OKLAHOMA
State Department
of Health

Delivery via email to: Debbie.Lovelace@irisseniorliving.com

October 19, 2023

License Number: AL7266

Ms. Debbie Lovelace, Administrator
Iris Memory Care Of Tulsa
9494 East 101st Street South
Tulsa, OK 74133

RE: Survey Event ID: 2HZ911

Dear Ms. Lovelace:

Enclosed is a report of the inspection with complaint investigations conducted at your Assisted Living Center on **October 13, 2023.** 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: Iris Memory Care Center
Address: 9494 East 101st Street
City, State, Zip: Tulsa, OK 74133
Provider #: AL7266
Complaint #: OK00058453
Investigation Dates: 10/12/23 through 10/13/23

ALLEGATIONS

The facility failed to ensure a clean, comfortable and homelike environment

An unannounced on-site investigation was initiated 10/12/2023 at 2:05 p.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 at other various times throughout the survey. Resident hallways were observed for the presence obnoxious and/or foul odors. Staff were observed for assisting residents with activities of daily living.

A visual count of direct care nursing staff on duty was taken. Past facility staffing schedules were reviewed. Grievance reports were reviewed. Staff training records were reviewed.

Resident records including assessments, care plans, physician orders, nursing notes, treatment records and activities of daily living sheets were reviewed.

Resident families were interviewed regarding if they felt care needs were being met. Staff members were interviewed regarding the facility's policy to ensure adequate staffing and their ability to provide the residents with their needed care.
The attached Statement of Deficiencies, Form 2567 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: 10/13/2023

INVESTIGATIVE REPORT

Facility: Iris Memory Care Center
Address: 9494 East 101st Street
City, State, Zip: Tulsa, OK 74133
Provider #: AL7266
Complaint #: OK00059618
Investigation Dates: 10/12/23 Through 10/13/23

ALLEGATIONS

The facility failed to ensure residents were allowed visitors of choice.
The facility failed to ensure residents were treated with dignity and respect.
The facility failed to ensure adequate staff to provide care for dependent residents.

An unannounced on-site investigation was initiated 10/12/2023 at 2:05p.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 at other various times throughout the survey. Resident hallways were observed for the presence obnoxious and/or foul odors. Staff were observed for assisting residents with activities of daily living.

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Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/13/2023

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
	AL7266	A. BUILDING: _____ B. WING _____	C 10/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IRIS MEMORY CARE OF TULSA	9494 EAST 101ST STREET SOUTH TULSA, OK 74133

(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 10/12/23 through 10/13/23. Complaint investigations (OK00059618 and OK00058453) were conducted in conjunction with the survey. No deficiencies were cited.	C 000		

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