OKLAHOMA
State Department of Health

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

April 4, 2025

License Number: AL7266

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

Survey Event ID: RQMN11

Dear Ms. Lovelace:

Enclosed is a report of the Relicensure survey with a complaint investigation conducted at your Assisted Living facility on **April 2, 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

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OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Iris Memory Care of Tulsa AL
Address: 9494 East 101st Street South
City, State, Zip: Tulsa, OK,74133
Provider #:AL7266
Complaint #: OK00063802
Investigation Date(s): 03/31/25-04/02/25

ALLEGATION(S)
enter text The center failed to ensure adequate staff to meet the needs of the residents.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 03/31/2025 at 2:15p.m.

A sample of eight 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:

Upon entrance into the facility and throughout the survey observations were made of staff interactions with the residents in public during dining observations, activities, and during personal care and all their needs were met with the assistance of staff. Review of work schedule, time sheet logs and interviews with residents, employees and resident representatives' staff can meet the needs of the residents.

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: 04/03/2025

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
	AL7266	A. BUILDING: _____ B. WING _____	C 04/02/2025

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 from 03/31/25 through 04/02/25. A complaint investigation (#OK00063802) was conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 47	C 000		

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