OKLAHOMA
State Department of Health

Delivery via email to: cristy.davis@irisseniorliving.com

December 8, 2025

License Number: AL5536

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

RE: Survey Event ID: OZS711

Dear Ms. Davis:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **November 13, 2025.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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**
Provider #: **AL5536**
Complaint #: **OK00086375**
Investigation Date(s): **11/10/25 through 11/13/25**

ALLEGATION
The facility failed to ensure adequate staffing to provide resident care.

An unannounced on-site investigation was initiated 11/10/2025 at 9:29 a.m.

A sample of eight 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Residents were observed in the common areas, dining areas, and in their rooms. Staff and residents were observed interacting. Staff were observed to be assisting residents with ADLs (activities of daily living).

Resident records were reviewed including assessments, incident reports, and care plans. Facility policy and procedures were reviewed.
State reports were reviewed.

Family members were interviewed regarding the provision of care their loved ones received and timeliness of care. Staff were interviewed regarding the facility policies on provisions of
care and timely care and the provision of care.

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

OKLAHOMA
State Department
of Health

Date report completed: 12/04/2025

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
	AL5536	A. BUILDING: _____ B. WING _____	C 11/13/2025

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 with complaints (#OK00086375 and #OK00087285) was conducted on 11/10/25 and 11/12/25 through 11/13/25. No deficiencies were cited.	C 000		

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

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 #: **OK00087285**
Investigation Date(s): **11/10/25 through 11/13/25**

ALLEGATION
The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 11/10/2025 at 9:29 a.m.

A sample of eight 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey. Residents were observed in the common areas, dining areas, and in their rooms. Staff and residents were observed interacting. Staff were observed to be assisting residents with ADLs (activities of daily living).

Resident records were reviewed including assessments, incident reports, and care plans. Facility policy and procedures were reviewed. State reports were reviewed.

Family members were interviewed regarding the provision of care their loved ones received and timeliness of care. Staff were interviewed regarding the facility abuse policy, timely care and the provision of care.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

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Date report completed: 12/04/2025