OKLAHOMA
State Department
of Health

Delivery via email to: edna_lees1986@yahoo.com

June 13, 2025

License Number: RC1806
Survey Event ID: IUFB11

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

Dear Ms. Hartley:

Enclosed is the Residential Care inspection deficiency report form, showing the summary of deficiencies noted during the survey at your facility on **June 11, 2025**.

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 space 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.

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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
IDRCoordinator@health.ok.gov
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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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 _____	06/11/2025

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 relicensure survey was conducted on 5/22/25 and 6/11/25. Deficiencies were cited as a result of the survey. Facility Census: 69	R 000		
R 329 SS=E	310:680-5-6 (g) BUILDING ELEMENTS - WATER TEMP (g) Hot water temperatures at faucets accessible to residents shall be maintained within a range of 100 degrees to 120 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, it was determined the home failed to maintain safe hot water temperatures for one (Room 17) of 3 sampled resident rooms. The facility had a census of 69 residents. Findings: On 05/22/25 at 11:10 a.m., the hot water faucet in room 17 was turned on and left running for five minutes. The hot water temperature registered 146 degrees Fahrenheit. When asked about the hot water temperature, the administrator stated it was shower day, and that was what caused the water to be so hot. The two other resident areas, that were tested, were within the acceptable range of 100 to 120 degrees Fahrenheit. On 05/22/25 at 12:17 p.m., the administrator was interviewed regarding the hot water temperature. She stated that she would have the issue fixed as soon as possible.	R 329		

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R 351 SS=F	310:680-7-3 INSECT AND RODENT CONTROL Methods shall be employed to prevent the entrance and harborage of insects, spiders, and rodents. Homes shall be kept free of insects, and rodents. This Rule is not met as evidenced by: Based on observation, record review, and interview, the home failed to have an effective pest control program to prevent the harborage of bed bugs for 21 of 21 rooms observed for bed bugs. The facility census was 69. Findings: On 05/22/25 from 9:15 a.m. through 11:20 a.m., a tour of the facility was conducted. The following observations were made: A. Main resident building: Rooms 1 through 17 (17 total rooms in building), which were located in the main resident building, had two to four beds in each room. Each room had bed bug tracks of black, red, and brown stains on the mattress and mattress covers. Additionally, there were recognizable infestations on the wall and ceilings. B. Main Mens resident building (Located directly across the street from the Main building): Rooms 1 through 4 (4 total rooms in building),	R 351		

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R 351	Continued From page 2 which were located in the men's main resident building, had two to four beds in each room. Each room had bed bug tracks of black, red and brown stains on the mattress and mattress covers. Additionally, there were recognizable infestations on the wall and ceilings. On 05/22/25 at 11:51 a.m., the administrator stated they had an on-going issue with the bed bugs because residents would bring them back from their day program. The administrator stated they used a professional exterminating company to treat for bed bugs, but they kept coming back. On 06/11/25 at 10:47 a.m., the administrator stated the bed bugs had been treated in both buildings and the issues had been resolved.	R 351		

OKLAHOMA
State Department of Health

Delivery via email to: edna_lees1986@yahoo.com

June 27, 2025

License Number: RC1806
Survey Event ID: IUFB11

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

Dear Ms. Hartley:

On **June 11, 2025**, a State Licensure survey was conducted at your Residential Care Facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your 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 **July 9, 2025**.

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,

Clorissa Nubine

Clorissa Nubine, 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
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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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Carlissia Kelley	Administrator	6/13/25

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 _____	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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

July 23, 2025

License Number: RC1806
Survey Event ID: IUFB12

Ms. Carlissia Hartley, Asst Administra
Edna Lee's Residential Care
421 West South Avenue
Vinita, OK 74301

Dear Ms. Hartley:

On **July 15, 2025**, a 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 Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **June 11, 2025,** have now been corrected and your facility is in compliance with licensure standards effective **July 9, 2025**.

If you have any questions concerning the information in this letter, please contact this office at (405) 426-8200.

Respectfully,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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	RC1806	A. BUILDING: _____ B. WING _____	R 07/15/2025

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{R 000}	INITIAL COMMENTS A revisit was conducted on 07/15/25. All deficiencies from the 06/11/25 survey were cleared.	{R 000}		

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