OKLAHOMA
State Department
of Health

Delivery via email to: mgurrola@moradaseniorliving.com

May 21, 2026

License Number: AL1602

Monica Gurrola, Administrator
Morada Lawton
3610 Southeast Huntington Circle
Lawton, OK 73501

Survey Event ID: ZWV811

Dear Ms. Gurrola:

On **April 9, 2026,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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. 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 will be completed for each violation; and
(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 a 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:	**Morada Lawton**
Address:	**3610 Southeast Huntington Circle**
City, State, Zip:	**Lawton, OK, 73501**
Provider #:	**AL1602**
Complaint #:	enter text
Investigation Dates:	**04/03/26, and 04/006/26 through 04/09/26**

ALLEGATION
The facility failed to ensure residents received dialysis according to their physicians' orders.

An unannounced on-site investigation was initiated 04/03/2026 at 9:00 a.m.

A sample of three 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 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, in common areas, and while participating in activities. Staff members were observed answering call lights, transporting residents, serving meals, and assisting residents with the activities of daily living.

Sampled clinical records were reviewed for physician orders, care plans, progress notes, activities of daily living logs, weights, meal intakes, medication administration records, and assessments. Facility sign-in/out logs and transportation logs were reviewed. Incident reports were reviewed. Facility policies and procedures were reviewed. Resident council minutes, grievances, and in-services were reviewed.

Residents and family members were interviewed regarding any concerns with transportation. Staff members were interviewed about the process of transporting residents.

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: 04/13/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL1602**
Complaint #: **OK00089401**
Investigation Dates: **04/03/26, and 04/006/26 through 04/09/26**

ALLEGATION(S)
The facility failed to ensure residents were free from abuse.
The facility failed to ensure residents were free from chemical restraints.

An unannounced on-site investigation was initiated 04/03/2026 at 9:00 a.m.

A sample of three 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:

A tour of the facility was conducted upon entrance and throughout the survey. Residents were observed during meals, in their rooms, and while participating in activities. Staff members were observed answering call lights, administering medication, and assisting residents with the activities of daily living. Third-party providers were observed visiting residents.

Sampled clinical records were reviewed for physician orders, care plans, progress notes, activities of daily living logs, medication administration records, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Resident council minutes, grievances, and in-services were reviewed.

Residents and family members were interviewed regarding any concerns with abuse from staff members or visitors to the facility, and medications administered and being overmedicated. Staff members were interviewed about resident abuse and the facility's abuse policy. Staff members were interviewed regarding medication administration and the policy for PRN medications.

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: 04/13/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL1602**
Complaint #: **OK00089911**
Investigation Dates: **04/03/26, and 04/006/26 through 04/09/26**

ALLEGATION(S)
The facility failed to ensure adequate staffing to meet the needs of the residents.
The facility failed to ensure a safe environment according to the contract.
The facility failed to ensure administration was available to provide oversight.

An unannounced on-site investigation was initiated 04/03/2026 at 9:00 a.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 activities of daily living.

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

Residents and family members were interviewed regarding any concerns with adequate staffing, safety in the facility, and the facility having oversight by administration. Staff members were interviewed about adequate staffing, safety of residents, having access to resident rooms, and the availability of administration to oversee day-to-day operations.

OKLAHOMA
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of Health

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: 04/13/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL1602**
Complaint #: enter text
Investigation Dates: **04/03/26, and 04/006/26 through 04/09/26**

ALLEGATIONS
The facility failed to ensure residents were receiving meals that were nutritive, palatable, and at the preferred temperatures.
The facility failed to ensure residents received their medications according to the physician orders.
The facility failed to ensure the phone service was available to residents.

An unannounced on-site investigation was initiated 04/03/2026 at 9:00 a.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 the activities of daily living.

Sampled clinical records were reviewed for physician orders, care plans, progress notes, activities of daily living logs, weights, meal intakes, medication administration records, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Resident council minutes, grievances, and in-services were reviewed.

Residents and family members were interviewed regarding any concerns with meals, phone service, and receiving medication on time. Staff members were interviewed about meals, issues with the facility phone service, and their ability to administer medication on time.

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: 04/13/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton AL**
Address: **3610 Southwest Hunting Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL 1602**
Complaint #: **OK00090200**
Investigation Date(s): **04/03/26 and 04/06/26 through 04/09/26**

ALLEGATION(S)

The facility failed to ensure residents were free from abuse.
The facility failed to ensure wound care was provided.
The facility failed to ensure residents were not charged for services according to their contract.
The facility failed to ensure the facility maintained a working phone.

An unannounced on-site investigation was initiated 04/03/2026 at 9:00 a.m.

A sample of three 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 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 rooms, halls, and common areas were observed for staff and resident interactions, staff assisting residents with their needs and care. Observations were made of the phone in working order.

Resident records were reviewed including assessments, care plans, physician orders, nursing notes, medication and treatment records were reviewed. Resident contracts and care services were reviewed. Facility policy and procedures were reviewed. Grievance records were reviewed.

Residents were interviewed related to the provision of abuse, wound care and treatments, services charged, and availability of a working phone.

Staff members were interviewed regarding facility policy and procedures regarding abuse, wound care, services charged, and a working phone available.

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: 04/17/2026

OKLAHOMA State Department of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL1602**
Complaint #: **OK00090380**
Investigation Dates: **04/03/26, and 04/006/26 through 04/09/26**

ALLEGATIONS
The facility failed to ensure residents were assisted with ADL's.
The facility failed to maintain a clean, homelike environment.
The facility failed to ensure medications were administered as ordered by the physician.
The facility failed to ensure residents were free from misappropriation of property.

An unannounced on-site investigation was initiated 04/03/2026 at 9:00 a.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 as needed, and assisting residents with the activities of daily living.

Sampled clinical records were reviewed for physician orders, care plans, progress notes, activities of daily living logs, medication administration records, and assessments. Incident reports were reviewed. Facility policies and procedures 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 with meals, receiving assistance with showers and other activities of daily living, housekeeping, medication administration, and missing personal property. Staff members were interviewed about assisting residents with eating, showers, housekeeping, and other activities

of daily living. Staff members were interviewed regarding medication administration and ordering medications from the pharmacy. Administration was interviewed about the process followed when residents report missing personal items.

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: 04/13/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL1602**
Complaint #: **OK00090383**
Investigation Dates: **04/03/26, and 04/06/26 through 04/09/26**

ALLEGATION(S)

The center failed to ensure care and supervision was provided to prevent accidents.

An unannounced on-site investigation was initiated 04/03/2026 at 9:00 a.m.

A sample of three 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 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 throughout the survey. Residents were observed during meals for accidents and diet ordered.

Facility policy and procedures were reviewed. Progress notes, physician orders, diet orders, resident assessments, and service plans were reviewed. State reportables were reviewed.

Residents and resident representatives were interviewed regarding diet and choking. Staff were interviewed regarding facility policy and procedure related to special diets and choking accidents.

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: 05/01/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada Lawton**
Address: **3610 Southeast Huntington Circle**
City, State, Zip: **Lawton, OK, 73501**
Provider #: **AL1602**
Complaint #: **OK00090384**
Investigation Dates: **04/03/26, and 04/06/26 through 04/09/26**

ALLEGATION(S)

The facility failed to ensure residents have a safe, comfortable, homelike environment.
The facility failed to ensure residents received ADL Care for dependent residents
The facility failed to ensure a nurse was available for residents.
The facility failed to ensure residents had working call pendants.

An unannounced on-site investigation was initiated 04/03/2026 at 9:00 a.m.

A sample of nine 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 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 throughout the survey. Residents were observed during meals, residents with meal trays observed for assistance, cleanliness of residents and change of clothing, staff on duty, and working pendants. Call pendant response time was observed. Residents were observed during activities of daily living.

Facility policy and procedures were reviewed. Progress notes, physician orders, resident assessments, service plans, and state reportables were reviewed.

Residents were interviewed regarding call functioning pendants, daily hygiene assistance, clean comfortable homelike environment, meal assistance, and staffing. Staff were interviewed regarding facility policy and procedure related to call functioning pendants, daily hygiene assistance, clean comfortable homelike environment, meal assistance, 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: 05/01/2026

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 04/09/2026

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 (#OK00089138, OK00089401, OK00089911, OK00090071, OK00090200, OK00090380, OK00090383, and #OK00090384) were conducted on 04/03/26 and 04/06/26 through 04/09/26. Deficiencies were cited. Facility Census: 80 Listed below are abbreviations that will be used throughout this document. CMA - certified medication aide CNA - certified nurse aide ED - executive director MAR - medication administration record mcg - micrograms mg - milligrams OSDH - Oklahoma State Department of Health	C 000		
C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in	C1505		

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 04/09/2026

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
C1505	Continued From page 1 terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the center failed to ensure a resident's diet was followed as ordered for 1 (#8) of 3 sampled residents reviewed for special diets. A facility diet list showed 10 residents on special diets. Findings: On 04/06/26 at 12:13 p.m., Resident #8 was observed to have a whole hamburger sandwich and potato chips in the dining room. A "Special Diets" policy, revised 12/01/24, read in part, "Residents will be provided with appropriate diets." A diet order for Resident #8, dated 02/10/26, showed soft bite size. An annual assessment for Resident #8, dated 03/18/26, showed the resident had a diagnosis of metabolic encephalopathy. The assessment showed the resident was confused at times and needed meal set up and cueing.	C1505		

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 04/09/2026

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
C1505	Continued From page 2 On 04/06/26 at 12:16 p.m., the culinary director stated they followed the diet list for serving resident meals. On 04/06/26 at 12:18 p.m., the culinary director stated Resident #8 had a whole burger and potato chips. On 04/06/26 at 12:33 p.m., the culinary director stated Resident #8 was on a regular diet, soft, and bite size. They stated the resident should not have been served chips and the hamburger should have been cut into bite sizes.	C1505		
C1911 SS=D	310:663-19-1(a) INCIDENT REPORT TIMELINES (a) All reports to the Department shall be made via facsimile or by telephone within one (1) Department business day of the reportable incident's discovery. A follow-up report of the incident shall be submitted via facsimile or mail to the Department within five (5) Department business days after the incident. The final report shall be filed with the Department when the full investigation is complete, not to exceed ten (10) Department business days after the incident. Notifications to the Nurse Aide Registry using the ODH Form 718 must be made within one (1) Department business day of the reportable incident's discovery. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report an abuse allegation to the OSDH per state regulations for 1 (#9) of 4 sampled residents reviewed for abuse.	C1911		

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 04/09/2026

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
C1911	Continued From page 3 The ED identified 80 residents resided in the facility. Findings: A facility policy titled "Abuse, Neglect, and Exploitation,"dated 06/07/24, showed reporting of any suspected, alleged, or witnessed abuse will be completed according to state reporting requirements. An annual assessment for Resident #9, dated 03/18/26, showed the resident was alert to person, place, time, and confused at times. The assessment showed Resident #9 required assistance from one staff member for dressing and toileting, and two staff members for bathing, transfers, and ambulation. The assessment showed Resident #9 had diagnoses of hypertension and congestive heart failure. An investigation, dated 04/01/26, showed an interview with Resident #9. The investigation showed Resident #9 denied they were spoken to poorly or mistreated. The investigation contained two staff statements that Resident #9 had reported they were yelled at and hit by another staff member. On 04/06/26 at 2:55 p.m., CNA #1 stated Resident #9 had reported to them a CNA (name unknown) had swatted the resident's hands and talked to them like a dog. CNA #1 stated they had reported the allegation to a unit manager. CNA #1 stated they believed they had reported the incident about one week prior. On 04/06/26 at 3:05 p.m., Resident #9 reported a staff member (name unknown) had slapped their hand and hollered at the resident for attempting	C1911		

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 04/09/2026

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
C1911	Continued From page 4 to adjust their waistband. Resident #9 was unsure when this incident occurred. On 04/07/26 at 11:11 a.m., family member #1 stated one to two weeks ago, Resident #9 had reported to CNA #5, a staff member had slapped their hands and hollered at them. Family member #1 stated CNA #5 told Resident #9 they would have to report the incident. On 04/08/26 at 4:15 p.m., the ED stated an incident was reported to them by a staff member of an allegation made by Resident #9 that a CNA had slapped Resident #9's hands and hollered at them. The ED stated CNA #2 was suspended, and Resident #9 was interviewed. The ED stated the resident did not recall the incident and reported that nothing had happened. On 04/09/26 at 11:15 a.m., the ED stated they had not reported the allegation to the state because the resident did not recall the incident when interviewed, and no concern of abuse was found. The ED stated 'Yes' and 'No' when asked if any allegation of abuse should be reported.	C1911		
C1920 SS=E	310:663-19-2(a) MEDICATION ADMINISTRATION (a) Each assisted living center shall adopt written procedures to ensure safe administration of medications. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure medication was available and received according to physician's orders for 1 (#3) of 3 sampled	C1920		

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	AL1602	A. BUILDING: _____ B. WING _____	C 04/09/2026

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C1920	Continued From page 5 residents reviewed for medication administration. The ED identified 80 residents resided in the facility. Findings: On 04/07/26 at 12:28 p.m., Resident #3's medication supply on the medication cart was observed. The supply did not contain cyclosporine emulsion 0.05% (eye drop), vitamin D3 capsule 2000 units, rosuvastatin (cholesterol) tablet 5 mg, sertraline (anti-depressant) tablet 100 mg, omeprazole (acid reducer) capsule 40 mg, and valsartan/hydrochlorothiazide (blood pressure) tablet 160-25 mg. A "Medication Refills" policy, dated 06/07/24, showed medication refills will be obtained in a timely manner to ensure residents have all physician or other healthcare practitioner ordered medications available. A physician's order for Resident #3, dated 08/07/25, showed rosuvastatin tablet 5 mg one by mouth at bedtime. A physician's order for Resident #3, dated 08/08/25, showed vitamin D3 capsule 2000 units one by mouth twice a day. A physician's order for Resident #3, dated 09/09/25, showed valsartan/hydrochlorothiazide tablet 160-25 mg one by mouth daily. A physician's order for Resident #3, dated 09/17/25, showed omeprazole capsule 40 mg one by mouth daily. A physician's order for Resident #3, dated	C1920		

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C1920	Continued From page 6 12/15/25, showed sertraline tablet 100 mg one by mouth at bedtime. A physician's order for Resident #3, dated 12/16/25, showed cyclosporine emulsion 0.05% ophthalmic (eye) instill one drop into affected eye every 12 hours. A MAR for Resident #3, dated 03/01/26 through 03/31/26, showed the following missed medications due to needing a refill from the pharmacy: Cyclosporine emulsion 0.05% ophthalmic - 03/01/26 (two doses), 03/02/26, 03/03/36, 03/04/26 (two doses), 03/05/26, 03/06/26 (two doses), 03/07/26, 03/08/26 (two doses), 03/09/26, 03/11/26 (two doses), 03/12/26 (two doses), 03/13/26 (two doses), 03/15/26 (two doses), 03/16/26 (two doses), 03/19/26, 03/20/26, 03/22/26, 03/23/26, 03/25/26, 03/26/26, 03/27/26, 03/28/26 (two doses), 03/30/26, and 03/31/26. Valsartan/hydroclorothiazide 160-25 mg - 03/01/26, 03/02/26, 03/03/36, 03/06/26, 03/07/26, 03/08/26, 03/09/26, 03/10/26, 03/11/26, 03/12/26, 03/13/26, 03/15/26, 03/15/6, 03/17/26, 03/19/26, 03/20/26, 03/22/26, 03/25/26, 03/26/26, 03/27/26, 03/28/26, and 03/31/26. Omeprazole 40 mg - 03/01/26, 03/03/26, 03/06/26, 03/07/26, 03/08/26, 03/09/26, 03/10/26, 03/11/26, 03/12/26, 03/13/26, 03/15/26, 03/17/26,03/19/26, 03/20/26, 03/22/26, 03/25/26, 03/26/26, 03/27/26, 03/28/26, and 03/31/26. Sertraline 100 mg - 03/01/26, 03/04/26/ 03/05/26, 03/06/26, 03/08/26, 03/09/26, 03/10/26, 03/11/26, 03/12/26, 03/13/26, 03/16/26, 03/26/26, 03/27/26, 03/28/26, 03/29/26, 03/30/26, and 03/31/26.	C1920		

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C1920	Continued From page 7 Rosuvastatin 5 mg - 03/05/26, 03/06/26, 03/08/26, 03/09/26, 03/11/26, 03/12/26, 03/13/26, 03/16/26, 03/26/26, 03/27/26, 03/29/26, 03/30/26, and 03/31/26. Vitamin D3 2000 units - 03/06/26, 03/24/26, 03/26/26, 03/27/26, 03/29/26, and 03/31/26. An annual assessment for Resident #3, dated 03/18/26, showed the resident was alert and oriented to person, place, time, and situation. The assessment showed the resident had diagnoses of glaucoma, macular degeneration, hypertension, and depressive episodes. A MAR for Resident #3, dated 04/01/26 through 04/06/26, showed the following missed medications due to needing a refill from the pharmacy: Cyclosporine emulsion 0.05% ophthalmic - 04/01/26 (two doses), 04/02/26, 04/03/26, and 04/06/26. Valsartan/hydrochlorothiazide 160-25 mg - 04/01/26, 04/02/26, 04/03/26, and 04/06/26. Omeprazole 40 mg - 04/01/26, 04/02/26, 04/03/26, and 04/06/26. Rosuvastatin 5 mg - 04/01/26 and 04/05/26. Sertraline 100 mg - 04/01/26. On 04/07/26 at 12:58 p.m., CMA #1 stated Resident #3 was currently out of valsartan/hydrochlorothiazide, omeprazole, cyclosporine emulsion, vitamin D3, sertraline, and rosuvastatin. CMA #1 stated they were not sure	C1920		

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C1920	Continued From page 8 how long the resident had been without the medications or why they had not received a refill. CMA #1 stated they call the pharmacy or physician when residents need refills, but they do not document it on a log or in the medical record. On 04/07/26 at 2:00 p.m., the ED stated they were not aware Resident #3 was out of medications. The ED stated the regional nurses went through all residents' medications last week to get them straightened out and ordered. The ED stated Resident #3 should not have been out of medications for this long and is not sure of the reason why. The ED stated they thought all medication had been ordered for residents, but this one must have been missed.	C1920		
C1923 SS=E	310:663-19-2(a)(3) MEDICATION ADMINISTRATION (3) An accurate written record of medications administered shall be maintained. The medication record shall include: (A) The identity and signature of the person administering the medication. (B) The medication administered within one hour of the scheduled time. (C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method. (D) Adverse reactions or results. (E) Injection sites. (F) An individual inventory record shall be maintained for each schedule II medication prescribed for a resident. (G) Medication error incident reports.	C1923		

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C1923	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure residents received medication within 1 hour before or 1 hour after the scheduled administration time for 2 (#3 and #6) of 3 sampled residents reviewed for medication administration. The ED identified 80 residents resided in the facility. Findings: 1. An annual assessment for Resident #3, dated 03/18/26, showed the resident was alert and oriented to person, place, time, and situation. The assessment showed the resident had diagnoses of glaucoma, macular degeneration, hypertension, and depressive episodes. A physician's order for Resident #3, dated 08/08/25, showed levothyroxine (thyroid) 50 mcg one by mouth daily. A MAR for Resident #3, dated 02/01/26 through 02/28/26, showed levothyroxine 50 mcg scheduled for administration at 6:00 a.m. The MAR showed levothyroxine was administered at the following times: 02/01/26 at 12:06 p.m., 02/02/26 at 8:39 a.m., 02/03/26 at 8:59 a.m., 02/04/26 at 8:59 a.m., 02/05/26 at 9:18 a.m., 02/06/26 at 8:23 a.m., 02/06/26 at 10:09 a.m., 02/08/26 at 8:58 a.m., 02/10/26 at 10:16 a.m., 02/12/26 at 8:11 a.m.,	C1923		

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C1923	Continued From page 10 02/13/26 at 7:32 a.m., 02/19/26 at 8:46 a.m., 02/20/26 at 9:21 a.m., 02/21/26 at 9:43 a.m., 02/23/26 at 8:20 a.m., 02/25/26 at 8:35 a.m., 02/26/26 at 9:07 a.m., 02/27/26 at 8:43 a.m., and 02/28/26 at 9:36 a.m. The MAR for Resident #3, dated 03/01/26 through 03/31/26, showed levothyroxine 50 mcg scheduled to be administered at 6:00 a.m. The MAR showed levothroxine was administered at the following times: 03/02/26 at 10:01 a.m., 03/03/26 at 10:02 a.m., 03/11/26 at 11:26 a.m., 03/12/26 at 11:46 a.m., 03/13/26 at 8:26 a.m., 03/14/26 at 8:54 a.m., 03/15/26 at 7:50 a.m., 03/16/26 at 8:14 a.m., 03/17/26 at 8:10 a.m., 03/18/26 at 8:35 a.m., 03/19/26 at 8:02 a.m., 03/20/26 at 7:32 a.m., 03/22/26 at 8:20 a.m., 03/23/26 at 8:01 a.m., 03/24/26 at 8:02 a.m., 03/25/26 at 8:16 a.m., 03/27/26 at 8:06 a.m., 03/28/26 at 7:37 a.m., and 03/30/26 at 7:40 a.m. 2. A physician's order for Resident #6, dated 06/30/25, showed calcium carbonate/D3 (vitamin) 600-400 mg/units one two times a day.	C1923		

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C1923	Continued From page 11 A physician's order for Resident #6, dated 07/02/25, showed docusate sodium (stool softener)100 mg one two times a day, glucosamine (supplement) 500 mg one two times a day, and loratadine (antihistamine) 10 mg one at bedtime. A physician's order for Resident #6, dated 09/19/25, showed propranolol (blood pressure) 40 mg one twice a day. A physician's order for Resident #6, dated 12/06/25, showed diclofenac (anti-inflammatory) 1% gel apply a small amount topically to the affected area two times a day. A physician's order for Resident #6, dated 12/21/25, showed ofloxacin (antibiotic) 0.3 % ophthalmic solution one drop to the affected eye twice a day. A MAR for Resident #6, dated 02/01/26 through 03/20/26, showed ofloxacin 0.3% ophthalmic solution, glucosamine 500 mg, loratadine 10 mg, docusate sodium 100 mg, calcium carbonate/D3 600-400, diclofenac 1 % gel, and propranolol, was scheduled to be administered at 8:00 p.m. The MAR showed the medications were administered at the following times: 02/23/26 at 10:32 p.m., 02/25/26 at 9:53 p.m., 03/06/26 at 10:23 p.m., 03/08/26 at 9:41 p.m., and 03/09/26 at 9:41 p.m. An annual assessment for Resident #6, dated 03/18/26, showed the resident was alert and oriented to person, place, time, and situation. The assessment showed the resident required	C1923		

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C1923	Continued From page 12 assistance from one staff member with most activities of daily living. The assessment showed diagnoses of hypertension and polyarthritis. On 04/08/26 at 2:50 p.m., CMA #2 and CMA #3 stated medications could be administered one hour before and one hour after the scheduled time to be considered on time. CMA #2 stated they had to start early to get medications passed on time due to having a large number of residents scheduled for medications at the same time. On 04/09/26 at 11:55 a.m., the ED stated they agreed any medications given more than one hour before or after the scheduled administration time were considered late. The ED stated the medication administration times shown for Residents #3 and #6 were administered late.	C1923		