OKLAHOMA
State Department
of Health

Delivery via email to: mwooldridge@luxelifeseniorliving.com

March 18, 2024

License Number: AL1403

Ms. Mollie Wooldridge, Administrator
Luxe Life Norman Al, Llc
1060 Rambling Oaks Drive
Norman, OK 73072

Survey Event ID: M7S111

Dear Ms. Wooldridge:

On **March 13, 2024,** 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 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. 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,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Luxe Life Norman AL, LLC**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, OK, 73072**
Provider #: **AL1403**
Complaint #: **OK00062103**
Investigation Dates: **03/11/24 through 03/13/24**

ALLEGATIONS

The center failed to assess, monitor, and intervene in a timely manner for a change in condition.
The center failed to have and/or implement effective pharmacy procedure to ensure medications were administered according to the physicians' order.
The center failed to notify residents representatives of a change in condition and failed to include the residents' representative in treatment decisions.

An unannounced on-site investigation was initiated 05/11/2023 at 12:54 p.m.

A sample of five 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 staff assisting with resident care needs and the presence of obnoxious and/or foul odors.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past staffing schedules were reviewed for staffing patterns and compared to the state mandated staffing requirements. Grievance reports were reviewed.

Resident records including evaluations, service plans, physician orders, nursing notes, and medication administrations records were reviewed.

Residents were interviewed in regards adequate staff to meet their care needs, receiving medications as ordered by the physician, and staff interventions when a change of condition occurs.

Staff were interviewed regarding policy to ensure adequate staffing, their ability to provide residents with their needed care, and their ability to provide residents with their needed care, ensuring medications were administered per physician orders and interventions when a resident experienced a change in condition.

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: 03/14/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Luxe Life Norman AL, LLC**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, OK, 73072**
Provider #: **AL1403**
Complaint #: **OK00062285**
Investigation Dates: **03/11/24 through 03/13/24**

ALLEGATIONS

The center failed to ensure adequate staff to meet the needs of the residents.
The center failed to have and/or implement an effective pharmacy procedure to safely administer medications.

An unannounced on-site investigation was initiated 05/11/2023 at 12:54 p.m.

A sample of five 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 staff assisting with resident care needs and the presence of obnoxious and/or foul odors.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past staffing schedules were reviewed for staffing patterns and compared to the state mandated staffing requirements. Grievance reports were reviewed.

Resident records including evaluations, service plans, physician orders, nursing notes, and medication administrations records were reviewed.

Residents were interviewed in regards adequate staff to meet their care needs, and receiving medications as ordered by the physician.

Staff were interviewed regarding policy to ensure adequate staffing, their ability to provide residents with their needed care, and their ability to provide residents with their needed care, and ensuring medications were

administered per physician orders.

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: 03/14/2024

03/14/2024

OKLAHOMA State Department of Health

INVESTIGATIVE REPORT

Facility: **Luxe Life Norman AL, LLC**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, OK, 73072**
Provider #: **AL1403**
Complaint #: **OK00062477**
Investigation Dates: **03/11/24 through 03/13/24**

ALLEGATIONS

The center failed to have and/or implement an effective pharmacy policy and procedure to ensure medications were administered according to the physicians' order.
The center failed to ensure medical records were not falsified, failed to ensure incidents of falls were documented in the medical record and the resident' representative was notified of incidents of falls.
The center failed to ensure care and treatment was provided according to the contract and the plan of care.
The center failed to ensure adequate staff to meet the needs of the residents.
The center failed to ensure falls with major injury were reported to the Oklahoma State Department of Health.

An unannounced on-site investigation was initiated 05/11/2023 at 12:54 p.m.

A sample of five 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 staff assisting with resident care needs and the presence of obnoxious and/or foul odors.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past staffing schedules were reviewed for staffing patterns and compared to the state mandated staffing requirements. Grievance reports were reviewed. State reportable reports were reviewed.

Resident records including evaluations, service plans, physician orders, nursing notes, and medication administrations records, pharmacy requisition forms and admitting contracts were reviewed.

Residents were interviewed in regards receiving medications as ordered by the physician, and if they felt their care needs were being met.

Staff were interviewed regarding policy to ensure ensuring medications were administered per physician orders and their ability to provided residents the care they required.

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: 03/14/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Luxe Life Norman AL, LLC**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, OK, 73072**
Provider #: **AL1403**
Complaint #: **OK00063192**
Investigation Dates: **03/11/24 through 03/13/24**

ALLEGATIONS

The center failed to ensure medications were administered according to the physicians' orders.

An unannounced on-site investigation was initiated 05/11/2023 at 12:54 p.m.

A sample of five 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 staff assisting with resident care needs and the presence of obnoxious and/or foul odors.

A visual count of direct care nursing staff on duty was taken and compared to the State mandated staffing requirement. Past staffing schedules were reviewed for staffing patterns and compared to the state mandated staffing requirements. Grievance reports were reviewed.

Resident records including evaluations, service plans, physician orders, nursing notes, and medication administrations records were reviewed.

Residents were interviewed in regards receiving medications as ordered by the physician.

Staff were interviewed regarding policy to ensure ensuring medications were administered per physician orders.

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: 03/14/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1403	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE LIFE NORMAN AL, LLC	1060 RAMBLING OAKS DRIVE NORMAN, OK 73072

(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 Complaint investigations (#OK00062103, OK00062285, OK00062477, and OK000663192) were conducted on 03/11/24 through 03/13/24. Facility Census: 47 The following abbreviations will be used throughout this document: CKD - chronic kidney disease DON - Director of Nursing	C 000		
C1923 SS=E	310:663-19-2(a)(3) MEDICATION ADMINISTRATION (3) An accurate written record of medications administered shall be maintained. The medication record shall include: (A) The identity and signature of the person administering the medication. (B) The medication administered within one hour of the scheduled time. (C) Medications administered as the resident's condition may require (p.r.n.) are recorded immediately, including the date, time, dose, medication, and administration method. (D) Adverse reactions or results. (E) Injection sites. (F) An individual inventory record shall be maintained for each schedule II medication prescribed for a resident. (G) Medication error incident reports. This Rule is not met as evidenced by:	C1923		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1403	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE LIFE NORMAN AL, LLC	1060 RAMBLING OAKS DRIVE NORMAN, OK 73072

(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
C1923	Continued From page 1 Based on record review and interview, the facility failed to ensure residentw were provided medication as ordered by the physician for three (#1, 2, and #3) of four sampled residents reviewed for medication administration. The DON identified 47 residents resided in the facility. Findings: 1. Resident #1 had diagnosis which included unspecified urinary incontinence. A physician's note, dated 11/07/23, documented to start Flomax capsule, 0.4 mg, 30 minutes after the same meal each day, orally, once a day, for 90 days. The November 2023 MAR did not document Flomax. On 03/13/24 at 12;21 P.M., the DON stated the Flomax should have been restarted in November and Resident #1 should have been receiving the medication. 2, Resident #2 had diagnoses which included acute respiratory failure. CKD, and heart failure. A physician's order, dated 02/26/24, documented albuterol sulfate inhalation nebulization solution, 3 ml inhale orally via nebulizer two times a day related to acute respiratory failure with hypoxia. The February MAR documented the medication was unavailable to be administered on 02/26/24 day shift and 02/27 and 02/28/24 day and evening shift.	C1923		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1403	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE LIFE NORMAN AL, LLC	1060 RAMBLING OAKS DRIVE NORMAN, OK 73072

(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
C1923	Continued From page 2 On 03/13/24 at 12:28 p.m., the DON stated the medication had not been given as it was unavailable. On 03/13/24 at 12:30 p.m., the DON stated the Resident did not receive the medication on the dates listed above. 3. Resident #3 had diagnoses which included major depressive disorder. A physician's order dated, 03/11/24, documented Depakote tablet delayed release 125 mg. Give on table by mouth three times a day for mood stability. The March 2024 MAR documented the medication was unavailable to be administered on 03/11/24 evening shift, 03/12/24 morning, noon, and evening shift and 03/13/24 morning shift. On 03/13/24 at 11:53 a.m., the DON stated the Depakote was not available for administration. On 03/13/24 at 11:57 a.m., the Don stated the resident had not received the medication since the order had been placed. They stated the physician had not been notified because they were unaware of the medication not being administered. On 03/13/24 at 12:28 p.m., the DON stated the medication had not been given as it was unavailable. On 03/13/24 at 12:30 p.m., The DON stated the Resident did not receive the medication on the dates listed above.	C1923		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL1403	A. BUILDING: _____ B. WING _____	C 03/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE LIFE NORMAN AL, LLC	1060 RAMBLING OAKS DRIVE NORMAN, OK 73072

(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
C1923	Continued From page 3 Resident #3 had diagnoses which included major depressive disorder, cognitive communication deficit, and need for assistance with personal care. A "Physician's order dated, 03/11/24, documented Depakote tablet delayed release 125 mg. Give on table by mouth three times a day for mood stability. The March 2024 MAR, documented the medication was unavailable to be administered on 03/11/24 evening shift, 03/12/24 morning, noon, and evening shift, and 03/13/24 morning shift. On 03/13/24 at 11:53 a.m., the DON stated the Depakote was not available for administration. On 03/13/24 at 11:57 a.m., the Don stated the resident had not received the medication since the order had been placed. They stated the physician had not been notified because they were unaware of the medication not being administered.	C1923		

OKLAHOMA
State Department
of Health

Delivery via email to: Marcie Davis <mdavis@luxelifeseniorliving.com>; Rachel Shearer <rshearer@ignitemedicalresorts.com>

April 30, 2024

License Number: AL1403

Ms. Marcy Davis, Administrator
Luxe Life Norman Al, Llc
1060 Rambling Oaks Drive
Norman, OK 73072

Survey Event ID: M7S111

Dear Ms. Davis:

On **March 13, 2024,** 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 **April 30, 2024**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/29/2024** **Facility Name:** Luxe Life **License Number:** AL1403 **Survey Event ID:** M7S111 **Date Survey Completed: 3/13/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1923	Based on: record review and interview, the facility failed to ensure residents were provided medication as ordered by the physician for three(#1, 2, and #3) of four sampled residents reviewed for medication administration.The DON identified 47 residents resided in thefacility. Findings:1. Resident #1 had diagnosis which included unspecified urinary incontinence.A physician's note, dated 11/07/23, documented to start Flomax capsule, 0.4 mg, 30 minutes after the same meal each day, orally, once a day, for 90 days.The November 2023 MAR did not document Flomax.On 03/13/24 at 12;21 P.M., the DON stated theFlomax should have been restarted in November and Resident #1 should have been receiving themedication.2, Resident #2 had diagnoses which included acute respiratory failure. CKD, and heart failure.A physician's order, dated 02/26/24, documented albuterol sulfate inhalation nebulization solution, 3ml inhale orally via nebulizer two times a day related to acute respiratory failure with hypoxia.The February MAR documented the medication was unavailable to be administered on 02/26/24 day shift and 02/27 and 02/28/24 day and evening shift. On 03/13/24 at 12:28 p.m., the DON stated the medication had not been given as it was unavailable.On 03/13/24 at 12:30 p.m., the DON stated the Resident did not receive the medication on thedates listed above.3. Resident #3 had diagnoses which included major depressive disorder.A physician's order dated, 03/11/24, documented Depakote tablet delayed release 125 mg. Give one tablet by mouth three times a day for mood stability.The March 2024 MAR documented themedication was unavailable to be administered on 03/11/24 evening shift, 03/12/24 morning, noon, and evening shift and 03/13/24 morning shift.On 03/13/24 at 11:53 a.m., the DON stated the Depakote was not available for administration.On 03/13/24 at 11:57 a.m., the Don stated the resident had not received the medication since the order had been placed. They stated the physician had not been notified because they were unaware of the medication not being administered.On 03/13/24 at 12:28 p.m., the DON stated the medication had not been given as it was unavailable.On 03/13/24 at 12:30 p.m., The DON stated the Resident did not receive the medication on thedates listed above.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The statements made of this plan of correction are not admission to, and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with the federal and state regulations, the facility has taken actions and will take actions set forth in the plan of correction.

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Resident #1 discharged from the facility on 1/21/2024. Resident #2 discharged from the facility on 3/4/2024. Resident #3's Depakote medication had been delivered on 3/14/2024, and had been administered timely as per MD orders. Reorders are delivered by the pharmacy in a timely manner.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents with medications administered by staff have the potential to be affected by the same practice. Therefore, MAR-to-cart audits on all carts were conducted and completed on 4/25/2024.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Random weekly audits will be conducted x 8 weeks. Results of audits will be reported at monthly QAPI meetings.
OSDH Response: Element accepted Yes ☐ No ☐	

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Findings/results of the weekly audits x 8 weeks will be reviewed with VP for clinical operations. Results of audits will be reported at monthly QAPI meetings. Monthly audits of MAR-to-cart audit will be incorporated during monthly pharmacists/RN consultant visits to ensure continued compliance. Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/30/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Rachel Shearer** Rachel Shearer OAC 310:663-25-4(F)	**Date 4/30/2024**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable **Date:** Click here to enter a date. **Surveyor:** Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department
of Health

Delivery via email to: Marcie Davis <mdavis@luxelifeseniorliving.com>; Rachel Shearer <rshearer@ignitemedicalresorts.com>

May 22, 2024

License Number: AL1403

Ms. Marcie Davis, Administrator
Luxe Life Norman Al, Llc
1060 Rambling Oaks Drive
Norman, OK 73072

Survey Event ID: M7S112

Dear Ms. Davis:

On **May 22, 2024,** an offsite/paper complaint revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your complaint survey on **March 13, 2024,** have now been corrected effective **April 30, 2024.**

If you have any questions concerning the information in this letter, please contact me at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

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
	AL1403	A. BUILDING: _____ B. WING _____	R-C 05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE LIFE NORMAN AL, LLC	1060 RAMBLING OAKS DRIVE NORMAN, OK 73072

(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 An offsite/paper revisit was conducted on 11/16/18. The facility was in substantial compliance.	{C 000}		

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