OKLAHOMA
State Department
of Health

Delivery via email to: blake.faubion@legendseniorliving.com

September 9, 2024

License Number: AL1408

Ms. Judy Kirkland, Administrator
Arbor House Reminisce
151 48th Avenue Southwest
Norman, OK 73072

Survey Event ID: T2EG11

Dear Ms. Kirkland:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 3, 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **ARBOR HOUSE REMINISCE**
Address: **151 48TH AVENUE SOUTHWEST**
City, State, Zip: **NORMAN, OK, 73072, CLEVELAND**
Provider #: **AL1408**
Complaint #: **OK00066154**
Investigation Date(s): **09/03/24**

ALLEGATION(S)
The center failed to ensure residents were not physically, verbally, or psychosocially abused.
The center failed to have and/or implement an effective pharmacy policy and procedure to ensure narcotics were not misappropriated.
The center failed to ensure adequate staff to meet the needs of the residents.
enter text
enter text

An unannounced on-site investigation was initiated 09/03/2024 at 09:45 a.m.

A sample of four 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:

Observations were made upon entry and randomly throughout survey. Residents were observed during individual pursuits, meal times, and receiving care from staff including medications. Staff were observed during interactions with residents.
Interviews were conducted with residents, families, and staff.
Facility records were reviewed including policies, staffing records, and schedules. Resident records were reviewed including service contracts, level of service agreements, assessments, physician orders, care plans, and progress notes.

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: 09/06/2024

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 09/03/2024

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 survey (OK00066154) was conducted on 09/03/24. No deficiencies were cited. Facility census: 43	C 000		