. 63 830.1, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833-RC). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833RC and the Oklahoma IDR Process Residential Care Centers.

The IDR request must be submitted within 30 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review or conducted in a face-to-face meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone 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 Avenue**
City, State, Zip: **Vinita, OK, 74301, Craig**
Provider #: **RC1806**
Complaint #: **OK00064730**
Investigation Date: **05/20/24**

ALLEGATIONS
The home failed to ensure residents were not physically, verbally or psychosocially abused.
The home failed to ensure wound care and treatment was provided according to the plan of care and failed to ensure adequate nutrition was provided according to the plan of care and the standard of care.
The home failed to have and/or implement an effective pest control program and failed to ensure a clean, comfortable and homelike environment.
The home failed to ensure transportation to necessary medical appointments was provided.

An unannounced on-site investigation was initiated 05/20/2024 at 11:00 am

A sample of "Enter Number" residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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 entry and at various times throughout the survey including common areas and client rooms. Meal service was observed along with a tour of the kitchen and food pantry.

Staff and residents were interviewed regarding abuse and neglect, food, pests, and services provided by the facility.

Records reviewed included: facility policies and procedures regarding abuse identification and reporting, pest control records, documentation of abuse training, resident weights, facility menus and staffing documents.

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
State Department
of Health

Date report completed: 05/21/2024

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
	RC1806	A. BUILDING: _____ B. WING _____	C 05/20/2024

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 A complaint investigation (#OK00064730) was conducted on 05/20/24. Facility Census: 57 Listed below are abbreviations that will be used throughout this document. APS - Adult Protective Services OSDH - Oklahoma State Department of Health	R 000		
R 249 SS=D	310:680-3-10 (b) ABUSE OR NEGLECT - REPORTING (b) Any individual who becomes aware of abuse or neglect of a resident shall report the matter immediately to the Department and comply with other reporting requirements provided in the O.S. Title 43A, section 10-104. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure allegations of abuse were immediately reported to the OSDH. The administrator reported the census was 57. Findings:	R 249		

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 05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDNA LEE'S RESIDENTIAL CARE	421 WEST SOUTH AVENUE VINITA, OK 74301

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R 249	Continued From page 1 An undated facility policy titled "Policy Regarding accusation of abuse or neglect" read in part, " ...In order to assure individuals/residents that alleged abuse will not be repeated the following steps will be taken ...The executive director will notify the following persons and agencies of the allegation ...Dept of Health ..." A review of the facilities incident reports did not document any recent allegations of abuse or neglect. On 05/20/24 at 1:20 p.m., the Administrator reported that on 05/16/24 employees of APS were in their facility investigating allegations of abuse involving multiple clients and multiple staff members. The administrator stated she did not report these allegations to the OSDH because the APS workers had already reported it.	R 249		

OKLAHOMA
State Department
of Health

Delivery via email to: edna_lees1986@yahoo.com

May 24, 2024

License Number: RC1806
Survey Event ID: **1MB511**

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

Dear Ms. Kelley:

On **May 20, 2024**, agents from our office completed a complaint investigation at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **It does not describe what measures will be put into place or what systemic changes will be made to assure that the deficient practice will not recur; *the plan of correction does not mention any training that will be done.***

Please resubmit your plan of correction, with amendments, within 10 business days of receipt of this notice.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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
	RC1806	A. BUILDING: _____ B. WING _____	C 05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDNA LEE'S RESIDENTIAL CARE	421 WEST SOUTH AVENUE VINITA, OK 74301

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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
	RC1806	A. BUILDING: _____ B. WING _____	C 05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDNA LEE'S RESIDENTIAL CARE	421 WEST SOUTH AVENUE VINITA, OK 74301

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OKLAHOMA
State Department of Health

Delivery via email to: Edna Keaton <edna_lees1986@yahoo.com>

June 3, 2024

License Number: RC1806
Survey Event ID: **1MB511**

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

Dear Ms. Kelley:

On **May 20, 2024**, a complaint investigation was conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your Amended plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **May 24, 2024**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office 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

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 05/20/2024

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
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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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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OKLAHOMA
State Department
of Health

Delivery via email to: edna_lees1986@yahoo.com

June 14, 2024

License Number: RC1806
Survey Event ID: **1MB512**

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

Dear Ms. Kelley:

On **June 11, 2024**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Residential Care Facility. The findings of that visit indicate that the deficiencies cited during your complaint investigation survey on **June 11, 2024,** have now been corrected and your facility is in compliance with licensure standards effective **May 23, 2024**.

If you have any questions concerning the information in this letter, please contact this office 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

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 _____	R-C 06/11/2024

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 An offsite/paper revisit was conducted on 06/11/24. The facility was in substantial compliance.	{R 000}		

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