OKLAHOMA
State Department
of Health

Delivery via email to: shaye@arborhouseliving.com

July 27, 2022

License Number: AL1408

Ms. Shaye Donica, Administrator
Arbor House Reminisce
151 48th Avenue Southwest
Norman, OK 73072

Survey Event ID: X7LR11

Dear Ms. Donica:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **June 17, 2022**. 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.

Sincerely,

Lisa Calvin

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

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Arbor House Reminisce**
Address: **151 48th Avenue Southwest**
City, State, Zip: **Norman, OK, 73072**
Provider #: **AL1408**
Complaint #: **OK00059031**
Investigation Date(s): **06/17/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to provide an environment with safe and comfortable temperatures.	**US**

Deficient practice was unsubstantiated for allegation #OK00059032. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Billy Preston Walker

Preston Walker Life Safety Code Specialist

Date report completed: 06/17/2022

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
	AL1408	A. BUILDING: _____ B. WING _____	C 06/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR HOUSE REMINISCE	151 48TH AVENUE SOUTHWEST 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 abbreviated survey was conducted on 06/17/2022 to investigate complaint #OK00059031. No deficiencies were cited in conjunction with this survey.	C 000		

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