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**Delivery via email to: [rebecca.ramos@irisseniorliving.com](mailto:rebecca.ramos@irisseniorliving.com)**

January 22, 2026

License Number: AL5547

Ms. Jonna Warrick, Administrator  
Iris Memory Care Of Edmond  
2424 Nw 178th St  
Edmond, OK 73012

**Survey Event ID: NY9011**

Dear Ms. Warrick:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 15, 2026**. 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,

*Tempal Killman*

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

Enclosure

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## INVESTIGATIVE REPORT

**Facility:** Iris Memory Care of Edmond  
**Address:** 2424 NW 178<sup>th</sup> St  
**City, State, Zip:** Edmond, OK 73012  
**Provider #:** AL5547  
**Complaint #:** OK00088765  
**Investigation Date(s):** 01/14/26-01/15/26

ALLEGATION(S)
The center failed to protect residents from physical abuse
The center failed to provide care and services necessary to maintain the skin's integrity and prevent urinary tract infections
enter text
enter text
enter text

An unannounced on-site investigation was initiated 01/14/2026 at 12:00 p.m.

A sample of 3 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: Observations of residents' clothing, skin, and fall prevention interventions were made. Observations of skin while staff provided personal care were made. Records of physician orders, laboratory results, resident skin assessments and care plans, incident reports, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center was in compliance with regulations.**

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: 01/15/2026

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL5547</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/15/2026</b>
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NAME OF PROVIDER OR SUPPLIER  <b>IRIS MEMORY CARE OF EDMOND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2424 NW 178TH ST</b> <b>EDMOND, OK 73012</b>
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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
C 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint investigation (#OK00088765) was conducted from 01/14/26 through 01/15/26. No deficiencies were cited.</p> <p>Facility Census: 38</p>	C 000		

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