OKLAHOMA
State Department
of Health

Delivery via email to: edna_lees1986@yahoo.com

November 18, 2025

License Number: RC1806
Survey Event ID: J63911

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

Dear Ms. Hartley:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **November 6, 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 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
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

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of Health

INVESTIGATIVE REPORT

Facility: **Edna Lee's Residential Care**
Address: **421 West South Avenue.**
City, State, Zip: **Vinita, OK 74301**
Provider #: **RC1806**
Complaint #: **OK00081635**
Investigation Date(s): **11/06/25**

ALLEGATION(S)
The home failed to maintain an effective pest control program.
The home failed to serve nutritious food that was within safe serving temperatures.
The home failed to ensure clients were free from abuse.

An unannounced on-site investigation was initiated 11/06/2025 at 8:15 a.m.

A sample of 11 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 to the facility and at various times throughout the survey. Residents, resident rooms, and common areas were observed for signs of pests. Residents were observed for outward signs of abuse and neglect. Resident and staff interactions were observed for expressions of fear or apprehension on the part of the residents. Food items served to residents were observed for proper cooked and serving temperature. Staff were observed helping residents, preparing resident meals, and providing housekeeping services. Offices and closets were inspected for unsecured medications.

Resident records were reviewed including medication and nutritional orders. Grievance records were reviewed. Medication administration, storage, and inventory records were reviewed. Facility policy and procedures were reviewed.

Residents were interviewed regarding the allegations of the complaint.

Staff were interviewed regarding the allegations of the complaint.

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

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Long Term Care Service

Date report completed: 11/07/2025

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: **Edna Lee's Residential Care**
Address: **421 West South Avenue.**
City, State, Zip: **Vinita, OK 74301**
Provider #: **RC1806**
Complaint #: **OK00085557**
Investigation Date(s): **11/06/25**

ALLEGATION(S)
The home failed to ensure residents were free from abuse.
The home failed to maintain an effective pest control program.
The home failed to ensure a safe discharge.

An unannounced on-site investigation was initiated 11/06/2025 at 8:15 a.m.

A sample of three 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 to the facility and at various times throughout the survey. Residents, resident rooms, and common areas were observed for signs of pests. Residents were observed for outward signs of abuse and neglect. Resident and staff interactions were observed for expressions of fear or apprehension on the part of the residents. Staff were observed providing housekeeping services.

Resident records were reviewed including medication and nutritional orders. Resident discharge records were reviewed. Facility policy and procedures were reviewed.

Residents were interviewed regarding the allegations of the complaint.

Staff were interviewed regarding the allegations of the complaint.

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
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Date report completed: 11/07/2025

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State Department
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INVESTIGATIVE REPORT

Facility: **Edna Lee's Residential Care**
Address: **421 West South Avenue.**
City, State, Zip: **Vinita, OK 74301**
Provider #: **RC1806**
Complaint #: **OK00086762**
Investigation Date(s): **11/06/25**

ALLEGATION(S)
The facility failed to maintain an effective pest control program.

An unannounced on-site investigation was initiated 11/06/2025 at 8:15 a.m.

A sample of six 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 to the facility and at various times throughout the survey. Residents, resident rooms, and common areas were observed for signs of pests. Residents were observed for outward signs of abuse and neglect. Staff were observed providing housekeeping services.

Resident records were reviewed including medication and nutritional orders. Grievance records were reviewed. Facility policy and procedures were reviewed.

Residents were interviewed regarding the allegations of the complaint.

Staff were interviewed regarding the allegations of the complaint.

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

Date report completed: 11/07/2025

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State Department
of Health

INVESTIGATIVE REPORT

Facility: **Edna Lee's Residential Care**
Address: **421 West South Avenue.**
City, State, Zip: **Vinita, OK 74301**
Provider #: **RC1806**
Complaint #: **OK00087399**
Investigation Date(s): **11/06/25**

ALLEGATION(S)
The facility failed to ensure medications were administered according to the physician orders.

An unannounced on-site investigation was initiated 11/06/2025 at 8:15 a.m.

A sample of three 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 to the facility and at various times throughout the survey. Residents were observed for outward signs of oversedation. Offices, closets, and resident rooms were inspected for unsecured medications. Medication rooms and storage areas were observed for security. Medications and medications records were reconciled for accuracy and missing medications.

Resident records were reviewed including medication and nutritional orders. Grievance records were reviewed. Medication administration, storage, and inventory records were reviewed. Facility policy and procedures were reviewed.

Residents were interviewed regarding the allegation of the complaint.

Staff were interviewed regarding the allegation of the complaint.

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

Date report completed: 11/07/2025

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 11/06/2025

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 Complaint investigations (#OK00081635, OK00085557, OK00086762, and #OK00087399) were conducted on 11/06/25. Deficiencies were cited as a result of the survey. Facility Census: 62 Listed below are abbreviations that will be used throughout this document. Res - resident	R 000		
R 351 SS=E	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 facility failed to prevent bed bugs from infesting resident beds for 2 (#6 and #7) of 6 sampled residents reviewed for pest control. The facility administrator identified 62 residents resided in the facility. Findings: An undated facility policy titled "Pest Control Policy," read in part, "The home along with the contracted pest company will work together to keep insects"..."bed bugs out of the facility."	R 351		

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 11/06/2025

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 351	Continued From page 1 1. On 11/06/25 at 8:30 a.m., Res #6 showed the surveyor their bed. The bed was observed to have seven living and 10 dead bed bugs on the bed and bed frame. The seven living bed bugs were observed crawling on the bed. The resident was observed to have three bug bites on their forehead. A physicians order sheet, dated 11/06/25, showed Res #6 had been a resident at the facility since 10/04/24. On 11/06/25 at 8:30 a.m., Res #6 was asked if they had observed any bed bugs. They stated they had bed bugs crawling over them the previous night and it kept them awake all night. They stated they got bed bugs on them everyday and they had to shake them out of their hair. 2. On 11/06/25 at 9:00 a.m., Res #7 showed the survey their bed. The bed was observed to have eight bed bugs crawling on the mattress. The resident showed the surveyor their left leg and 20 bug bites were observed on their calf area. A physicians order sheet, dated 11/06/25, showed Res #7 had been a resident at the facility since 10/04/24. On 11/06/25 at 9:00 a.m., Res. #7 was asked if they had observed any bed bugs. The resident did not verbally respond, but instead showed the surveyor the bed bugs on their bed. On 11/06/25 at 12:15 p.m., cook #1 was asked if they had observed bed bugs in the facilty recently. They stated they had seen bed bugs in the residents' rooms on their dressers, floor, and beds. They stated they had informed housekeeping each time.	R 351		

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 11/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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R 351	Continued From page 2 On 11/06/25 at 12:28 p.m., housekeeper #2 was asked if they had observed bed bugs in the facility recently. They stated they had seen them crawling on the walls in residents' rooms. They stated they reported that information to administration when they saw them. On 11/06/25 at 12:23 p.m., the home administrator was asked to explain the facility's pest control measures regarding bed bugs. They stated they had a contracted pest control company that sprayed monthly and more if needed. They stated they checked each resident's rooms at least weekly. They stated they use a bed bug spray as soon as they discovered bed bugs and also a machine that emitted 180 degree Fahrenheit steam directly on the bugs. They stated their contracted pest control company recommended both of those interventions. They stated they also put the residents' clothing through multiple rounds of washing and drying. They stated it was difficult to keep the bed bugs out of the facility as the residents continuously bring them in from the outside.	R 351		

OKLAHOMA
State Department of Health

Delivery via email to: edna_lees1986@yahoo.com

December 10, 2025

License Number: RC1806
Survey Event ID: **J63911**

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

Dear Ms. Hartley:

On **November 6, 2025**, 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 plan of correction is acceptable.

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **December 5, 2025**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

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

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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

(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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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

January 20, 2026

License Number: RC1806
Survey Event ID: J63912

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

Dear Ms. Kelley:

On **January 14, 2026**, 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 Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **November 6, 2025,** have now been corrected and your facility is in compliance with licensure standards effective **December 5, 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

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 01/14/2026

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 01/14/26. 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