OKLAHOMA
State Department
of Health

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

January 17, 2024

License Number: AL1408

Mr. Blake Faubion, Administrator
Arbor House Reminisce
151 48th Avenue Southwest
Norman, OK 73072

Survey Event ID: GQYL11

Dear Mr. Faubion:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 9, 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: **Arbor House Reminisce**
Address: **151 48th Avenue Southwest**
City, State, Zip: **Norman, OK, 73071**
Provider #: **AL1408**
Complaint #: **OK00060666**
Investigation Date: **01/09/24**

ALLEGATIONS

1.The center must establish and maintain an infection control program designed to provide a safe, sanitary, and comfortable environment, and to help prevent development and transmission of disease and infection.

An unannounced on-site investigation was initiated 01/10/2024 at 9:15 a.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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:

Tours of the dining rooms and kitchen were conducted at various times throughout the survey. Staff were observed for implementing proper infection control practices and prevention of disease and infection.

Resident records were reviewed including assessments, service plans, physician orders, hospital reports, incident reports, and nursing progress notes.

Facility policy and procedures, audit reports, and tracking logs were reviewed.

Residents and staff were interviewed related to infection control policy and procedures.

The attached Statement of Deficiencies, Form 2567 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: 01/10/2024

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
	AL1408	A. BUILDING: _____ B. WING _____	C 01/09/2024

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 complaint investigation (#OK00060666) was conducted on 01/09/24. No deficiencies were cited. Facility Census: 32	C 000		

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