OKLAHOMA
State Department of Health

Delivery via email to: dgutierrez@dorsetplaceseniorliving.com

March 7, 2025

License Number: AL5515

Mr. Demetrio Gutierrez, Administrator
Dorset Place-Memory Care
12401 Dorset Drive
Oklahoma City, OK 73120

Survey Event ID: SMDE11

Dear Mr. Gutierrez:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 6, 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,

Clorissa Nubine

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Dorset Place-Memory Care**
Address: **12401 Dorset Drive**
City, State, Zip: **Oklahoma City, OK, 73120**
Provider #: **AL5515**
Complaint #: **OK00078628**
Investigation Date(s): **03/06/25**

ALLEGATION(S)
The center failed to ensure residents were not sexually, physically and psychosocially abused.

An unannounced on-site investigation was initiated 03/06/2025 at 8:08 a.m.

A sample of 3 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 center was conducted upon entrance and at various other times throughout the survey. Resident halls were observed for signs and symptoms of abuse. Staff members were observed assisting residents with their needs.

Resident records were reviewed including physician orders, assessments, service plans, service contracts, resident service notes, diagnostic results, resident monitoring records, medication administration records, and hospital records. Facility policy and procedures were reviewed. State reportable incidents were reviewed. Employee training records were reviewed.

Resident representatives were interviewed regarding the provision of abuse, neglect, and resident behaviors.

Staff were interviewed regarding the facility policy for abuse, neglect, and behaviors.

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: 03/07/2025

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
	AL5515	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DORSET PLACE-MEMORY CARE	12401 DORSET DRIVE OKLAHOMA CITY, OK 73120

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS A complaint investigation (#OK00078628) was conducted on 03/06/25. No deficiencies were cited. Facility Census: 25	C 000		

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