OKLAHOMA
State Department
of Health

Delivery via email to: Jolinda.Ross@IrisSeniorLiving.com;

June 16, 2023

License Number: AL5536

Ms. Jolinda Ross, Administrator
Iris Memory Care Of Nichols Hills
8300 North May Avenue
Oklahoma City, OK 73120

RE: Survey Event ID: H10C11

Dear Ms. Ross:

On **June 1, 2023**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey 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 June 1, 2023.

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 (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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Iris Memory Care of Nichols Hills**
Address: **8300 North May Avenue**
City, State, Zip: **Oklahoma City, OK 73120**
Provider #: **AL5536**
Complaint #: **OK00060619**
Investigation Date(s): **05/31/23 and 06/01/23**

ALLEGATION(S)

1. The facility failed to ensure residents were treated with dignity and respect.
2. The facility failed to ensure medications were administered according to the physicians' orders.

An unannounced on-site investigation was initiated 05/31/2023 at 10:30 a.m.

A sample of eight 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 investigation. Residents were observed during meals, during medication administration, and while participating in activities. Staff members were observed while interacting with residents and providing care. Certified medication aides were observed to check physician orders and administer medications to residents. Family members were observed visiting residents in the facility at various hours throughout the survey.

Sampled clinical records were reviewed for service contracts, physician orders, care plans, and assessments. Hospice records were reviewed. Medication administration records were reviewed. Facility policies and procedures, incident reports, in-services, and grievance logs were reviewed.

Residents and family members were interviewed related to treatment of residents with dignity and respect. Family members were interviewed regarding resident medications, hospice services, and any concerns related to residents being over-medicated. Staff members were interviewed regarding medication policies and procedures. Staff members were interviewed regarding specific in-service training related to treating residents with dignity and respect.

Deficient practice was cited. See the Statement of Deficiencies, Form 2567, for details.

Thank you for bringing your concerns to our attention.

Shelia Williamson

Digitally signed by Shelia Williamson
Date: 2023.06.02 19:53:47 -05'00'

Shelia Williamson, RN, CHFS

Date report completed: 06/02/2023

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
	AL5536	A. BUILDING: _____ B. WING _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRIS MEMORY CARE OF NICHOLS HILLS	8300 NORTH MAY AVENUE 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 relicensure survey was conducted on 05/31/23 and 06/01/23. A complaint (#OK00060619) was investigated in conjunction with the survey.	C 000		
C 391 SS=E	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 record review, observation and interview, the facility failed to ensure the kitchen was clean and sanitary, and failed to ensure: a. food service equipment was kept clean; b. the ice machine was maintained and sanitary; and, c. frozen foods were not left open to air. The dietary manager reported all residents received foods and beverages from the kitchen. The Administrator reported 34 residents resided at the facility. A facility "Dietary Services Operations Manual," read in part, "...the kitchen area in general must be kept clean at all times and must be maintained so as to be easily cleanable...ice machine should be cleaned every two to three months...wash and sanitize any equipment which comes in contact with food on a regular basis...ALL equipment must be washed and sanitized if food particles have been on the equipment...keep garbage	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5536	A. BUILDING: _____ B. WING _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRIS MEMORY CARE OF NICHOLS HILLS	8300 NORTH MAY AVENUE 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 391	Continued From page 1 containers covered and reasonably clean at all times...store scoop and place so that the handle is not in contact with the ice or food...once opened, foods must be kept in sealed, labeled, and dated containers..." On 05/31/23 at 11:00 a.m., a tour of the kitchen was conducted. The following was observed: a. The food processor, tea and coffee makers, can opener, bulk dry food storage bins, and trash containers were observed to have dried food particles and a buildup of dust and greasy film. The bulk storage of sugar was observed to have a scoop inside of the container. b. The ice machine was observed to have a buildup of brown and black residue with a pink-colored substance on the ice guard. c. A bag of cubed meat, a bag of frozen vegetables, and a bag of breaded meat patties were observed in the freezer, not sealed, and left open to air. The bags of frozen food were not labeled and not dated. On 05/31/23 at 11:15 a.m., the dietary manager reported they were recently hired. The dietary manager reported they were aware a lot of routine cleaning had not been done to maintain the kitchen properly, and stated the food should have been labeled and dated. On 06/01/23 at 12:15 a.m., the Administrator was notified of the unsanitary kitchen and reported a plan was in place to correct the issues.	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: Jolinda.Ross@IrisSeniorLiving.com;

July 3, 2023

License Number: AL5536

Ms. Jolinda Ross, Executive Director
Iris Memory Care of Nichols Hills
8300 North May Avenue
Oklahoma City, OK 73120

Survey Event ID: H10C11

Dear Ms. Ross:

On **June 1, 2023,** a Licensure survey and a complaint investigation were conducted at your Assisted Living Center. 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 **June 30, 2023**.

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,

Tempal Killman

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

enc

iris
MEMORY CARE

July 3, 2023

Re: Iris Memory Care of Nichols Hills AL5536 H10C11

Ms. Killman,

Per your email, below is the date for compliance of the POC.

The date for the compliance of the POC is June 30, 2023. Please let me know if you have any questions or need anything further.

Thank you again,

Jolinda Ross
Executive Director

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
	AL5536	A. BUILDING: _____ B. WING _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRIS MEMORY CARE OF NICHOLS HILLS	8300 NORTH MAY AVENUE 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 relicensure survey was conducted on 05/31/23 and 06/01/23. A complaint (#OK00060619) was investigated in conjunction with the survey.	C 000		
C 391 SS=E	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 record review, observation and interview, the facility failed to ensure the kitchen was clean and sanitary, and failed to ensure: a. food service equipment was kept clean; b. the ice machine was maintained and sanitary; and, c. frozen foods were not left open to air. The dietary manager reported all residents received foods and beverages from the kitchen. The Administrator reported 34 residents resided at the facility. A facility "Dietary Services Operations Manual," read in part, "...the kitchen area in general must be kept clean at all times and must be maintained so as to be easily cleanable...ice machine should be cleaned every two to three months...wash and sanitize any equipment which comes in contact with food on a regular basis...ALL equipment must be washed and sanitized if food particles have been on the equipment...keep garbage	C 391	Iris Memory Care of Nichols Hills failed to follow the guidelines in accordance with Chapter 257 of the Title (relating to food service establishment) as well the Iris company Policies and Procedures as it pertains to Food Storage, Maintenance and Safety of Equipment and Food Storage. The failure to follow these guidelines could have placed all residents at risk of a food-borne illness. Infection control training assigned to all kitchen staff via RELIAS Learning. Managers Kitchen cleaning day occurred on June 08, 2023. All kitchen equipment, dry store room, walk in Refrigerator as well as floors and walls were cleaned thoroughly. Gallon can rack purchased to help organize the dry storage, new bins with lids purchased so that condiments could be organized and covered. Storage containers have been ordered for use in the walk in refrigerator as well as freezer to help with separation of food and cross contamination. Iris Memory Care Food Sanitation checklist has been put in place to be used by the kitchen staff on a daily basis and will be overseen by the Executive Director weekly to ensure compliance with Iris Memory Care Dietary Services Operations Manual. Iris Memory Care Infection Control Policy and Procedures as well as the Iris Memory Care Sanitation checklist/ED checklist will be reviewed during the quarter Quality Assurance meetings with all managers.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5536	A. BUILDING: _____ B. WING _____	C 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRIS MEMORY CARE OF NICHOLS HILLS	8300 NORTH MAY AVENUE 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 391	Continued From page 1 containers covered and reasonably clean at all times...store scoop and place so that the handle is not in contact with the ice or food...once opened, foods must be kept in sealed, labeled, and dated containers..." On 05/31/23 at 11:00 a.m., a tour of the kitchen was conducted. The following was observed: a. The food processor, tea and coffee makers, can opener, bulk dry food storage bins, and trash containers were observed to have dried food particles and a buildup of dust and greasy film. The bulk storage of sugar was observed to have a scoop inside of the container. b. The ice machine was observed to have a buildup of brown and black residue with a pink-colored substance on the ice guard. c. A bag of cubed meat, a bag of frozen vegetables, and a bag of breaded meat patties were observed in the freezer, not sealed, and left open to air. The bags of frozen food were not labeled and not dated. On 05/31/23 at 11:15 a.m., the dietary manager reported they were recently hired. The dietary manager reported they were aware a lot of routine cleaning had not been done to maintain the kitchen properly, and stated the food should have been labeled and dated. On 06/01/23 at 12:15 a.m., the Administrator was notified of the unsanitary kitchen and reported a plan was in place to correct the issues.	C 391	All opened, unlabeled or undated food items were thrown out, all others were dated/and stored in accordance with Chapter 257. Cleanliness of the Ice Machine is Part of the IRIS Memory Care Preventative Maintenance checklist. The Maintenance Director will be responsible for cleaning the ice machine monthly and documenting on the checklist. IRIS Memory Care Preventative Maintenance checklist will be part of the IMC quarterly Quality Assurance meetings with oversight by the ED	

For Week starting: _____ / _____ / _____ (month / day / year)

KITCHEN CLEANING ITEM:	(initial below) M	T	W	T	F	S	S
Microwave (clean inside and out, remove food splatters and crumbs)							
Range (clean shelves above stove, range grates, all surfaces)							
Hood/Vents (check to remove excess food and surface)							
Oven (check to remove crumbs, spills)							
Coffee Machine (free of dust, debris, food splatters and cleaned / emptied pot)							
Kitchen Carts (clean, remove food debris and crumbs)							
Ice Machine (wipe exterior and gaskets)							
Mop Floors							
Counters / Food Prep Surfaces (clean, remove crumbs and food debris)							
Refrigerator (clean interior floor and exterior, including food debris) Clean spills as they occur.							
FOOD SAFETY / SANITATION CHECKS							
Refrigerator Temp. (record daily temperature at right) #1							
Should be less than 40° F #2							
#3							
Items covered							
Items labeled							
Items dated							
Discard wilted/moldy produce							
Freezer Temp. (record daily temperature at right) #1							
Should be less than 0° F #2							
#3							
Items covered							
Items labeled							
Items dated							
Storage Area / Pantry (organized & neat, floors clean)							
Items off floor							
Items covered							
Open items dated							
Shelves clean and bin surfaces free of food debris							
Dishwasher (clean – wipe surfaces)							
Wash at 145° F. (record temperature here)							
Rinse at 180° F. (record temperature here)							
Trash containers (covered and lid in place)							
Ice Scoop (stored in clean container above ice machine)							
Hand / Sink Soap Dispensers (sufficiently filled)							

Kitchen items to be cleaned after each use:

- ☑ Appliances:
  - ☒ Mixer ☒ Toaster ☒ Slicer
  - ☒ Blender ☒ Food Processor ☒ Can Opener
- ☑ Utensils/Racks
- ☑ Pots / Pans / Racks
- ☑ Plate ware, flatware, cups, glasses, mugs, saucers
- ☑ Dish tubs
- ☑ **Counters / Food Prep Surfaces**
- ☑ Mops (rinse mop and bucket after each use - no standing water standing in mop bucket - store in kitchen mop closet)

Month: _____ **Year:**_____

Weekly (Or As Needed) Cleaning / Sanitation Items	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**
Kitchen Drawers (clean food crumbs and spills and clean utensils)					
Garbage Containers (clean)					
Sink Nozzles (clean and remove debris)					
All stored food items (frozen/refrigerated/canned/bagged) Check expiration dates and discard outdated items					
Squeeze Bottles (if in use, labeled and dated) Clean tops and remove debris with each use					
Oven (clean)					
Stove Grids and Liners (clean)					
Pit Drains (clean and bleach)					
Ice machine (clean)					
Shelves and Cupboards (clean)					

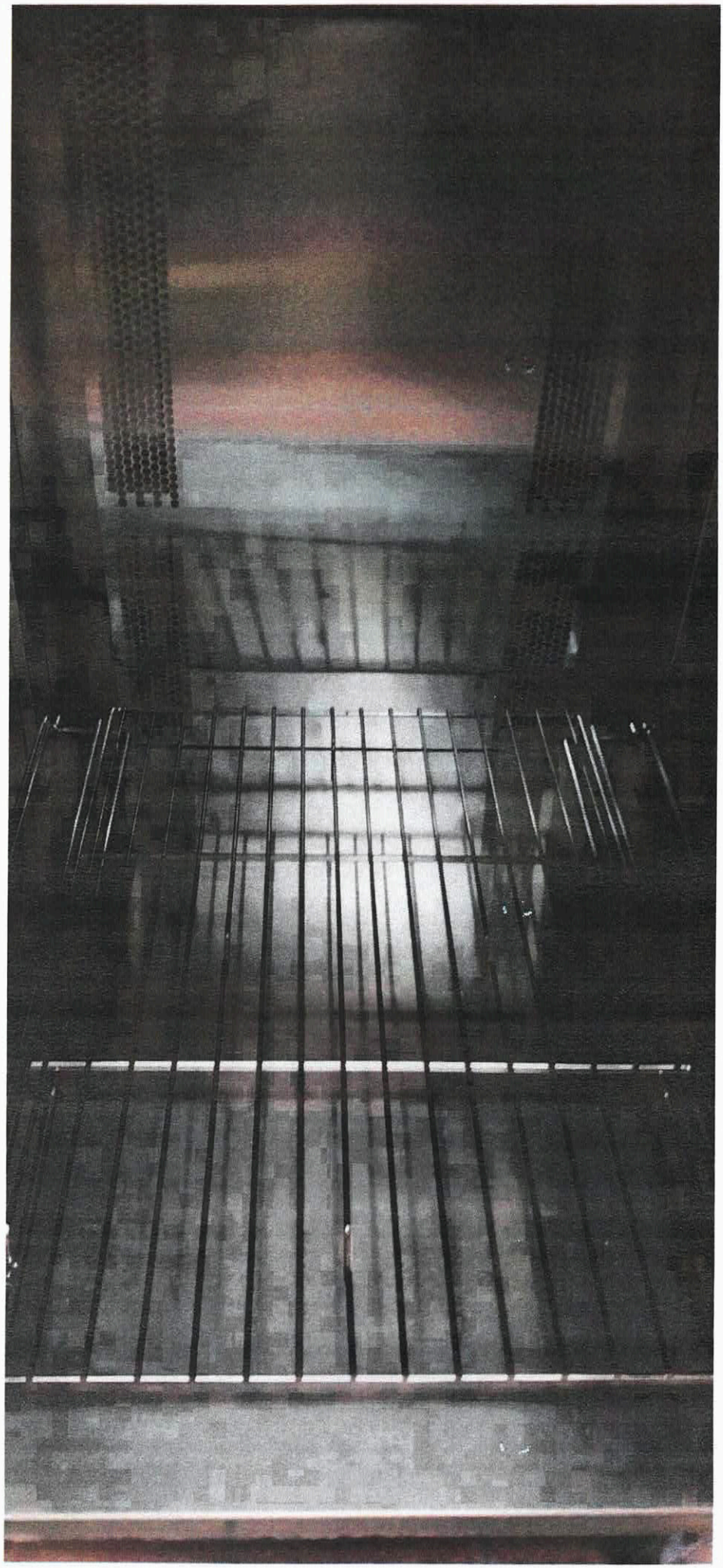
Note date and Team Member initials above when task is completed.

Monthly (or as needed) Cleaning / Sanitation Items	**Date & Initials**
Walls (wipe down)	
Ceilings and Vents (clean dust and grease build-up)	
Under Stove Top (clean)	
Storage Bins (clean)	
Store Room / Pantry (organize)	
Freezer (clean, organize, and check coils)	
Ice Machine (check coils)	
Storage / Utility Closets (clean and organize)	
Grease Hops (clean)	
Base Around Floor (wipe)	
Upper / Lower Cupboards (wipe inside, doors, and tops)	
Floor Drains (clean)	

Community Specific Cleaning Tasks

Note date and Team Member initials above when task is completed.

Monthly (or as needed) Cleaning / Sanitation Items	Date & Initials




VULCAN

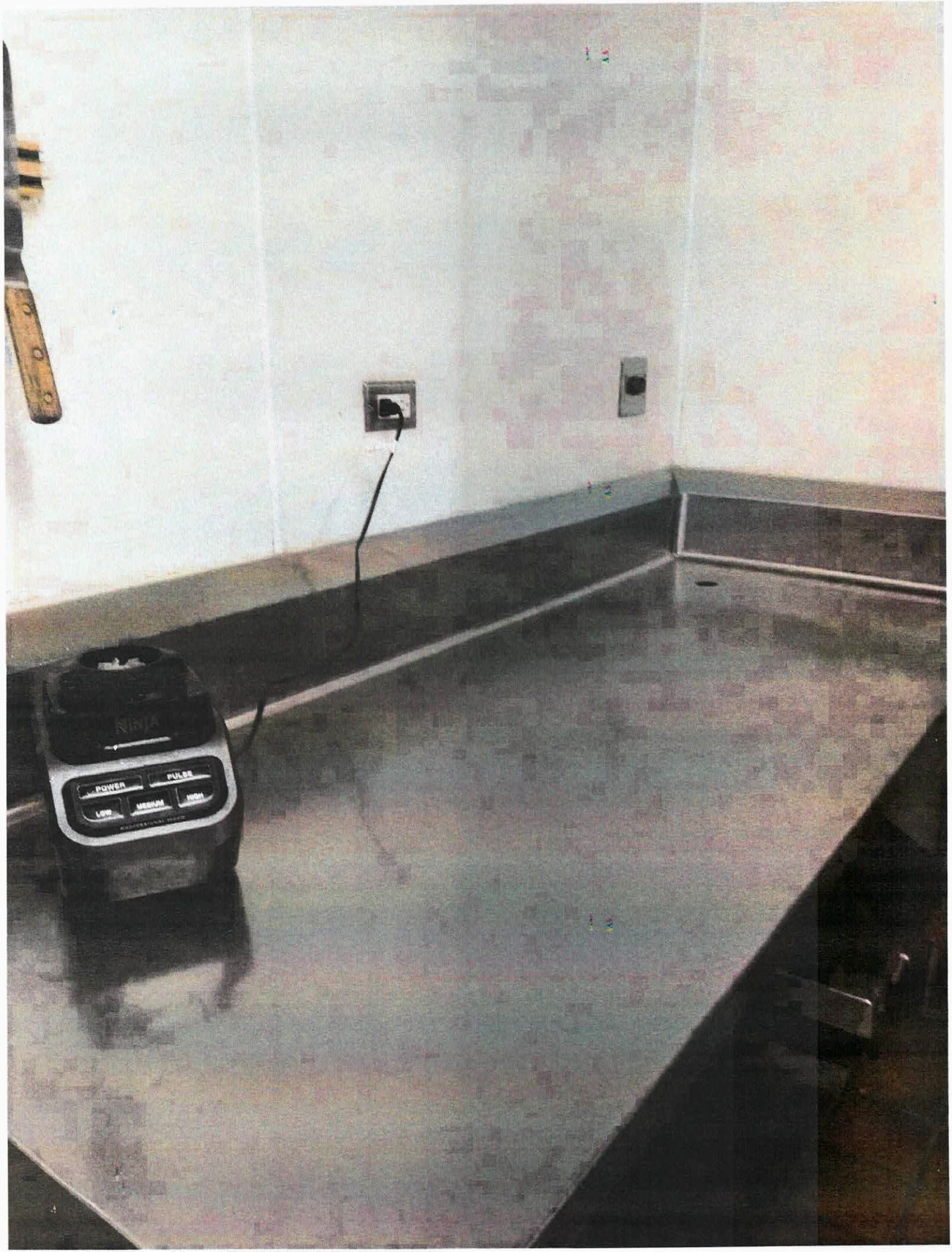

SALAD WAFER CRACKERS
RITZ
Campbell's
Tomato
Tomato
MARINARA


US. FOODS
For Service Call
1-877-576-9227


POWER
PULSE
LOW
MEDIUM
HIGH

BUNN
Fresh Brewed
ICED TEA
FROM REAL TEA LEAVES


US. FOODS
For Service Call
1-877-576-9227
Property of OKLAHOMA


POWER
PULSE
LOW
MEDIUM
HIGH

CLEANING AND SANITATION

PRE-TEST | POST-TEST

NAME: Samuel Masters DATE: 6/26/23

Circle the best answer

1. **Cleaning is:**
   - a The removal of food particles and residue from food contact surfaces
   - b The prerequisite for sanitizing
   - c The reduction of bacteria from food contact surfaces
   - d A and B

2. **In some cases, it is appropriate to sanitize without cleaning.**
   - a True
   - b False

3. **What is the most common method of sanitizing in a foodservice operation?**
   - a Detergent
   - b Iodine
   - c Heat and chemicals
   - d Acid cleaners

4. **What is the recommended temperature for the hot water sanitation rinse for a 3-compartment sink?**
   - a 140°F
   - b 171°F
   - c 165°F
   - d 180°F

5. **Proper cleaning and sanitation techniques in a foodservice workplace are important, because it prevents the growth of bacteria, and therefore reduces the chance of foodborne illness.**
   - a True
   - b False

RELIAS

Certificate of Completion

This certifies that

Samuel Masters

has successfully completed

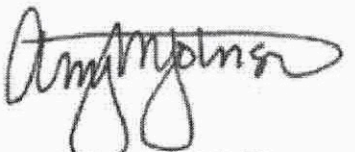
Infection Control: Basic Concepts

on

6/27/2023

Training Hours: 0.25

This certificate may not meet your organization or certification needs for continuing education. See your administrator or board for specific guidelines.



Amy M Johnson MSN, RN, CPN
Accreditations Manager
1010 Sync Street, Suite 100
Morrisville, North Carolina 27560
www.relias.com

OKLAHOMA
State Department
of Health

Delivery via email to: Jolinda.Ross@IrisSeniorLiving.com;

August 31, 2023

License Number: AL5536

Jolinda Ross, Asst Administrator
Iris Memory Care Of Nichols Hills
8300 North May Avenue
Oklahoma City, OK 73120

RE: Survey Event H10C12

Dear Ms. Ross:

On **August 30, 2023,** 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 on **June 1, 2023,** have now been corrected effective **June 30, 2023.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

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
	AL5536	A. BUILDING: _____ B. WING _____	R-C 08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRIS MEMORY CARE OF NICHOLS HILLS	8300 NORTH MAY AVENUE 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 An offsite/paper revisit was conducted on 08/30/23. 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