OKLAHOMA
State Department
of Health

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

September 4, 2026

License Number: AL7266

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

Survey Event ID: AY3N11

Dear Ms. Lovelace:

On **August 18, 2026, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.**

The deficiencies cited resulted in ***(Level A)** deficiencies representing the potential for no more than minimal harm. *******(Level B)** deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. ******(only use on level B)** Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template. Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care**. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action will be completed for each violation; and

(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement, and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record, and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or a virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702

Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: IRIS MEMORY CARE OF TULSA
Address: 9494 EAST 101ST STREET SOUTH
City, State, Zip: TULSA, OK 74133
Provider #: AL7266
Complaint #: OK00090585
Investigation Date(s): 08/10/26 – 08/18/26

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

An unannounced on-site investigation was initiated 08/10/2026 at 10:00 a.m

A sample of 11 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:

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: 08/25/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: IRIS MEMORY CARE OF TULSA
Address: 9494 EAST 101ST STREET SOUTH
City, State, Zip: TULSA, OK 74133
Provider #: AL7266
Complaint #: OK00091083
Investigation Date(s): 08/10/26 – 08/18/26

ALLEGATION(S)
The failed to ensure residents were free from abuse
The facility failed to ensure medications were administered with a physician order
The facility failed to follow their policy and procedure for controlled medications
The facility failed to maintain accurate clinical records

An unannounced on-site investigation was initiated 08/10/2026 at 10:00 a.m

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Oklahoma State Department of Health
Long Term Care Service

Date report completed: 08/25/2026

OKLAHOMA
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of Health

INVESTIGATIVE REPORT

Facility: IRIS MEMORY CARE OF TULSA
Address: 9494 EAST 101ST STREET SOUTH
City, State, Zip: TULSA, OK 74133
Provider #: AL7266
Complaint #: OK00092501
Investigation Date(s): 08/10/26 – 08/18/26

ALLEGATION(S)
The center failed to assess, monitor and intervene in a timely manner for a change in condition.
The center failed to ensure residents were free from unnecessary medications.
The center failed to ensure residents' representatives were notified of a change in condition.
The center failed to ensure medical records were provided as requested.
The center failed to provide care and treatment according to the standard of care.

An unannounced on-site investigation was initiated 08/10/2026 at 10:00 a.m

A sample of 11 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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Long Term Care Service

Date report completed: 08/25/2026

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
	AL7266	A. BUILDING: _____ B. WING _____	08/18/2026

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
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C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the center failed to ensure: a. the foods in the kitchen refrigerator were labeled and dated, b. expired food items were discarded, and c. the ice machine was clean, sanitary, and free of hazardous organic growth during 1 of 1 kitchen observation: The administrator identified 51 residents received nutrition from the kitchen.	C 391		

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C 391	Continued From page 1 Findings: On 08/10/26 at 12:01 p.m., an initial tour of walk-in kitchen refrigerator was conducted. The following observations were made: a. one plastic wrapped bag of diced onions had an opened date of 07/28/26 and did not have a use-by date, and c. one rectangular shaped plastic pan containing diced mixed fruit had a use-by date of 08/03/26. On 08/10/26 at 12:19 p.m., the ice machine was observed to have a visible accumulation of a dark biofilm type substance on the inside of the ice machine lid. An undated facility policy titled "DIETARY SERVICES OPERATIONS MANUAL," read in part, "Wrap, cover, or seal all refrigerated foods and label with the preparation date. Left over foods that have not been frozen must be discarded after three days if not used." An undated facility policy titled "DIETARY SERVICES OPERATIONS MANUAL," read in part, "Freezers, refrigerators, and ice machines have coils that should be cleaned every two to three months." On 08/10/26 at 12:22 p.m., the dietary manager stated the food items should have beeen labeled, dated, and expired food items should have beeen discarded. The dietary manager stated there has been no documentation the ice machine is routinely cleaned. The dietary manager stated the ice machine should have been cleaned every two to three months and stated the ice machine was last cleaned one month ago.	C 391		

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C 391	Continued From page 2 On 08/17/26 at 3:19 p.m., the regional director stated foods should have been discarded within 24 hours of opening and/or dated with expiration dates. The regional director stated the ice machine should have been cleaned every two to three months and cleaning logs should have been kept.	C 391		
C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by:	C1505		

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C1505	Continued From page 3 Based on record review and interview, the center failed to ensure a resident's power of attorney (POA) was notified of a significant change in the resident's medical treatment for 1 (#2) of 9 sampled residents reviewed for notification of significant change. The administrator identified 51 resided in the center. Findings: An undated policy titled "Resident Rights," read in part, "Every resident"..."shall be fully informed"..."of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contradicted, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated." A document titled "Durable Power of Attorney," dated 05/20/20, showed POA #3 was designated for Resident #2. A physician move in report, dated 11/18/25, showed Resident #2 had diagnoses which included generalized anxiety disorder and primary degenerative dementia of the Alzheimer type. A physician's order for Resident # 2, dated 05/22/26, showed to administer Zoloft 50 mg (a medication to treat depression) to be taken by mouth daily for depression/crying/behaviors.	C1505		

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C1505	Continued From page 4 A MAR for Resident #2, dated 05/01/26 through 05/31/26, showed the resident had been administered Zoloft 50 mg tablets from 05/22/26 through 05/31/26. A MAR for Resident #2, dated 06/01/26 through 06/30/26, showed the resident had been administered Zoloft 50 mg tablets from 06/01/26 through 06/23/26. On 08/12/26 at 9:30 a.m., POA #3 stated they had not been notified of the Zoloft 50 mg tablets and was not aware the resident had been taking the medication. On 08/13/26 at 3:57 p.m., the administrator stated they could not find any documentation that showed POA #3 had been notified when Resident #2 was prescribed Zoloft 50 mg. The administrator stated the POA should have been contacted with any change in care. On 08/17/26 at 3:19 p.m., the director of clinical care stated POA #3 had the right to be notified regarding medication changes.	C1505		

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September 8, 2026

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Malinda Perry

Malinda Perry, Enforcement Analyst
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C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by:	C1505		

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	AL7266	A. BUILDING: _____ B. WING _____	08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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C1505	Continued From page 3 Based on record review and interview, the center failed to ensure a resident's power of attorney (POA) was notified of a significant change in the resident's medical treatment for 1 (#2) of 9 sampled residents reviewed for notification of significant change. The administrator identified 51 resided in the center. Findings: An undated policy titled "Resident Rights," read in part, "Every resident"..."shall be fully informed"..."of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contradicted, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated." A document titled "Durable Power of Attorney," dated 05/20/20, showed POA #3 was designated for Resident #2. A physician move in report, dated 11/18/25, showed Resident #2 had diagnoses which included generalized anxiety disorder and primary degenerative dementia of the Alzheimer type. A physician's order for Resident # 2, dated 05/22/26, showed to administer Zoloft 50 mg (a medication to treat depression) to be taken by mouth daily for depression/crying/behaviors.	C1505		

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C1505	Continued From page 4 A MAR for Resident #2, dated 05/01/26 through 05/31/26, showed the resident had been administered Zoloft 50 mg tablets from 05/22/26 through 05/31/26. A MAR for Resident #2, dated 06/01/26 through 06/30/26, showed the resident had been administered Zoloft 50 mg tablets from 06/01/26 through 06/23/26. On 08/12/26 at 9:30 a.m., POA #3 stated they had not been notified of the Zoloft 50 mg tablets and was not aware the resident had been taking the medication. On 08/13/26 at 3:57 p.m., the administrator stated they could not find any documentation that showed POA #3 had been notified when Resident #2 was prescribed Zoloft 50 mg. The administrator stated the POA should have been contacted with any change in care. On 08/17/26 at 3:19 p.m., the director of clinical care stated POA #3 had the right to be notified regarding medication changes.	C1505		

OKLAHOMA
State Department of Health

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

September 23, 2026

License Number: AL7266

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

Survey Event ID: AY3N11

Dear Ms. Lovelace:

On **August 18, 2026,** a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **September 14, 2026**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office 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

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C 000	INITIAL COMMENTS A relicensure survey with complaints (#OK00090585, OK00091083, and #OK00092501) was conducted from 08/10/26 through 08/14/26 and 08/17/26 through 08/18/26. Deficiencies were cited. Facility Census: 51 Listed below are abbreviations that will be used thoughout this document. MAR - medication administration record mg - milligram POA - power of attorney	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the center failed to ensure: a. the foods in the kitchen refrigerator were labeled and dated, b. expired food items were discarded, and c. the ice machine was clean, sanitary, and free of hazardous organic growth during 1 of 1 kitchen observation: The administrator identified 51 residents received nutrition from the kitchen.	C 391	**1. Corrective action for the identified condition** The diced mixed fruit with the expired use-by date and the opened diced onions without a compliant use-by date were discarded. The ice machine was removed from service, emptied, cleaned, sanitized, and inspected before being returned to use. The Dietary Manager verified that foods in the walk-in refrigerator were covered, labeled, dated, and within the facility's approved holding time. **2. Identification and correction of other potentially affected residents** Because all 51 residents receive nutrition from the kitchen, all residents had the potential to be affected. The Dietary Manager completed a 100% inspection of refrigerated and frozen foods, dry storage, and food-contact equipment. Any unlabeled, undated, improperly stored, or expired item was discarded immediately. No resident injury or illness related to the cited condition was identified.	

Signed by:
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Debbie Lovelace
2D93C055422743F...

TITLE: Executive Director

(X6) DATE: 9/14/2026

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C 391	Continued From page 1 Findings: On 08/10/26 at 12:01 p.m., an initial tour of walk-in kitchen refrigerator was conducted. The following observations were made: a. one plastic wrapped bag of diced onions had an opened date of 07/28/26 and did not have a use-by date, and c. one rectangular shaped plastic pan containing diced mixed fruit had a use-by date of 08/03/26. On 08/10/26 at 12:19 p.m., the ice machine was observed to have a visible accumulation of a dark biofilm type substance on the inside of the ice machine lid. An undated facility policy titled "DIETARY SERVICES OPERATIONS MANUAL," read in part, "Wrap, cover, or seal all refrigerated foods and label with the preparation date. Left over foods that have not been frozen must be discarded after three days if not used." An undated facility policy titled "DIETARY SERVICES OPERATIONS MANUAL," read in part, "Freezers, refrigerators, and ice machines have coils that should be cleaned every two to three months." On 08/10/26 at 12:22 p.m., the dietary manager stated the food items should have beeen labeled, dated, and expired food items should have beeen discarded. The dietary manager stated there has been no documentation the ice machine is routinely cleaned. The dietary manager stated the ice machine should have been cleaned every two to three months and stated the ice machine was last cleaned one month ago.	C 391	**3. Systemic changes to prevent recurrence** The Executive Director or designee will educate all dietary employees on food labeling, dating, approved holding times, daily disposal of expired food, and cleaning and sanitizing the ice machine according to manufacturer guidance and facility policy. A refrigerator/freezer food-storage checklist and an ice-machine cleaning log will be maintained. Dietary staff will inspect food storage at opening and closing each day. The ice machine will be visually inspected weekly and cleaned and sanitized at least every three months, and more often when indicated by manufacturer guidance, visible soil, or contamination. **4. Monitoring and quality assurance** The Dietary Manager will audit food labeling, dating, expiration, storage, and the ice machine weekly for 4 weeks, then monthly for 3 months. Results will be reported to the Executive Director and reviewed through the facility's quality assurance process. Any deficient finding will be corrected immediately, affected staff will be re-educated, and additional monitoring will be initiated as indicated.	**9.14.26** **9.14.26**

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C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated. This REQUIREMENT is not met as evidenced by:	C1505	**1. Corrective action for the identified resident** The facility identified the medication-order notification concern before the survey. Resident #2's designated POA was informed of the Zoloft order before the survey began. The Wellness Director reviewed the resident's record to verify the prior communication, ensure the notification was documented in the clinical record, and confirm the accuracy of the resident's current medication orders, legal representative information, and notification preferences. **2. Identification and correction of other potentially affected residents** Residents with a legally authorized representative who experienced a recent medication change had the potential to be affected. The Wellness Director or designee reviewed residents with new or changed medication orders within the last 30 days to verify that required notification was documented. Any documentation concerns identified were corrected promptly.	9.14.26

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