OKLAHOMA
State Department of Health

Delivery via email to: lleehan@dorsetplaceseniorliving.com

July 2, 2025

License Number: AL5515

Ms. Laura Leehan, Administrator
Dorset Place-Memory Care
12401 Dorset Drive
Oklahoma City, OK 73120

Survey Event ID: C6LU11

Dear Ms. Leehan:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **June 16, 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 Dr
City, State, Zip: OKC, OK 73120
Provider #: AL5515
Complaint #: OK00081440
Investigation Date(s): 06/16/25

ALLEGATION(S)
The center failed to ensure residents were free from abuse
The facility failed to ensure adequate staff to provide care according to the plan of care
The facility failed to assess, monitor and intervene in a timely manner after a fall
The facility failed to ensure a homelike environment.
enter text

An unannounced on-site investigation was initiated 06/16/2025 at 7:15 a.m.

A sample of 6 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: Residents were observed and interviewed for indications of abuse and staff assistance with activities of daily living. Staff were observed providing care to residents and interviewed regarding center policies. Families were interviewed regarding the care of residents in the center. Records of resident health charts, incident reports, and policies were reviewed. Based on findings in the investigation, no deficient practice was found.

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: 06/16/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Dorset Place Memory Care
Address: 12401 Dorset Dr
City, State, Zip: OKC, OK 73120
Provider #: AL5515
Complaint #: OK00083491
Investigation Date(s): 06/16/25

ALLEGATION(S)
The center failed to ensure residents were free from abuse
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 06/16/2025 at 7:15 a.m.

A sample of 6 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.

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Date report completed: 06/16/2025

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5515	A. BUILDING: _____ B. WING _____	C 06/16/2025

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 Complaint investigations (#OK00081440 and #OK00083491) were conducted on 06/16/25. No deficiencies were cited as a result of the survey. Facility Census: 20	C 000		

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