OKLAHOMA
State Department
of Health

Delivery via email to: kayla.cavner@irisseniorliving.com

March 11, 2025

License Number: AL5599

Ms. Kayla Cavner, Administrator
Iris Memory Care of Nw Oklahoma City
12000 North Macarthur Blvd
Oklahoma City, OK 73162

Survey Event ID: XSQ111

Dear Ms. Cavner:

Enclosed is a report of the Relicensure survey with a 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,

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: Morada Midwest City
Address: 615 West Blue Ridge Drive
City, State, Zip: Midwest City, OK 73310
Provider #: AL5505
Complaint #: OK00077208
Investigation Date(s): 2/24/25-2/25/25

ALLEGATION(S)
Inadequate staffing
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/05/2025 at 05:00 a.m.

A sample of 10 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:
An unannounced visit to the center with record reviews, interviews, and observations determined the center has adequate staffing for all residents. Record review of schedules, observations of staff present on differing shifts, and interviews with administrator, director of nursing, and staff regarding allegation did not confirm the center has inadequate staffing to meet resident needs.

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: 03/06/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility:
Address:
City, State, Zip:
Provider #:
Complaint #:
Investigation Date(s):

ALLEGATION(S)
The center failed to ensure residents were not chemically restrained.
The center failed to maintain a sanitary environment.
The center failed to provide ADL care for dependent residents.
enter text
enter text

An unannounced on-site investigation was initiated 03/05/2025 at 05:00 a.m.

A sample of 10 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:
Based on record review, observation, and interviews regarding sampled residents it was determined that no residents were chemically restrained. Record review indicates necessary medications for aggression were prescribed by specialists, ongoing monitoring and evaluation is given by specialists, and medications are given infrequently on last resort basis. Based on observations the center provides a clean, sanitary homelike environment on a routine basis. Based on record review, observation, and interviews regarding sampled residents staff provide ADL care for dependent residents. All residents were groomed, appropriately dressed, and free of soiled garments.

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: 03/06/2025

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
	AL5599	A. BUILDING: _____ B. WING _____	C 03/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRIS MEMORY CARE OF NW OKLAHOMA CITY	12000 NORTH MACARTHUR BLVD OKLAHOMA CITY, OK 73162

(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 from 03/05/25 through 03/06/25. Complaint investigations (#OK00061166 and #OK00075905) were conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 53	C 000		

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