OKLAHOMA
State Department of Health

Delivery via email to: soonerstationed@islllc.com

October 14, 2025

License Number: AL1415

Mr. Michael Dean, Administrator
Sooner Station At University North Park
2803 24th Avenue Nw
Norman, OK 73069

Survey Event ID: 07US11

Dear Mr. Dean:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 8, 2025**. 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
State Department
of Health

INVESTIGATIVE REPORT

Facility: Sooner Station at University Park
Address: 2803 24th Ave NW
City, State, Zip: Norman, OK 73069
Provider #: AL1415
Complaint #: OK00086905
Investigation Date(s): 10/08/25

ALLEGATION(S)
The facility failed to ensure residents were free from abuse
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 10/08/2025 at 8:00 a.m.

A sample of 3 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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 of resident to resident interactions were made. Observations of staff to resident were made. Records of residents' entire health charts, physician notes and orders, incident reports, investigation notes, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center is in compliance with regulations.

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: 10/08/2025

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
	AL1415	A. BUILDING: _____ B. WING _____	C 10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOONER STATION AT UNIVERSITY NORTH PA	2803 24TH AVENUE NW NORMAN, OK 73069

(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 (#OK00086905) was conducted on 10/08/25. No deficiencies were cited. Facility Census: 68	C 000		

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