OKLAHOMA
State Department
of Health

Delivery via email to: lmyers@moradaseniorliving.com; padams@moradamidwestcity.com

July 17, 2026

CCN:
Survey Event ID: KR7P11

Ms. Pollyette Adams, Administrator
Morada Midwest City
615 West Blue Ridge Drive
Midwest City, OK 73110

Dear Ms. Adams:

Enclosed is a report of the Medicare complaint investigation conducted at your facility on **July 10, 2026**. No deficiencies were cited as a result of this investigation. Oklahoma Statutes 63, Section 1-1910.1 requires 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 contact me at (405) 426-8200.

Respectfully,

Malinda Perry

Malinda Perry, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Morada MWC AL**
Address: **615 West Blue Ridge Dr**
City, State, Zip: **Midwest City, OK 73110**
Provider #: **AL5505**
Complaint #: **OK00085182**
Investigation Date(s): **07/10/2026**

ALLEGATION(S)
The center failed to ensure residents did not receive unnecessary medication
The center failed to ensure telephone communications was available for residents' representatives to be included in the plan of care
The center failed to ensure adequate staff to meet the needs for the residents
enter text
enter text

An unannounced on-site investigation was initiated 07/10/2026 at 7:30 a.m.

A sample of 7 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: Observations of staff to resident ratio, medication passes, and ADL care provided to residents were made. Observations also showed residents had access to phones in their rooms and staff answered the main line phone promptly. Records including physician's orders were reviewed. No medication errors were identified, and medications were administered as per physician's orders. Interviews with residents and staff showed adequate staffing to ensure residents' needs were met. Based on observation, record review and interviews, no deficiencies were cited.

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: 07/10/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Morada MWC Assisted Living
Address: 615 West Blue Ridge Dr
City, State, Zip: Midwest City, OK 73110
Provider #: AL5505
Complaint #: OK00080282
Investigation Date(s): 07/10/2026

ALLEGATION(S)
The center failed to maintain a safe, clean, homelike environment.
The center failed to ensure food was stored, prepared, and served in accordance with Chapter 257 related to 310:257-9-30. System maintained in good repair A plumbing system shall be: (1) Repaired according to law; and (2) Maintained in good repair.
enter text
enter text
enter text

An unannounced on-site investigation was initiated 07/10/2026 at 07:30a.m.

A sample of 7 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: Observations of plumbing, pipes, kitchen, and the entire facility were made. Records of maintenance logs, invoices, center policies, and inspection reports were reviewed. Interviews with residents and staff were conducted.

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: 07/10/2026

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Morada MWC AL**
Address: **615 West Blue Ridge Dr**
City, State, Zip: **Midwest City, OK 73110**
Provider #: **AL5505**
Complaint #: **OK00083864**
Investigation Date(s): **07/10/2026**

ALLEGATION(S)
The center failed to provide a safe, clean homelike environment with equipment and structures in proper working order.
The center failed to ensure residents' property was not misappropriated.
The center failed to protect residents' right to self-determination
The center failed to provide ADL assistance for dependent residents.
The center failed to have adequate staffing to meet the needs of residents.
The center failed to ensure residents were treated with dignity and respect
The center failed to ensure residents were administered medications as per physicians' orders.

An unannounced on-site investigation was initiated 07/10/2026 at 7:30 a.m.

A sample of 7 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: Observations of the physical environment, staff to resident ratio, staff to resident interactions, appearance of residents and medications passes were made. Records of incident reports, resident health charts, care plans, assessments, physician orders, resident medications, and center policies were reviewed. Interviews with residents and staff were conducted. Based on observation, record review, and interview, no deficiencies were cited.

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: 07/10/2026

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5505	A. BUILDING: _____ B. WING _____	07/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA MIDWEST CITY	615 WEST BLUE RIDGE DRIVE MIDWEST CITY, OK 73110

(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 (#OK00080282, OK00083864 and #OK00085182) was conducted on 07/10/26. No deficiencies were cited. Facility Census: 25	C 000		

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