OKLAHOMA
State Department
of Health

Delivery via email to: Cristy@arborhouseliving.com

May 30, 2023

License Number: AL1405

Shaye Donica, Administrator
Arbor House Assisted Living Center
4501 West Main Street
Norman, OK 73072

RE: Survey Event ID: FY2T11

Dear Ms. Donica:

Enclosed is a report of the inspection with a complaint investigation conducted at your Assisted Living Center on **May 25, 2023.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

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INVESTIGATIVE REPORT

Facility: **Arbor House Assisted Living Center**
Address: **4501 West Main Street**
City, State, Zip: **Norman, OK. 73072**
Provider #: **AL1405**
Complaint #: **OK00058058**
Investigation Date(s): **05/24/23 – 05/25/23**

ALLEGATION(S)

1. The center failed to provide adequate medical care to residents with changes in condition.

An unannounced on-site investigation was initiated 05/24/2023 at 8:35 a.m.

A sample of eight residents, including any identified resident, was selected for the investigation based on the concerns relevant to the allegation.

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:

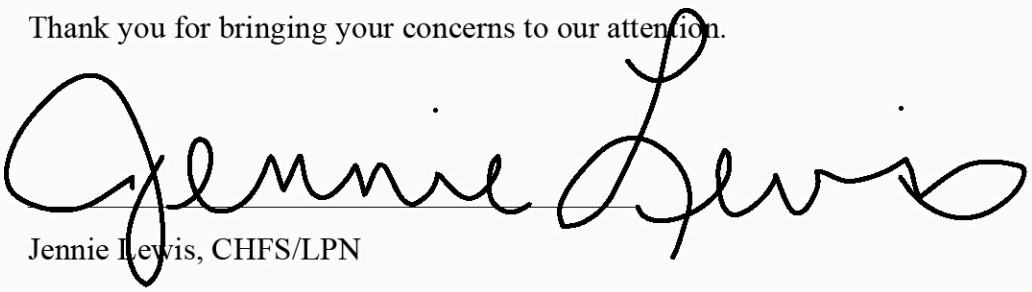
A tour of the center was conducted upon entrance and throughout the survey. Residents were observed to be Clean, dressed appropriately, and free of odors. Staff were observed assisting residents with activities of daily living and as needed.

Residents reported staff responded quickly to emergencies. Residents reported staff take care of them after they had an accident and sent them for appropriate medical care if needed. Staff reported residents were sent to the hospital for appropriate medical care if necessary. Staff reported residents would refuse to be sent to the emergency room and they would respect their decision. Staff reported residents were provided appropriate medical care after accidents.

Record review documented appropriate medical care from staff. Resident council minutes and grievance reports were reviewed with no documented concerns.

Deficient practice was not cited. See the Statement of Deficiencies, Form 2567, for details.

Thank you for bringing your concerns to our attention.



Jennie Lewis, CHFS/LPN

Date report completed: 05/25/2023

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
	AL1405	A. BUILDING: _____ B. WING _____	C 05/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR HOUSE ASSISTED LIVING CENTER	4501 WEST MAIN STREET 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 relicensure survey was conducted from 05/24/23 through 05/25/23. A complaint investigation (#OK00058058) was conducted in conjunction with the survey. No deficiencies were cited.	C 000		

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