OKLAHOMA
State Department
of Health

Delivery via email to: darlenensien@sbcglobal.net; kaylansien@yahoo.com; house_of_eden@yahoo.com

June 4, 2026

License Number: RC7281
Survey Event ID: **ZT9511**

Ms. Darlene Reynolds, Administrator
House Of Eden Residential Care
3604 North Martin Luther King Blvd
Tulsa, OK 74106

Dear Ms. Reynolds:

Enclosed is the summary of deficiencies from the complaint investigation conducted at your Residential Care facility on **June 2, 2026**.

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.

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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
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

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INVESTIGATIVE REPORT

Facility: House of Eden
Address: 3604 N. Martin Luther King Jr. Blvd
City, State, Zip: Tulsa, Ok, 74106, Tulsa
Provider #: RC2781
Complaint #: OK00088643
Investigation Dates: 06/02/26

ALLEGATION

The facility failed to ensure adequate staff to provide resident care and supervision.

An unannounced on-site investigation was initiated 06/02/2026 at 10:15 a.m.

A sample of 6 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 Centers for Medicare and Medicaid Services (CMS) 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. Resident hallways were observed for staff assistance with resident care needs, staff/resident interactions, and the presence of obnoxious and/or foul odors.

Resident council minutes, incident reports, policies and procedures were reviewed. Resident records including assessments, care plans, physician orders, nursing notes, and treatment records were also reviewed.

Staff members, and residents were interviewed regarding abuse and staffing.

The attached CMS 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: 06/03/2026

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INVESTIGATIVE REPORT

Facility: House of Eden
Address: 3604 N. Martin Luther King Jr. Blvd
City, State, Zip: Tulsa, Ok, 74106, Tulsa
Provider #: RC2781
Complaint #: OK00091411
Investigation Dates: 06/02/26

ALLEGATION

The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 06/02/2026 at 10:15 a.m.

A sample of 6 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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Oklahoma State Department of Health
Long Term Care Service

Date report completed: 06/03/2026

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INVESTIGATIVE REPORT

Facility: House of Eden
Address: 3604 N. Martin Luther King Jr. Blvd
City, State, Zip: Tulsa, Ok, 74106, Tulsa
Provider #: RC2781
Complaint #: OK00091414
Investigation Dates: 06/02/26

ALLEGATION

The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 06/02/2026 at 10:15 a.m.

A sample of 6 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC7281	A. BUILDING: _____ B. WING _____	C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF EDEN RESIDENTIAL CARE	3604 NORTH MARTIN LUTHER KING BLVD TULSA, OK 74106

(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 (#OK00088643, OK00091411, and #OK00091414) were conducted on 06/02/26. Deficiencies were cited. Facility Census: 14 Listed below are abbreviations that will be used throughout this document. OSDH - Oklahoma State Department of Health Res - resident	R 000		
R 250 SS=D	310:680-3-10 (c) ABUSE OR NEGLECT - PROTECTIONS (c) The administrator of the residential care home who becomes aware of abuse or neglect of a resident shall immediately act to rectify the problem and shall make a report of the incident and its correction to the Department. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure allegations of abuse were reported to the OSDH for 1 (#1) of 6 sampled residents reviewed for abuse. The administrator identified fourteen clients resided in the facility.	R 250		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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R 250	Continued From page 1 Findings: An "Abuse/Neglect Policy and Procedure," dated 08/2017, read in part, "The facility shall notify each covered individual of that individual's obligation to: (i) report to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime against any individual who is a resident of, or is receiving care from, the facility." An assessment form, dated 01/05/26, showed Res #1 had diagnoses which included bipolar disorder and schizophrenia. A progress note, dated 05/21/26, showed an incident involving possible sexual abuse occurred between Res #1 and Res #3 and the police were notified. The note did not show the OSDH was notified. On 06/02/26 at 12:00 p.m., the facility owner stated they had failed to notify the OSDH.	R 250		