OKLAHOMA
State Department
of Health

Delivery via email to: padams@moradamidwestcity.com

March 21, 2025

License Number: AL5505

Ms. Pollyette Adams, Administrator
Morada Midwest City
615 West Blue Ridge Drive
Midwest City, OK 73110

RE: Survey Event ID: N26F11

Dear Ms. Adams:

On **February 25, 2025**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey with compoaint investigations 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 **February 25, 2025**.

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Morada Midwest City
Address: 615 West Blue Ridge Drive
City, State, Zip: Midwest City, OK 73310
Provider #: AL5505
Complaint #: OK00066003
Investigation Date(s): 2/24/25-2/25/25

ALLEGATION(S)
1.The facility failed to ensure food was prepared under sanitary conditions, therapeutic diets were served at the proper temperature and according to the physicians' orders and failed to ensure the kitchen equipment was maintained in a safe, working condition
2. The facility failed to provide an environment free of bed bugs.

An unannounced on-site investigation was initiated 02/24/2025 at 10:15 a.m.

A sample of 10 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 kitchen was conducted after entrance into the center. Residents were observed during lunch. Staff were observed interacting with residents. Records reviewed included: Residents health records, diet orders, menus, and dietary logs. Residents and staff were asked questions regarding food quality and choices.

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: 02/25/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Morada Midwest City
Address: 615 West Blue Ridge Drive
City, State, Zip: Midwest City, OK 73310
Provider #: AL5505
Complaint #: OK00074158
Investigation Date(s): 2/24/25-2/25/25

ALLEGATION(S)
The facility failed to maintain an effective pest control program to manage bed bugs
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 02/24/2025 at 10:15 a.m.

A sample of 10 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:
In an interview with resident #4, resident named in complaint, they state they have not seen any pests or bed bugs in two weeks or more. Observation of resident apartment and skin is negative for any pests or bites. In an interview with CMA #1 they state they have not seen any bed bugs or pests in "a while", cannot give exact time or date they saw the last one. In an interview with facility's administrator, they state facility did have bed bug issues and they treated facility and individual apartments several times. They report no bugs seen "for a while". Based on record review of invoices of pest control provided to surveyor the pest control company was out 8 times between August 2024 and December 2024. Observation of residents rooms and common areas show no sign of bed bugs or any other pests.

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: 02/24/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Morada Midwest City
Address: 615 West Blue Ridge Drive
City, State, Zip: Midwest City, OK 73310
Provider #: AL5505
Complaint #: OK00077208
Investigation Date(s): 2/24/25-2/25/25

ALLEGATION(S)
The facility failed to maintain an effective pest control program to manage bed bugs
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 02/24/2025 at 10:15 a.m.

A sample of 10 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:
In an interview with resident #4, resident named in complaint, they state they have not seen any pests or bed bugs in two weeks or more. Observation of resident apartment and skin is negative for any pests or bites. In an interview with CMA #1 they state they have not seen any bed bugs or pests in "a while", cannot give exact time or date they saw the last one. In an interview with facility's administrator, they state facility did have bed bug issues and they treated facility and individual apartments several times. They report no bugs seen "for a while". Based on record review of invoices of pest control provided to surveyor the pest control company was out 8 times between August 2024 and December 2024. Observation of residents rooms and common areas show no sign of bed bugs or any other pests.

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: 02/24/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5505	A. BUILDING: _____ B. WING _____	C 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA MIDWEST CITY	615 WEST BLUE RIDGE DRIVE MIDWEST CITY, OK 73110

(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 was conducted from 02/24/25 through 02/25/25. Complaint investigations (#OK00066003, OK00074158, and OK00077208) were conducted in conjunction with the survey. Facility Census: 30 Listed below are abbreviations that will be used throughout this document. DON - director of nursing RN - registered nurse	C 000		
C 391 SS=F	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 center failed to ensure the kitchen was maintained to promote food safety and sanitation The DON identified 30 residents in the center. Findings: On 02/24/25 at 10:30 a.m., an initial tour of the kitchen was conducted and the following observations were made: a. the dietary manager was not wearing a hair net, b. dead insects were on the floor in the dry	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5505	A. BUILDING: _____ B. WING _____	C 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA MIDWEST CITY	615 WEST BLUE RIDGE DRIVE MIDWEST CITY, OK 73110

(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 391	Continued From page 1 storage area in the corners, along the baseboards, and on sticky traps under the shelving, c. an undated and opened cardboard box of taco shells was on a shelf, d. spillage and food crumbs were on the refrigerator shelves, e. an undated container quarter full of shredded cheese was in the refrigerator, f. a purse was sitting on a shelf at the serving window amongst opened plastic containers of dry cereal. The dry cereal did not have a date, g. build up of grease was on the oven door and oven walls, and h. rust and dirt were on the inside walls of ice machine. On 02/25/25 at 8:30 a.m., a follow up tour of the kitchen was conducted and the following observations were made: a. dead insects were on the floor in the dry storage area, in the corners, along the baseboards, and on sticky traps under the shelving, b. a slime substance was on the inside walls of the ice machine, c. food splatter and liquid spillage was on the front of the ice machine. Dust and grease buildup were on the grill at the bottom of the machine, d. spillage and food crumbs were on the refrigerator shelves, and e. build up of grease was on the oven door and oven walls. A center dietary food storage policy, dated 07/01/21, read in part, "if food, subject to spoilage, is removed from original container, will be kept sealed, labeled, and will also be dated"..."containers with tight fitting lids are acceptable for storage of staple foods in the	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5505	A. BUILDING: _____ B. WING _____	C 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA MIDWEST CITY	615 WEST BLUE RIDGE DRIVE MIDWEST CITY, OK 73110

(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 391	Continued From page 2 pantry. Food preparation will be prepared with the least possible manual contact"..."on surfaces that have been cleaned, rinsed, and sanitized to prevent cross-contamination. The community will prepare food in accordance with established food preparation practices and safety techniques. Sanitary dishwashing techniques will be followed. And kitchen employees will wear effective hair restraints to prevent contamination of food." On 02/25/25 at 12:25 p.m., the administrator reported they counseled the dietary person and corporate leaders about the sanitary conditions in the kitchen and hoped to get something accomplished in the kitchen soon. The administrator reported they scheduled extra help for cleaning tasks in the past, but it did not do any good.	C 391		
C 544 SS=E	310:663-5-4(d) CONDUCT OF ASSESSMENT (d) The assisted living center shall maintain all assessments for five (5) years from the date of each assessment. The completed form shall be available upon request to the following: (1) the resident; (2) the resident's personal physician; (3) the resident's representative; and (4) the Department. This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure comprehensive admission and annual assessments were maintained for five years for 3 (#1, 2, and #3) of 3 sampled residents reviewed for assessments. The DON identified 30 residents resided in the	C 544		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5505	A. BUILDING: _____ B. WING _____	C 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA MIDWEST CITY	615 WEST BLUE RIDGE DRIVE MIDWEST CITY, OK 73110

(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 544	Continued From page 3 center. Findings: 1. Resident #1 was admitted to the center on 07/28/21 with diagnoses which included dementia and congestive heart failure. There was no admission assessment for Resident #1. 2. Resident #2 was admitted to the center on 12/14/23 with diagnoses which included dementia, hypertension, psychotic disturbance, mood disturbance, and anxiety. There was no admission or annual assessment for Resident #2. 3. Resident #3 was admitted to the center on 05/08/23 with diagnoses which included type 2 diabetes, hypertension, hypertrophic cardiomyopathy, atrial fibrillation, neuropathy, chronic pain, and hypothyroidism. There was no annual assessment for Resident #3. On 02/24/25 at 2:17 p.m., the DON stated the center did not have "most assessments for residents."	C 544		
C 551 SS=E	310:663-5-5(1) USE OF ASSESSMENT The assisted living center shall use the results of the resident's assessment for the following: (1) to assist in determining the appropriateness of the resident's placement in the assisted living center in compliance with 310:663-3; and	C 551		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5505	A. BUILDING: _____ B. WING _____	C 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA MIDWEST CITY	615 WEST BLUE RIDGE DRIVE MIDWEST CITY, OK 73110

(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 551	Continued From page 4	C 551		

This Rule is not met as evidenced by:
Based on record review and interview, it was determined the center failed to ensure comprehensive annual assessments were used to develop and implement care plans for 3 (#1, 2, #3) of 3 sampled residents for assessments.

The DON identified 30 residents resided in the center.

Findings:

The center's "Assessment/Service Plan" policy, dated 07/01/21, read in part, "the community will have procedures in place to assess residents, at a minimum, prior to move in, by day 14, and annually in order to develop a service plan that will meet the needs of a resident."

1. Resident #1 was admitted to the center on 07/28/21 with diagnoses which included dementia and congestive heart failure.

There was no comprehensive annual assessment for Resident #1.

2. Resident #2 was admitted to the center on 12/14/23 with diagnoses which included dementia, hypertension, psychotic disturbance, mood disturbance, and anxiety.

There was no comprehensive annual assessment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5505	A. BUILDING: _____ B. WING _____	C 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA MIDWEST CITY	615 WEST BLUE RIDGE DRIVE MIDWEST CITY, OK 73110

(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 551	Continued From page 5 for Resident #2. 3. Resident #3 was admitted to the center on 05/08/23 with diagnoses which included type 2 diabetes, hypertension, hypertrophic cardiomyopathy, atrial fibrillation, neuropathy, chronic pain, and hypothyroidism. There was no comprehensive annual assessment for Resident #3. On 02/24/25 at 2:17 p.m., the DON delivered resident charts. They stated the center did not have most assessments for residents.	C 551		
C 921 SS=E	310:663-9-2(a) MEDICATION STAFFING (a) Each assisted living center shall provide or arrange qualified staff to administer medications based on the needs of residents. Medications shall be reviewed monthly by a registered nurse or pharmacist and quarterly by a consultant pharmacist. This LEVEL B is not met as evidenced by: Based on record review and interview, the center failed to ensure medications were reviewed monthly by the RN or pharmacy consultant for 3 (#1, 2, and #3) of 3 sampled residents. The DON identified 30 residents resided in the center.	C 921		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5505	A. BUILDING: _____ B. WING _____	C 02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA MIDWEST CITY	615 WEST BLUE RIDGE DRIVE MIDWEST CITY, OK 73110

(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 921	Continued From page 6 Findings: 1. Resident #1 was admitted to the center on 07/28/21 with diagnoses which included dementia and congestive heart failure. There was no documentation Resident #1's medications had been reviewed monthly by the RN or pharmacist for the past 12 months. 2. Resident #2 was admitted to the center on 12/14/23 with diagnoses which included dementia, hypertension, psychotic disturbance, mood disturbance, and anxiety. There was no documentation Resident #2's medications had been reviewed monthly by the RN or pharmacist for the past 12 months. 3. Resident #3 was admitted to the center on 05/08/23 with diagnoses which included type 2 diabetes, hypertension, hypertrophic cardiomyopathy, atrial fibrillation, neuropathy, chronic pain, and hypothyroidism. There was no documentation that Resident #3's medications had been reviewed monthly by the RN or pharmacist since admission. On 02/25/25 at 11:40 a.m., the DON stated they do not have an RN in Oklahoma and the DON (licensed practical nurse) reviewed the medications monthly.	C 921		

OKLAHOMA
State Department of Health

Delivery via email to: padams@moradamidwestcity.com

March 31, 2025

License Number: AL5505

Ms. Pollyette Adams, Administrator
Morada Midwest City
615 West Blue Ridge Drive
Midwest City, OK 73110

RE: Survey Event N26F11

Dear Ms. Adams:

On **February 25, 2025**, a Licensure inspection with complaint investigation was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your 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 **April 15, 2025**.

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: 3/25/2025** **Facility Name:** Morada MidWest City **License Number:** AL5505 **Survey Event ID:** N26F11 **Date Survey Completed: 2/25/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C391	Based on: observation, record review,and interview, the center failed to ensure the kitchen was maintained to promote food safety and sanitation.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Exec. Chef on staff during survey vacated her positon after survey. A new Exec. Chef has been hired and will be trained according to policies/regulations. This will be overseen by Divisional Director of Culinary Services.

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?	Community kitchen will be maintained in an organized and sanitary manner according to regulatory expectations.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Community kitchen will be maintained in an organized and sanitary manner according to regulatory expectations.
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?	Through quarterly QA audit the community kitchen will be assessed to have been maintained in an organized and sanitary manner according to regulatory expectations.
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.	Through quarterly QA meetings and Culinary Site visit completion. Through review of quarterly QA meetings and Culinary Site visit completion with ED, and Exec. Chef. Through quarterly QA meetings and Culinary Site visit completion. Through quarterly QA meetings and Culinary Site visit completion.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/15/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F)	**Date 3/25/2025**

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	.	**Submitted by**	.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: . Surveyor: .

If Plan of Correction is unacceptable, the reasons are as follows: .
Facility in Compliance by: .

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 3/25/2025
Facility Name: Morada MidWest City
License Number: AL5505
Survey Event ID: N26F11
Date Survey Completed: 2/25/2025

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C551	Based on: record review and interview, it was determined the center failed to ensure comprehensive annual assessments were used to develop and implement care plans for 3(#1, 2, and #3) of 3 sampled residents for assessments.

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?	Registered Nurse Divisional Director of Resident Care for Morada Senior Living will review, monitor, and sign all assessments upon completion and ongoing.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Through QA quarterly audit and review the Registered Nurse Divisional Director of Resident Care for Morada Senior Living will review, monitor, and sign all assessments upon completion and ongoing.
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?	Through QA quarterly review and audit Registered Nurse Divisional Director of Resident Care for Morada Senior Living will review, monitor, and sign all assessments upon completion and ongoing.
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.	Through QA quarterly audit and review. Through QA quarterly audit and review. QA quarterly audit and review. Through ongoing QA quarterly audit and review.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/4/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature [signature] **Date** 3/25-25

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 | **Submitted by**

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Surveyor:

If Plan of Correction is unacceptable, the reasons are as follows:
Facility in Compliance by:

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 3/25/2025
Facility Name: Morada MidWest City
License Number: AL5505
Survey Event ID: N26F11
Date Survey Completed: 2/25/2025

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C921	Based on: record review and interview, the center failed to ensure medications were reviewed monthly by the RN or pharmacy consultant for 3(#1, 2, and #3) of 3 sampled residents.

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?	Registered Nurse Divisional Director of Resident Care for Morada Senior Living will review, and sign all monthly physician's orders.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Through a review of physicians orders by Registered Nurse Divisional Director of Resident Care for Morada Senior Living will review, and sign all monthly physician's orders.
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?	Through quarterly QA review of physicians orders by Registered Nurse Divisional Director of Resident Care for Morada Senior Living will ensure review, and sign all monthly physician's orders.
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.	Through Quarterly QA audit and review. Through Quarterly QA audit and review. Through Quarterly QA audit and review. Through Quarterly QA audit and review records.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/4/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature [signature] **Date** 3/25-25

OAC 310:663-25-4(F)

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Addendum Date	**Submitted by**

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Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Surveyor:

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Facility in Compliance by:

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 3/25/2025
Facility Name: Morada MidWest City
License Number: AL5505
Survey Event ID: N26F11
Date Survey Completed: 2/25/2025

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C544	Based on: record review and interview, the center failed to ensure comprehensive admission and annual assessments were maintained for 5 years for 3(#1, 2, and #3) of 3 sampled residents reviewed for assessments.

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?	Registered Nurse Divisional Director of Resident Care for Morada Senior Living will review, monitor, and sign all assessments upon completion and ongoing.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Through QA quarterly audit and review the Registered Nurse Divisional Director of Resident Care for Morada Senior Living will review, monitor, and sign all assessments upon completion and ongoing.
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?	Through QA quarterly audit and review the Registered Nurse Divisional Director of Resident Care for Morada Senior Living will review, monitor, and sign all assessments upon completion and ongoing.
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.	Through QA quarterly audit and review.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/4/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature [signature] **Date** 3/25-25

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		**Submitted by**	

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Surveyor:

If Plan of Correction is unacceptable, the reasons are as follows:
Facility in Compliance by:

OKLAHOMA
State Department
of Health

Delivery via email to: Lori Myers <lmyers@moradaseniorliving.com>; padams@moradamidwestcity.com

May 8, 2025

License Number: AL5505

Ms. Pollyette Adams, Administrator
Morada Midwest City
615 West Blue Ridge Drive
Midwest City, OK 73110

RE: Survey Event N26F12

Dear Ms. Adams:

On **May 7, 2025,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey with complaint investigation on **February 25, 2025,** have now been corrected effective **April 15, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5505	A. BUILDING: _____ B. WING _____	R-C 05/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA MIDWEST CITY	615 WEST BLUE RIDGE DRIVE MIDWEST CITY, OK 73110

(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 An offsite/paper revisit was conducted on 05/07/25. The facility was in substantial compliance.	{C 000}		

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