OKLAHOMA
State Department
of Health

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

October 25, 2024

License Number: AL1403

Ms. Meaghan Skelton, Administrator
Luxe Life Norman Al, Llc
1060 Rambling Oaks Drive
Norman, OK 73072

Survey Event ID: NMXL11

Dear Ms. Skelton:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 22, 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 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**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, OK. 73072**
Provider #: **AL1403**
Complaint #: **OK00068895**
Investigation Date(s): **10/21/24 – 10/22/24**

ALLEGATION(S)
The center failed to ensure residents were not physically, verbally, or psychosocially abused.

An unannounced on-site investigation was initiated 10/21/2024 at 9:45 a.m.

A sample of three 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 throughout the survey. Residents were observed to be clean, dressed appropriately, and free of odors. Staff was observed treating residents with dignity and respect. Staff was observed redirecting residents as needed.

Resident records were reviewed. Policies were reviewed. State Incident Reports with investigations were reviewed. Non-reportable Incident Reports were reviewed.

Residents were interviewed regarding abuse. Staff was interviewed regarding abuse.

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: 10/24/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Luxe Life Norman AL**
Address: **1060 Rambling Oaks Drive**
City, State, Zip: **Norman, OK. 73072**
Provider #: **AL1403**
Complaint #: **OK00068908**
Investigation Date(s): **10/21/24 – 10/22/24**

ALLEGATION(S)
The center failed to ensure residents were not abused and/or neglected and failed to ensure injuries of unknown origin were reported to the Oklahoma State Department of Health.

An unannounced on-site investigation was initiated 10/21/2024 at 9:45 a.m.

A sample of three 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 center was conducted upon entrance and throughout the survey. Residents were observed to be clean, dressed appropriately, and free of odors. Staff was observed assisting residents with activities of daily living and as needed. Staff was observed treating residents with dignity and respect.

Resident records i.e. Admission contracts, Service Plans, Assessments, progress notes, Incident Reports, and physician's orders were reviewed. Policies were reviewed.

Staff were interviewed regarding abuse and neglect. Staff were interviewed regarding who and when to report injuries.

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: 10/22/2024

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 10/22/2024

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 Complaint investigations (#OK00068895 and #OK00068908) were conducted on 10/21/24 and 10/22/24. No deficiencies were cited. Facility Census: 62	C 000		

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