OKLAHOMA
State Department
of Health

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

August 6, 2024

License Number: AL1403

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

Survey Event ID: YL2111

Dear Ms. Davis:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 29, 2024**. 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,

Lisa Calvihn, 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**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, OK, 73072**
Provider #: **AL1403**
Complaint #: **OK00065723**
Investigation Date(s): **07/28/24 through 07/29/24**

ALLEGATION(S)
The center failed to ensure residents were not physically, verbally, or psychosocially abused and failed to ensure allegations of abuse were investigated and reported to the Oklahoma State Department of Health.
The center failed to ensure the right to privacy and failed to ensure residents' representatives were notified of a change in condition.
The center failed to ensure oral care was provided in a timely manner and according to the physicians' orders, the plan of care and the standard of care.
The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 05/28/2023 at 11:15 a.m.

A sample of five 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:
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. A visual count of direct care nursing staff on duty was taken on a weekend 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 and incident reports were reviewed. Resident records including evaluations, service plans, physician orders, nursing notes, and medication administrations records were reviewed.

Residents were interviewed regarding adequate staff to meet their care needs, if they felt safe in their environment, receiving oral care as ordered by the physician, and staff interventions when a change of condition occurs. Staff were interviewed regarding resident altercations and interventions, timeliness of care, and how they ensure privacy.

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: 07/29/2024

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 _____	C 07/29/2024

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 A complaint investigation (#OK00065723) was conducted from 07/28/24 through 07/29/24. No deficiencies were cited. Facility Census: 61	C 000		

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