OKLAHOMA
State Department of Health

Delivery via email to: mharper@moradalawton.com

January 2, 2026

License Number: AL1602

Mr. Micah Harper, Administrator/Sr. Executive Director
Morada Lawton
3610 Southeast Huntington Circle
Lawton, OK 73501

Survey Event ID: 544911

Dear Mr. Harper:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 23, 2025**. 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,

Lisa Calvin

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

Enclosure

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 7350**
Provider #: **AL1602**
Complaint #: **OK00087670**
Investigation Dates: **12/17/25, 12/18/25, 12/22/25, and 12/23/25**

ALLEGATIONS
The facility failed to ensure adequate staff to provide care.
The facility failed to notify the resident's representative when there was a change in condition.

An unannounced on-site investigation was initiated 12/17/2025 at 2:30 p.m.

A sample of three 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 throughout the survey. Residents were observed during meals, in their rooms, while participating in activities, and during medication pass. Staff members were observed answering call lights, administering medication, serving meals, and assisting residents with eating and with activities of daily living.

Sampled clinical records were reviewed for physician orders, care plans, progress notes, hospice records, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Staffing schedules and time clock hours were reviewed. Resident council minutes, grievances, and in-services were reviewed.

Residents and family members were interviewed regarding any concerns with staff providing required assistance, receiving assistance with activities of daily living, receiving adequate supervision, and being informed of changes in their condition. Staff members were interviewed about providing assistance for residents with activities of daily living, adequate staffing, and reporting changes in a resident's condition.

OKLAHOMA
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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: 12/26/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 7350**
Provider #: **AL1602**
Complaint #: **OK00088364**
Investigation Dates: **12/17/25, 12/18/25, 12/22/25, and 12/23/25**

ALLEGATIONS
The facility failed to ensure residents received adequate supervision.
The facility failed to ensure ADL care was provided for the residents.

An unannounced on-site investigation was initiated 12/17/2025 at 2:30 p.m.

A sample of three 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 throughout the survey. Residents were observed during meals, in their rooms, while participating in activities, and during medication pass. Staff members were observed answering call lights, administering medication, serving meals, assisting residents with eating, and assisting residents with activities of daily living.

Sampled clinical records were reviewed for physician orders, care plans, progress notes, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Staffing schedules and time clock hours were reviewed. Resident council minutes, grievances, and in-services were reviewed.

Residents and family members were interviewed regarding any concerns with staff providing required assistance, receiving assistance with activities of daily living, transportation provided by the facility, attending group outings, and being treated with respect by staff. Staff members were interviewed about providing assistance for residents with activities of daily living, adequate staffing, and the process for group outings.

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Oklahoma State Department of Health
Long Term Care Service

Date report completed: 12/26/2025

OKLAHOMA
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INVESTIGATIVE REPORT

Facility:	**Morada Lawton**
Address:	**3610 Southeast Huntington Circle**
City, State, Zip:	**Lawton, OK, 7350**
Provider #:	**AL1602**
Complaint #:	**OK00088383**
Investigation Dates:	**12/17/25, 12/18/25, 12/22/25, and 12/23/25**

ALLEGATIONS
The facility failed to provide adequate supervision to prevent elopements.

An unannounced on-site investigation was initiated 12/17/2025 at 2:30 p.m.

A sample of three 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 throughout the survey. Residents were observed during meals, in their rooms, while participating in activities, and during medication pass. Staff members were observed answering call lights, administering medication, serving meals, assisting residents with eating, and assisting residents with activities of daily living. The facility's locked exit doors were checked.

Sampled clinical records were reviewed for physician orders, care plans, progress notes, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Staffing schedules and time clock hours were reviewed. Resident council minutes, grievances, and in-services were reviewed.

Residents and family members were interviewed regarding any concerns with staff providing adequate supervision, and receiving assistance with activities of daily living. Staff members were interviewed about assisting residents with activities of daily living, adequate staffing to provide supervision of residents, and the process of ensuring memory care residents do not elope.

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

Thank you for bringing your concerns to our attention.

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Long Term Care Service

Date report completed: 12/26/2025

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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 12/23/2025

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 Complaint investigations (#OK00088364, OK00088383, and #OK00087670) was conducted on 12/17/25 through 12/18/25, and 12/22/25 through 12/23/25. No deficiencies were cited. Facility Census: 79	C 000		

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