OKLAHOMA
State Department
of Health

Delivery via email to: shaye@arborhouseliving.com; blake@arborhouseliving.com

March 27, 2023

License Number: AL1408

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

RE: Survey Event ID: SSSX11

Dear Ms. Donica:

On **March 23, 2023**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on March 23, 2023.

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 (attached). 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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 and monitoring will be completed for each violation;
(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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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.

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

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 _____	03/23/2023

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 A relicensure survey was conducted from 03/21/23 through 03/23/23. Listed below are abbreviations that will be used throughout this document: ACMA - advanced certified medication aide CMA - certified medication aide CNA - certified nurse aide DM - dietary manager F - Fahrenheit QA - quaternary ammonia	C 000		
C 391 SS=E	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure the kitchen was maintained to promote food safety and sanitation. The "Assisted Living Resident Condition and Care Overview" report, dated 03/21/23, documented 43 residents resided in the facility. Findings: On 03/21/23 at 1:29 p.m., a tour of the kitchen was conducted. The following observations were made: a. there was no hand wash sign posted at the hand sink,	C 391		

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C 391	Continued From page 1 b. the temperature measuring device located on the hot water mechanical warewashing machine indicated the final rinse temperature of the water was 00 F, c. there were no test strips available for the hot water mechanical warewashing machine to measure the utensil surface temperature of the water, d. a spray bottle of a yellow liquid was not labeled hanging on a rack below the mechanical warewashing machine, e. there was an accumulation of brown and black residue on the floor and the walls in the mechanical warewashing area, f. there was a metal bracket hanging loose from under the drain board in the warewashing area. The bracket was not secured to the table, g. a wet cloth was stored on the food preparation table across from the warewashing machine, h. there were two prepackaged packages of cooked frozen brisket thawing in one of the sinks of the three compartment sink. There was no running water in the sink, i. the ceiling lights near the ice machine in the dry storage room were burned out and/or not properly shielded, and j. there was a hole in a plastic bag of uncooked bowtie noodles in the dry storage room. The bag of noodles was not properly sealed. On 03/21/23 at 1:40 p.m., dietary cook #1 was asked about the brisket in the three compartment	C 391		

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	AL1408	A. BUILDING: _____ B. WING _____	03/23/2023

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ARBOR HOUSE REMINISCE	151 48TH AVENUE SOUTHWEST NORMAN, OK 73072

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C 391	Continued From page 2 sink. He stated he was thawing the brisket and would put it in the refrigerator in an hour. On 03/22/23 at 7:59 a.m., the DM was asked what was supposed to be posted at the hand sink. He stated there was a sign informing staff to wash their hands. He was asked about the final rinse temperature on the hot water mechanical warewashing machine. He stated the final rinse temperature was supposed to be 180 degrees F and they should have test strips. He provided QA test strips for a low temperature dish machine and ran the dish machine. He was was shown where the final rinse temperature read 00 F and made aware the QA test strips were not appropriate for a hot water mechanical warewashing machine. The DM was asked about storage of cloths and food, and labeling of chemicals. He stated they usually stored cloths in a sanitizer solution when in use, food should be sealed properly, and chemicals should be labeled. He was made aware of the wet cloth stored on the prep table, shown where the bag of noodles wasn't properly sealed, and where the spray bottle was not labeled. The DM was asked how staff ensured the kitchen was kept clean and maintained in good repair. He stated staff cleaned constantly. He stated anything minor he repaired and everything else he would source out. He stated he worked in maintenance two days a week. He was shown the metal bracket hanging loose and the lights. He was asked how food was to be thawed. He stated under cold running water or in the refrigerator. He was made aware of the observation of the brisket thawing at room temperature in the three compartment sink.	C 391		

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	AL1408	A. BUILDING: _____ B. WING _____	03/23/2023

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C 701	Continued From page 3	C 701		
C 701 SS=E	Hot Water - Bathing - Appendix A GENERAL REQUIREMENTS (d) Each assisted living center shall comply with the hot water standards set forth in Appendix A. Hot Water available for resident use shall not exceed 115 degrees Fahrenheit (46 degrees C.) This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure hot water available for resident use did not exceed 115 degrees Fahrenheit. The "Assisted Living Resident Condition and Care Overview" report, dated 03/21/23, documented 43 residents resided in the facility. Findings: On 03/21/23 at 10:48 a.m., a tour of the common areas on A hall was conducted. The following observations were made: a. the hot water temperature at the hand sink in the dining room was 127 degrees Fahrenheit with a hand held thermometer, b. the hot water temperature at the hand sink in the bathroom with the shower was 128 degrees Fahrenheit with a hand held thermometer, and c. the hot water temperature in the shower in the	C 701		

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 _____	03/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR HOUSE REMINISCE	151 48TH AVENUE SOUTHWEST NORMAN, OK 73072

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C 701	Continued From page 4	C 701		

bathroom room was 135 degrees Fahrenheit with a hand held thermometer.

On 03/21/23 at 10:57 a.m., the hot water temperature at the hand sink in the bathroom in room #11 was 139 degrees Fahrenheit with a hand held thermometer.

On 03/21/23 at 10:59 a.m., a tour of the common areas on B hall was conducted. The following observations were made:

a. the hot water temperature at the hand sink in the bathroom with the bathtub was 141 degrees Fahrenheit with a hand held thermometer, and

b. the hot water temperature in the bathtub in the bathroom was 130 degrees Fahrenheit with a hand held thermometer.

On 03/21/23 at 12:42 p.m., CNA #1 and CMA #1 were asked if there had been any issues and/or complaints with the water being too hot for the residents. They both stated they were not aware of any concerns or resident burns. They stated all of the residents were assisted with bathing in the bathrooms.

On 03/21/23 at 12:44 p.m., ACMA #1 was asked if there had been any issues and/or complaints with the water being too hot for the residents. She stated she was not aware of any issues or residents being burned by the water.

On 03/21/23 at 12:54 p.m., the maintenance director was asked how often he obtained water temperatures. He stated at the end of each month. He stated temperatures taken were random. He was asked if he had taken water temperatures for March. He stated he had not.

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	AL1408	A. BUILDING: _____ B. WING _____	03/23/2023

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ARBOR HOUSE REMINISCE	151 48TH AVENUE SOUTHWEST NORMAN, OK 73072

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C 701	Continued From page 5 He was asked if he had received any complaints about the water being too hot. He stated he had not. He stated he maintained the hot water temperature between 100 to 115 degrees Fahrenheit. He was made aware of the above observations with the hot water temperature. He stated they did have a pipe bust and had some plumbing work had been completed not long ago.	C 701		

OKLAHOMA
State Department
of Health

Delivery via email to: shaye@arborhouseliving.com

April 7, 2023

License Number: AL1408

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

RE: Survey Event SSSX11

Dear Ms. Donica:

On **March 23, 2023**, a Licensure inspection was conducted at your Assisted Living Center facility. 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 21, 2023**.

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,

Tempal Killman

Digitally signed by Tempal Killman
Date: 2023.04.07 13:34:44 -05'00'

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/3/2023** **Facility Name:** Arbor House Reminisce **License Number:** AL1408 **Survey Event ID:** SSSX1 **Date Survey Completed: 3/23/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C391	Based on: Based on observation and interview, the facility failed to ensure the kitchen was maintained to promote food safety and sanitation.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The POC is submitted as a requirement by the Oklahoma State Department of Health and not an admission of wrongdoing by the facility.

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?	a) A handwash sign shall be posted at the hand sink; b) A service call shall be made to service dishwasher; c) Test strips shall be available for the hot water mechanical warewashing machine to measure surface temp of water; d) Spray bottle has been labeled with the chemicals; e) Cleaning to remove the residue on the floor and walls in dish area; f) Metal bracket shall be secured to the table in the dish area; g) Wet cloths shall be placed in the dirty bucket; h) Thawing meat shall be placed in the sink under running water; i) Ceiling lights shall be replaced and shielded; j) All bags shall be properly sealed.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	A weekly walkthrough the kitchen shall take place with the Dietary Manager and Executive Director to ensure the kitchen is maintained to promote food safety and sanitation. Notes regarding the walkthrough shall be on the weekly leadership meeting reports.
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?	1) In-service with Dietary Department to ensure the kitchen is maintained to promote food safety and sanitation. 2) A weekly walkthrough the kitchen shall take place with the Dietary Manager and Executive Director to ensure the kitchen is maintained to promote food safety and sanitation. Notes regarding the walkthrough shall be on the weekly leadership meeting reports.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained?	A weekly walkthrough the kitchen shall take place with the Dietary Manager and Executive Director to ensure the

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.	**kitchen is maintained to promote food safety and sanitation. Notes regarding the walkthrough shall be on the weekly leadership meeting reports.** If the kitchen is maintained to promote food safety and sanitation during the weekly walk through of the kitchen with the Dietary Manager and Director, the corrections will have been effective. During the monthly quality assurance meetings, the kitchen meetings shall be acknowledged and address any issues that may arise during the weekly walk throughs. Evidence of the walk through shall be documented in the weekly leadership meetings and in the Continuous Quality monthly meetings.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/21/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)		**Date 4/3/2023**

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 Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE**
	Current Date: 4/3/2023
	Facility Name: Arbor House Reminisce
	License Number: AL1408
	Survey Event ID: SSSX1
	Date Survey Completed: 3/23/2023

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C701	Based on: Based on observation and interview, the facility failed to ensure hot water available for resident use did not exceed 115 degrees Fahrenheit.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: The POC is submitted as a requirement by the Oklahoma State Department of Health and not an admission of wrongdoing by the facility.

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?	The hot water tank temperature was adjusted during the survey below 115 degrees to ensure that all hand sinks in all areas of the building that the residents had access did not exceed 115 degrees.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Water temperatures for common area sinks shall be documented monthly to ensure the temperature does not exceed 115 degrees.
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?	The Water temperatures for common sinks for the residents shall be documented monthly and maintained in the monthly Quality Assurance meeting.
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.	The water temps not exceeding 115 degrees will show the correction has been sustained. The Director shall ensure these monitoring logs are maintained in the Quality Assurance book. The water temps not exceeding 115 degrees will show the correction was effective. The monitoring logs shall be maintained in the Quality Assurance book. The Quality Assurance meetings are monthly. The monitoring logs shall be maintained in the Quality Assurance book. The Quality Assurance meetings are monthly.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/21/2023
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date 4/3/2023**

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: shaye@arborhouseliving.com

June 28, 2023

License Number: AL1408

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

RE: Survey Event SSSX12

Dear Ms. Donica:

On **June 26, 2023,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **March 23, 2023,** have now been corrected effective **April 21, 2023.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

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 _____	R 06/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR HOUSE REMINISCE	151 48TH AVENUE SOUTHWEST NORMAN, OK 73072

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 06/26/23. 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