OKLAHOMA
State Department of Health

Delivery via email to: jsorum@moradaseniorliving.com

August 14, 2026

CCN:
Survey Event ID: GVZM11

Mr. Jason Sorum, Administrator
Morada Lake Hefner
7535 West Hefner Road
Oklahoma City, OK 73162

Dear . Mr. Sorum:

Enclosed is a report of the Medicare complaint investigation conducted at your facility on **August 6, 2026**. Relicensure Survey with no deficiencies 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

Facility: **Morada Lake Hefner**
Address: **7535 W Hefner**
City, State, Zip: **Oklahoma City, OK 73110**
Provider #: **AL5507**
Complaint #: **OK00083387**
Investigation Date(s): **08/06/2026**

ALLEGATION(S)
The center failed to ensure residents were not charged for services that were not provided.

An unannounced on-site investigation was initiated 08/05/2026 at 7:48 a.m.

A sample of 8 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: Resident records were reviewed including assessments, physician orders, nursing notes, treatment records, and contracts. Residents and family representatives were interviewed about facility policy, billing practices and procedures. Staff were interviewed regarding rate increases and billing practices.

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: 08/05/2026

OKLAHOMA
State Department
of Health

Facility: **Morada Lake Hefner**
Address: **7535 W Hefner**
City, State, Zip: **Oklahoma City, OK 73110**
Provider #: **AL5507**
Complaint #: **OK00085151**
Investigation Date(s): **08/06/2026**

ALLEGATION(S)
The center failed to ensure food was cooked and served in a safe, sanitary manner.

An unannounced on-site investigation was initiated 08/05/2026 at 7:48 a.m.

A sample of 8 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: Resident records were reviewed including assessments. Residents were interviewed about food practices and procedures. Staff were interviewed regarding kitchen policies and practices.

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: 08/06/2026

OKLAHOMA
State Department
of Health

Facility: **Morada Lake Hefner**
Address: **7535 W Hefner**
City, State, Zip: **Oklahoma City, OK 73110**
Provider #: **AL5507**
Complaint #: **OK00086219**
Investigation Date(s): **08/05/2026**

ALLEGATION(S)
The center failed to ensure residents were not billed for services not rendered.
The center failed to ensure residents were free from misappropriation of property.

An unannounced on-site investigation was initiated 08/05/2026 at 7:48 a.m.

A sample of 8 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: Resident records were reviewed including assessments, physician orders, nursing notes, treatment records, and contracts. Residents and family representatives were interviewed about property policy, billing practices and procedures. Staff were interviewed regarding billing property practices.

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: 08/05/2026

OKLAHOMA
State Department
of Health

Facility: **Morada Lake Hefner**
Address: **7535 W Hefner**
City, State, Zip: **Oklahoma City, OK 73110**
Provider #: **AL5507**
Complaint #: **OK00091031**
Investigation Date(s): **08/05/2026**

ALLEGATION(S)
The center failed to ensure the residents were free from abuse.

An unannounced on-site investigation was initiated 08/05/2026 at 7:48 a.m.

A sample of 8 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: Resident records were reviewed including assessments, physician orders, nursing notes, treatment records, grievances, medication administration records, incidents, abuse policy, medication administration policy, and contracts. Residents and family representatives were interviewed about facility policy, and abuse concerns. Staff were interviewed regarding abuse policies and concerns.

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: 08/05/2026

OKLAHOMA
State Department
of Health

Facility: **Morada Lake Hefner**
Address: **7535 W Hefner**
City, State, Zip: **Oklahoma City, OK 73110**
Provider #: **AL5507**
Complaint #: **OK00091617**
Investigation Date(s): **08/05/2026**

ALLEGATION(S)
The center failed to ensure staff provide care to meet residents needs

An unannounced on-site investigation was initiated 08/05/2026 at 7:48 a.m.

A sample of 8 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: Resident records were reviewed including assessments, physician orders, nursing notes, and contracts. Residents and family representatives were interviewed about facility policy, staffing practices and procedures. Staff were interviewed regarding staffing practices.

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: 08/05/2026

OKLAHOMA
State Department
of Health

Facility: **Morada Lake Hefner**
Address: **7535 W Hefner**
City, State, Zip: **Oklahoma City, OK 73110**
Provider #: **AL5507**
Complaint #: **OK00092406**
Investigation Date(s): **08/05/2026**

ALLEGATION(S)
The center failed to ensure the right to privacy.

An unannounced on-site investigation was initiated 08/05/2026 at 7:48 a.m.

A sample of 8 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: Resident records were reviewed including assessments, physician orders, nursing notes, treatment records, and contracts. Residents and family representatives were interviewed about facility policy, privacy practices and procedures. Staff were interviewed regarding privacy practices.

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: 08/05/2026:

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
	AL5507	A. BUILDING: _____ B. WING _____	08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORADA LAKE HEFNER	7535 WEST HEFNER ROAD 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 with complaints (#OK00083387, OK00085151, OK00086219, OK00091031, OK00091617, and #OK00092406) was conducted from 08/06/26 through 08/07/26. No deficiencies were cited. Facility Census: 34	C 000		

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