OKLAHOMA
State Department
of Health

Delivery via email to: mharper@moradalawton.com

May 7, 2024

License Number: AL1602

Mr. Micah Harper, Administrator
Morada Lawton
3610 Southeast Huntington Circle
Lawton, OK 73501

Survey Event ID: WU1911

Dear Mr. Harper:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **April 26, 2024**. 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,

Clorissa Nubine

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: MORADA LAWTON
Address: 3610 SOUTHEAST HUNTINGTON CIRCLE
City, State, Zip: LAWTON, OK 73501
Provider #: AL1602
Complaint #: OK00062956
Investigation Date(s): 04/25/24 through 04/26/24

ALLEGATIONS
The center failed to provide transportation to scheduled physician's appointments.
The center failed to ensure adequate supervision during the evening and night shifts on the memory care unit.

An unannounced on-site investigation was initiated 04/25/2024 at 2:00 p.m.

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

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, and at other various shifts throughout the survey. Staff on duty were observed.

Facility policies and procedures were reviewed. Resident assessments, progress notes, and physician orders were reviewed. Staff schedules were reviewed.

Residents were interviewed regarding transportation to appointments, and adequate staffing. Staff were interviewed regarding the facility policies and procedures related to staffing and transportation of residents to appointments.

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: 04/26/2024

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
	AL1602	A. BUILDING: _____ B. WING _____	C 04/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA LAWTON	3610 SOUTHEAST HUNTINGTON CIRCLE LAWTON, OK 73501

(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 complaint investigation (#OK00062956) was conducted from 04/25/24 through 04/26/24. No deficiencies were cited. Facility Census: 65	C 000		

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