OKLAHOMA
State Department
of Health

Delivery via email to: jamarus.johnson@jasmineestatesokc.com; michelle.grigsby@jasmineestatesokc.com

June 25, 2026

License Number: AL5598

Jamarus Johnson, Administrator
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

RE: Survey Event ID: 1C5911

Dear Mr. Johnson:

On **June 4, 2026**, agents from our office concluded a State Licensure survey with complaints at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **June 4, 2026**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: http://www.ok.gov/health. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. 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 the completed form for your files.

In accordance with O.S. 63-1-895, 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 833AL). 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 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 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, conducted in a face-to-face, or virtual 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.

If you have questions or need assistance, please feel free to send an email to OSDH.LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

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: Jasmine Estates of Edmond
Address: 1001 S Bryant Ave
City, State, Zip: Edmond, OK 73024
Provider #: AL5598
Complaint #: OK00090159
Investigation Date(s): 06/02/26-06/04/26

ALLEGATION(S)
The facility failed to assess, monitor, and intervene in a timely manner for a resident who had experienced a fall.
The facility failed to provide a complete copy of medical records on request.
The facility failed to utilize assistive devices.
The center failed to provide activities that met the needs of resident.
enter text

An unannounced on-site investigation was initiated 06/02/2026 at 10:55 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: Observations of residents' physical condition and behavior, resident to resident and staff to resident interaction, staff to resident ratio, staff assistance with ADLs, and medication administration passes were made. Records of incident reports, physician notes, nurse's notes, residents' health charts, care plans, physician's orders, hospital records, assessments, staff training, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

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: 06/04/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Jasmine Estates of Edmond
Address: 1001 S Bryant Ave
City, State, Zip: Edmond, OK 73024
Provider #: AL5598
Complaint #: OK00091065
Investigation Date(s): 06/02/26-06/04/26

ALLEGATION(S)
The center failed to ensure residents were free from abuse.
The facility failed to monitor and assess a resident after a medication error.
The facility failed to ensure medications were administered according to the policy and procedure.
enter text
enter text

An unannounced on-site investigation was initiated 06/02/2026 at 10:55 a.m.

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A Summary of Complaint Investigation: Observations of residents' physical condition and behavior, resident to resident and staff to resident interaction, staff to resident ratio, staff assistance with ADLs, and medication administration passes were made. Records of incident reports, physician notes, nurse's notes, residents' health charts, care plans, physician's orders, hospital records, assessments, staff training, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

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Date report completed: 06/04/2026

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INVESTIGATIVE REPORT

Facility: Jasmine Estates of Edmond
Address: 1001 S Bryant Ave
City, State, Zip: Edmond, OK 73024
Provider #: AL5598
Complaint #: OK00091337
Investigation Date(s): 06/02/26-06/04/26

ALLEGATION(S)
The center failed to ensure residents were free from abuse.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 06/02/2026 at 10:55 a.m.

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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' physical condition and behavior, resident to resident and staff to resident interaction, staff to resident ratio, staff assistance with ADLs, and medication administration passes were made. Records of incident reports, physician notes, nurse's notes, residents' health charts, care plans, physician's orders, hospital records, assessments, staff training, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

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Long Term Care Service

Date report completed: 06/04/2026

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: Jasmine Estates of Edmond
Address: 1001 S Bryant Ave
City, State, Zip: Edmond, OK 73024
Provider #: AL5598
Complaint #: OK00091344
Investigation Date(s): 06/02/26-06/04/26

ALLEGATION(S)
The facility failed to ensure residents were transferred in a safe manner to prevent accidents.
The facility failed to ensure medications were administered as ordered by the physician.
The facility failed to ensure residents were provided adequate and appropriate medical care.
enter text
enter text

An unannounced on-site investigation was initiated 06/02/2026 at 10:55 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: Observations of residents' physical condition and behavior, resident to resident and staff to resident interaction, staff to resident ratio, staff assistance with ADLs, and medication administration passes were made. Records of incident reports, physician notes, nurse's notes, residents' health charts, care plans, physician's orders, hospital records, assessments, staff training, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

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Long Term Care Service

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INVESTIGATIVE REPORT

Facility: Jasmine Estates of Edmond
Address: 1001 S Bryant Ave
City, State, Zip: Edmond, OK 73024
Provider #: AL5598
Complaint #: OK00091434
Investigation Date(s): 06/02/26-06/04/26

ALLEGATION(S)
The facility failed to ensure residents were free from abuse.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 06/02/2026 at 10:55 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: Observations of residents' physical condition and behavior, resident to resident and staff to resident interaction, and staff to resident ratio were made. Records of incident reports, physician notes, nurse's notes, residents' health charts, care plans, physician's orders, hospital records, assessments, and center policies were reviewed. Interviews with residents, families, and staff were conducted.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

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Long Term Care Service

Date report completed: 06/04/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5598	A. BUILDING: _____ B. WING _____	C 06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

(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	INITIAL COMMENTS A relicensure survey with complaints (#OK00090159, OK00091065, OK00091337, OK00091344, and #OK00091434) was conducted from 06/02/26 through 06/04/26. Deficiencies were cited. Facility Census: 48 Listed below are abbreviations that will be used througout this document. CNA - certified nursing assistant OSDH - Oklahoma State Department of Health RN - registered nurse	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to: a. keep trash receptacles covered when not in use; b. have covered trash cans which opened hands-free at each of the two hand washing sinks; and c. maintain a microwave oven observed in the kitchen. The administrator identified 48 residents ate meals prepared in the kitchen.	C 391		

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C 391	Continued From page 1 Findings: On 06/03/26 at 8:50 a.m. through 11:00 a.m., observations of the kitchen was performed. Two hand washing sinks were observed. One hand washing sink was observed to have been blocked from use by a mop and bucket and did not have a dedicated trash receptacle. A second hand washing sink was observed without paper towels to dry hands and the dedicated receptacle was not observed covered by a lid. A 50 gallon trash can containing food waste was not observed covered by a lid. On 06/03/26 at 9:30 a.m., the microwave oven in the staging area between the kitchen and dining areas was observed to have food particles dried to the interior walls and ceiling. Brown colored rust-like stains were observed on one interior wall and the door of the microwave. A policy and procedure titled "Food Preparation, Storage and Serving," reviewed May 2025, read in part, "Equipment and utensils used must be designated and constructed to be durable and to retain their characteristic qualities under normal use conditions"..."Receptacles and waste handling units for refuse, recyclables, and returnables must be kept covered: inside the food service area of the facility if the receptacles and units contain food residue and are not in continuous use or after they are filled; and with tight-fitting lids or doors if kept outside." On 06/03/26 at 9:15 a.m., Cook #1 stated the trash cans had covers and promptly covered the 50 gallon trash can. Cook #1 stated the other smaller trash cans did not have covers. On 06/04/26 at 10:15 a.m., the dietary manager	C 391		

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C 391	Continued From page 2 stated trash receptacles did have lids and they would remind staff to cover the cans after taking trash out.	C 391		
C 393 SS=E	310:663-3-8(c) FOOD STORAGE, PREPARTION AND SERVICE (c) A whole, intact, fruit or vegetable is an approved food source. The food supply shall be sufficient in quantity and variety to prepare menus for three (3) days. Leftovers that are potentially hazardous foods shall be used, or disposed of, within twenty-four (24) hours. Non-potentially hazardous leftovers that have been heated or cooked may be refrigerated for up to forty-eight (48) hours. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to dispose of left-over foods within 24 to 48 hours per policy. The administrator identified 48 residents ate meals prepared in the kitchen. Findings: On 06/03/26 at 9:00 a.m., a cellophane covered dish of pico de gallo containing cut tomatoes (a potentially hazardous food), dated 05/28, was observed. A cellophane covered dish containing a pudding like substance was observed labeled "lemon 5/31." A policy and procedure titled, "Food Preparation, Storage and Serving," reviewed May 2025, read in part, "Leftovers that are potentially hazardous foods must be used, or disposed of, within	C 393		

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C 393	Continued From page 3 twenty-four (24) hours. Non-potentially hazardous leftovers that have been heated or cooked may be refrigerated for up to forty-eight (48) hours." On 06/03/26 at 9:05 a.m., Cook #1 stated leftovers were good for five days.	C 393		
C 531 SS=E	310:663-5-3(a) ASSESSMENT FORM (a) The admission assessment form shall include but not be limited to the following: (1) resident's identification; (2) disease diagnosis/infections; (3) mental health history, and mental retardation or developmental disability; (4) physical functioning which includes the numbers of persons needed to assist with activities of daily living; (5) incontinence; (6) medications; (7) special treatment and procedures; (8) cognitive function; and (9) signatures and dates. This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure admission assessments contained: a. the physical functioning for activities of daily living, b. medications, c. cognitive function, d. mental health status, e. signatures from the registered nurse/physician, and f. signatures from the resident/resident representative for 3 (#3, 5, and #6) of 7 sampled	C 531		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 531	Continued From page 4 residents reviewed for admission assessments. The administrator identified 48 residents resided in the center. Findings: 1. An admission assessment for Resident #6, dated 11/24/25, showed no documentation for: a. physical functioning which included the numbers of persons needed to assist with activities of daily living, b. medications, c. cognitive function, and d. signatures of the registered nurse or physician and the resident or representative. 2. An admission assessment for Resident #3, dated 01/12/26, showed no documentation for: a. mental health status, b. physical functioning which included the numbers of persons needed to assist with activities of daily living, c. medications, d. cognitive function, and e. signatures of the registered nurse or physician and the resident or representative. 3. An admission assessment for Resident #5, dated 02/19/26, showed no documentation for: a. physical functioning which included the numbers of persons needed to assist with activities of daily living, b. medications, c. cognitive function, and d. signatures of the registered nurse or physician and the resident or representative. On 06/04/26 at 11:00 a.m., the administrator stated they were unaware there was missing	C 531		

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C 531	Continued From page 5 information on admission assessments for Residents #3, 5, and #6, but there should have been admission assessments on all residents.	C 531		
C 702 SS=D	Hot Water - Dietary - Appendix A GENERAL REQUIREMENTS (d) Each assisted living center shall comply with the hot water standards set forth in Appendix A. The minimum hot water temperature available for use in the dietary department shall be 120 degrees Fahrenheit (49 degrees C.). When hot water is used for sanitizing dishes and utensils, rinse water temperature shall be a minimum of 180 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to: a. meet the minimum water temperature for the wash and rinse cycles of the kitchen dish machine; and b. use the appropriate litmus paper when checking the chemical sanitizing agent for the dish machine. The administrator identified 48 residents ate meals prepared in the kitchen. Findings: On 06/03/26 at 10:53 a.m., Dietary Aide #1 was observed to use the wrong litmus paper to check the chlorine level of the dish machine. Dietary Aide #1 was observed to use the litmus paper associated with the sanitizing agent quaternary ammonium chloride (used in wash buckets to	C 702		

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C 702	Continued From page 6 clean food preparation surfaces and in 3-compartment sinks to sanitize dishes washed by hand) to check the level of sanitizing agent for a dish machine which used chlorine as the sanitizing agent. On 06/03/26 at 10:55 a.m., Dietary Aide #1 was observed to load/unload and run the dishwasher multiple times. The dishwasher wash and rinse cycles water temperature was observed at 80 degrees Fahrenheit. On 06/03/26 at 10:54 a.m., the sticker on the side of the dish machine showed the minimum required water temperature for the wash and rinse cycles was 120 degrees Fahrenheit and the minimum level of chlorine (the chemical used to sanitize dishes washed in the dish machine) sanitizing agent was 50 parts per million. On 06/03/26 at 11:05 a.m., Dietary Aide #1 stated the litmus paper they tested the sanitizing agent was what they normally used to check the dish machine. Dietary Aide #1 stated they did not know there was a difference in litmus paper to use. Dietary Aide #1 stated they did not know what the minimum water temperatures were for the wash and rinse cycles but thought it was around 100 degrees Fahrenheit. On 06/04/26 at 10:15 a.m., the dietary manager stated they were unaware the water temperature was 80 degrees Fahrenheit on the dishwasher. The dietary manager stated the water temperature was to read between 120 degrees and 140 degrees Fahrenheit.	C 702		
C1912 SS=D	310:663-19-1(b) INCIDENTS REQUIRING REPORT	C1912		

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C1912	Continued From page 7 (b) Each continuum of care facility and assisted living center shall prepare a written incident report for the following incidents: (1) allegations and incidents of resident abuse; (2) allegations and incidents of resident neglect; (3) allegations and incidents of misappropriation of resident's property; (4) accidental fires and fires not planned or supervised by facility staff, occurring on the licensed real estate; (5) storm damage resulting in relocation of a resident from a currently assigned room; (6) deaths by unusual occurrence, including accidental deaths or deaths other than by natural causes; (7) residents missing from the assisted living center upon determination by the assisted living center that the resident is missing; (8) utility failure for more than 4 hours; (9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, head injury or require treatment at a hospital; (10) reportable diseases and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting); and, (11) situations arising where a criminal act is suspected. Such situations shall also be reported to local law enforcement. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to report: a. an incident of resident neglect for 1 (#3); and	C1912		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

(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
C1912	Continued From page 8	C1912		

b. an incident of resident to resident abuse for 1 (#4) of 7 sampled residents reviewed for abuse and neglect.

Findings:

A policy titled "Abuse and Neglect," dated 04/30/23, read in part, "The abuse and/or neglect of our residents, or the misappropriation of their property, is absolutely prohibited." ... "The facility administrator will immediately initiate an investigation, act to to rectify the problem and will make a report of the incident and its correction to the Oklahoma State Department of Health."

1. A nurse aide registry abuse notification, dated 01/31/26, read in part, "On January 30 [CNA #1] failed to provide appropriate care to [Resident #3], resulting in abuse and neglect. The incident was by [sic] family. The CNA was terminated today."

An additional nurse aide registry abuse notification, dated 01/31/26, read in part, "On January 30 [CNA #2] failed to provide appropriate care to [Resident #3], resulting in abuse and neglect. The incident was reported by the family. The CNA was terminated today."

There was no documentation an incident report was sent to or received by the Oklahoma State Department of Health (OSDH).

On 06/03/26 at 11:46 a.m., Resident #3's family member stated they had reviewed the video camera in Resident #3's room and saw the resident had slid out of bed at 11:58 p.m. The family member stated Resident #3 was seen scooting across the floor and attempting to get up

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5598	A. BUILDING: _____ B. WING _____	C 06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

(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
C1912	Continued From page 9	C1912		

on their own periodically throughout the night. As a result, Resident #3's brief was observed to be torn with the stuffing scattered across the apartment floor. The family member stated no staff checked on Resident #3 until 6:08 a.m., but they were supposed to be checking on Resident #3 every two hours.

On 06/03/26 at 12:36 p.m., RN #1 stated they remembered two aides were terminated for neglect because the center's policy was to check on residents every two hours and they did not check on Resident #3. RN #1 stated Resident #3 had laid on the floor all night.

On 06/03/26 at 1:41 p.m., the administrator stated the center's policy was to round on and check on residents every two hours. The administrator stated CNA #1 and CNA #2 should have checked on Resident #3 every two hours on 01/30/26 into 01/31/26, but did not. The administrator stated they were shown video by Resident #3's family member and immediately terminated CNA #1 and CNA #2 for neglect.

On 06/03/26 at 2:06 p.m., the administrator stated they knew they needed to send in the nurse aide abuse registry notification, but did not know they also had to send in an incident report to the OSDH.

2. A community note, dated 02/11/26, read in part, "[Resident #1] had gotten behind [Resident #4]'s wheelchair and shoved [them] out of it."

There was no documentation an incident report was sent to or received by the Oklahoma State Department of Health (OSDH).

On 06/03/26 12:41 p.m., RN #1 stated Resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5598	A. BUILDING: _____ B. WING _____	C 06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JASMINE ESTATES OF EDMOND	1001 S BRYANT AVE EDMOND, OK 73034

(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
C1912	Continued From page 10 #1 pushed Resident #4 out of their wheelchair, which resulted in Resident #4 bleeding on the forearm. On 06/03/26 at 1:45 p.m., the administrator stated Resident #4 received a skin tear to the forearm when Resident #1 pushed them out of their wheelchair. No other injuries were sustained. They stated the residents were separated and monitored every 30 minutes. The administrator stated they could not find the incident report that the previous director of nursing said they had sent to the OSDH.	C1912		

OKLAHOMA
State Department of Health

Delivery via email to: jamarus.johnson@jasmineestatesokc.com; michelle.grigsby@jasmineestatesokc.com

July 6, 2026

License Number: AL5598

Jamarus Johnson, Administrator
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

RE: Survey Event 1C5911

Dear Mr. Johnson:

On **June 4, 2026,** agents from our office completed an Assisted Living Center survey with complaints at your 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:

- **C391**: Who will give the in-service to dietary staff? How long will daily audits be in place?
- **C393**: How long will the dietary manager conduct random audits of leftover foods? Who will give the in-service to dietary staff?
- **C531**: Who will in-service all nurses regarding assessments?
- **C702**: Who will in-service the dietary staff regarding water temperature regulation?
- **C1912**: Who will in-service the management team regarding reportable incidents and timeframes? How long and often will the administrator review all incidents?

Please provide an Amended plan of correction for these deficiencies and return with amendments as soon as possible.

Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 391	Based on: Observation and record review, and interview, the facility failed to: a. keep trash receptacles covered when not in use. B. have covered trash cans which open hands-free at each of the two hand washing sinks and c. maintain a microwave oven observed in the kitchen.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Hands free trash receptacles will be in place at both handwashing sinks. Dietary Staff will be inserviced on keeping the trash receptacles covered when not in use. And maintaining the microwave.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Daily audits will be preformed by the Dietary Manger or designee.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Daily audits will be preformed by the Dietary Manger or designee. Dietary staff will be inserviced on keeping the trash receptacles covered when not in use. And maintaing the microwave. All new hired dietary staff will review the inservice for maintaining the microwave and keeping the trash receptacles covered.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Daily audits will be preformed by the Dietary Manger or designee. The Quaity Assurance team will review all audits at each QA meeting. All Audits will be retained in the Dieatry Managers office.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/7/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required.	**Date** Enter a Date of Signature. 7/21/26

OAC 310:663-25-4(F)	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.	
Addendum Date Enter a date of addendum.	**Submitted by** Enter name of person submitting addendum.
Items Below Are For OSDH Use Only	
Plan of Correction: ☐ Acceptable ☐ Unacceptable **Date:** Click here to enter a date. **Surveyor:** Surveyor	
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. **Facility in Compliance by:** Click here to enter a date.	

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 393	Based on: Observation and record review, and interview, the facility failed to dispose of left-over foods within 24 to 48 hours per policy.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	All potentially hazardous leftover food dated 24 hours an all non potentially hazardous food 48 hours old will be disposed of.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The dietary manager or designee will conduct random audits the refrigator to ensure any potentially hazardous or non potentially hazardous food is disposed of. All Dietary Staff will be inservice on the dispoal of Left over food.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	The dietary staff will audit the refrigator which each shift change and dispose of any leftover food out of date. The Dietary manager or designee will conduct random inspections 3 times a week to ensure all leftovers are disposed of at the appropriate time. The refrigerator inspection log will be kept in the Dietary manager's office.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	The dietary manager or designee will conduct random inspections 3 times a week to ensure all leftovers are disposed of at the appropriate time. The refrigerator inspection log will be kept in the Dietary manager's office. The Quailty Assurance team will review all dietary logs to ensure accurary.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/7/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date** Enter a date of signature. 7/2/26

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Survey Event ID:** 1C5911 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 531	Based on: Observation and record review, and interview, the facility failed to ensure admission assessments contained: a. the physical functioning for activities of daily living. B. medications, c. coginitive function, d. mental health status, e. signatures from the registered nurse/physician, and f. signatures from the resident/resident representative for 3 (#3, 5, aned #6) of the 7 sampled residents reviewed for admission assements.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	All residents will have a up to date Assessment. The hard copy will be placed in the residents chart and then uploaded in the Alis Health Care record.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Monthly chart audits will be performed randomly by the DON/ Adminstrator or designee on 20% of the census.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All Nurses will be inserviced on the Comprehensive Assessment.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	The Quailty Assurance team will review all new admissions to ensure the Comphensive Assessment form was completed. The Quailty Assurance team will be provided a copy of all assessment due for the quarter and ensure all assessment are complete.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/7/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Jamarus Johnson** OAC 310:663-25-4(F)	**Date 7/2/2026**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 702	Based on: Observation and interview, the facility failed to: a. meet the minimum water temperature for the wash and rinse cycles of the kitchen dish machine and b. usethe appropriate litmus paper when checking the chemical sanitizing agent for the dish machine.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Water temperature will be immediately adjusted to meet the water temperature guidelines. The mainantence Director will inspect the thermostat and make adjustments if needed to ensure the water arrives at the kitchen dish machine at or above the necessary temperature. The correct litmus paper will be ordered and in a accessible area for the dietary staff to use.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The Dietary manager or designee will test the water temperature and a daily water temperature log will be keep in the dietary managers office. The Mainatence Director will preform random water temperature check 3x's a week. And write the result on in the temperature log. All dietary staff will be inserviced on the correct temperatures for the dietary department and proper use of the correct litmus paper.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All new dietary staff will be trained on the correct water temperature and the correct Litmus paper.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and	The Quality Assurance team will review all dietary temp logs. The Qualitiy Assurance team will review all new dietary staff files to ensure the appropriate training is in place.

c. How monitoring records will be kept to evidence the correction.			
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		8/7/2026	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required	**Date**	Enter a date of signature. 7/21/26
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.
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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 1912	Based on: Record review and interview, the facility failed to report a. an incident of resident neglect for 1 (#3) and b. an incident of resident to resident abuse for 1 (#4) of 7 sampled residents reviewed for abuse and neglect.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	ODH form 283 will be completed and submitted to the OKDHS for resident #3 and #4.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The management team will be inserviced on reporting to OKDHS the required documentation for incidents.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	The Adminstrator or desigee will review all incidents and if applicable submit 283 forms to the OKDHS.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Quality Assurance team will review all incidents and reports filed to OKDHS. The Adminstrator or designee will keep a binder with all ODH form 283 that are submitted.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/7/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date 7/2/2026**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

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If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. **Facility in Compliance by:** Click here to enter a date.			

OKLAHOMA
State Department of Health

Delivery via email to: jamarus.johnson@jasmineestatesokc.com; michelle.grigsby@jasmineestatesokc.com

July 7, 2026

License Number: AL5598

Jamarus Johnson, Administrator
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

RE: Survey Event 1C5911

Dear Mr. Johnson:

On **June 4, 2026**, a Licensure inspection with complaints was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your Amended plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **August 7, 2026**.

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 Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 391	Based on: Observation and record review, and interview, the facility failed to: a. keep trash receptacles covered when not in use. B. have covered trash cans which open hands-free at each of the two hand washing sinks and c. maintain a microwave oven observed in the kitchen.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Hands free trash receptacles will be in place at both handwashing sinks. Dietary Staff will be inserviced on keeping the trash receptacles covered when not in use. And maintaining the microwave.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Daily audits will be preformed by the Dietary Manger or designee.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Daily audits will be preformed by the Dietary Manger or designee for 90 days. The Adminstrator will inservice all Dietary staff on keeping the trash receptacles covered when not in use. And maintaing the microwave. All new hired dietary staff will be inserviced by the Dietary Manager about maintaining the microwave and keeping the trash receptacles covered.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Daily audits will be preformed by the Dietary Manger or designee. The Quaity Assurance team will review all audits at each QA meeting. All Audits will be retained in the Dieatry Managers office.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/7/2026
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature **Jamarus Johnson**	**Date 7/6/2026**

OAC 310:663-25-4(F)			
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable **Date:** Click here to enter a date. **Surveyor:** Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.			

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 393	Based on: Observation and record review, and interview, the facility failed to dispose of left-over foods within 24 to 48 hours per policy.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	All potentially hazardous leftover food dated 24 hours an all non potentially hazardous food 48 hours old will be disposed of.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The dietary manager or designee will conduct random audits for 6 months of the refrigator to ensure any potentially hazardous or non potentially hazardous food is disposed of. All Dietary Staff will be inserviceby the Adminstrator on the disposal of Left over food.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	The dietary staff will audit the refrigator which each shift change and dispose of any leftover food out of date. The Dietary manager or designee will conduct random inspections 3 times a week for 6 months to ensure all leftovers are disposed of at the appropriate time. The refrigerator inspection log will be kept in the Dietary manager's office.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	The dietary manager or designee will conduct random inspections 3 times a week for 6 months to ensure all leftovers are disposed of at the appropriate time. The refrigerator inspection log will be kept in the Dietary manager's office. The Quailty Assurance team will review all dietary logs to ensure accurary.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/7/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Jamarus Johnson OAC 310:663-25-4(F)			**Date 7/6/2026**
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.
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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 531	Based on: Observation and record review, and interview, the facility failed to ensure admission assessments contained: a. the physical functioning for activities of daily living. B. medications, c. coginitive function, d. mental health status, e. signatures from the registered nurse/physician, and f. signatures from the resident/resident representative for 3 (#3, 5, aned #6) of the 7 sampled residents reviewed for admission assements.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION	
Assisted Living Center's Comments:	
REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	All residents will have a up to date Assessment. The hard copy will be placed in the residents chart and then uploaded in the Alis Health Care record.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Monthly chart audits will be performed randomly by the DON/ Adminstrator or designee on 20% of the census.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All Nurses will be inserviced by the Adminsrtator on the Comprehensive Assessment.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	The Quailty Assurance team will review all new admissions to ensure the Comphensive Assessment form was completed. The Quailty Assurance team will be provided a copy of all assessment due for the quarter and ensure all assessment are complete.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/7/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Jamarus Johnson** OAC 310:663-25-4(F)	**Date 7/6/2026**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable **Date:** Click here to enter a date. **Surveyor:** Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 702	Based on: Observation and interview, the facility failed to: a. meet the minimum water temperature for the wash and rinse cycles of the kitchen dish machine and b. usethe appropriate litmus paper when checking the chemical sanitizing agent for the dish machine.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Water temperature will be immediately adjusted to meet the water temperature guidelines. The mainantence Director will inspect the thermostat and make adjustments if needed to ensure the water arrives at the kitchen dish machine at or above the necessary temperature. The correct litmus paper will be ordered and in a accessible area for the dietary staff to use.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The Dietary manager or designee will test the water temperature and a daily water temperature log will be keep in the dietary managers office. The Mainatence Director will preform random water temperature check 3x's a week. And write the result on in the temperature log. All dietary staff will be inserviced by the Adminstrator on the correct temperatures for the dietary department and proper use of the correct litmus paper.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All new dietary staff will be trained on the correct water temperature and the correct Litmus paper.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and	The Quality Assurance team will review all dietary temp logs. The Qualitiy Assurance team will review all new dietary staff files to ensure the appropriate training is in place.

c. How monitoring records will be kept to evidence the correction.	
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/7/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Jamarus Johnson** OAC 310:663-25-4(F)	**Date 7/6/2026**

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/29/2026** **Facility Name:** Jasmine Estates of Edmond **License Number:** AL 5598 **Date Survey Completed: 6/4/2026**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 1912	Based on: Record review and interview, the facility failed to report a. an incident of resident neglect for 1 (#3) and b. an incident of resident to resident abuse for 1 (#4) of 7 sampled residents reviewed for abuse and neglect.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments:

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	ODH form 283 will be completed and submitted to the OKDHS for resident #3 and #4.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	The management team will be inserviced by the Adminsrtator on reporting to OKDHS the required documentation for incidents.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	The Adminstrator or desigee will review all incidents daily and ongoing and if applicable submit 283 forms to the OKDHS.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Quality Assurance team will review all incidents and reports filed to OKDHS for the next 4 quarterly meetings. The Adminstrator or designee will keep a binder with all ODH form 283 that are submitted.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/7/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Jamarus Johnson OAC 310:663-25-4(F)	**Date 7/6/2026**

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Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

Delivery via email to: jamarus.johnson@jasmineestatesokc.com; michelle.grigsby@jasmineestatesokc.com

August 24, 2026

License Number: AL5598

Mr. Jamarus Johnson
Jasmine Estates Of Edmond
1001 S Bryant Ave
Edmond, OK 73034

Survey Event ID: 1C5912

Dear Mr. Johnson
On **August 21, 2026,** a complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on *****DATE OF FIRST SURVEY***,** have now been corrected effective ******LATEST CORRECTION DATE ****.**

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

Respectfully,

Malinda Perry

Malinda Perry, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure