OKLAHOMA
State Department of Health

Delivery via email to: andrea.pickett@irisseniorliving.com

December 19, 2024

License Number: AL5536

Ms. Andrea Pickett, Administrator
Iris Memory Care of Nichols Hills
8300 North May Avenue
Oklahoma City, OK 73120

Survey Event ID: CFG011

Dear Ms. Pickett:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 18, 2024**. 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,

Tempal Killman

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

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**
Facility ID #: **AL5536**
Complaint #: **OK00068919**
Investigation Date(s): **12/17/24 through 12/18/24**

ALLEGATION(S)
The center failed to ensure residents were free from physical, verbal, or psychosocial abuse.
The center failed to ensure residents' representatives were notified of a change in condition.

An unannounced on-site investigation was initiated 12/17/2024 at 11:21 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 at other various times throughout the survey. Staff were observed interacting with residents appropriately and respectfully.

Resident records including assessments, resident care contracts, physician orders, and level of care records were reviewed. Facility policies and procedures were reviewed. Grievances were reviewed. Nurse notes were reviewed for indications of family and physicians being notified of changes in resident's condition.

Residents were interviewed related to appropriateness of staff interactions with them. Residents' representatives were interviewed regarding notifications of change being made and if they were aware of any abuse going on in the facility and how they felt the overall care was of their loved one. Staff members were interviewed regarding the facility policies on abuse, to include when the last training was, examples of what could be considered abuse and if they were aware of any type of abuse going on in the facility.

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: 12/18/2024

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**
Facility ID #: **AL5536**
Complaint #: **OK00074581**
Investigation Date(s): **12/17/24 through 12/18/24**

ALLEGATION
The center failed to ensure residents were free from physical, verbal, or psychosocial abuse.

An unannounced on-site investigation was initiated 12/17/2024 at 11:21 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:
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The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

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Oklahoma State Department of Health
Long Term Care Service

Date report completed: 12/18/2024

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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 12/18/2024

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 Complaint investigations (#OK00068919 and #OK00074581) were conducted on 12/17/24 and 12/18/24. No deficiencies were cited. Facility Census: 52	C 000		

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