OKLAHOMA
State Department of Health

Delivery via email to: mskelton@ignitemedicalresorts.com; rshearer@ignitemedicalresorts.com; crolf@ignitemedicalresorts.com

August 5, 2026

License Number: AL1403

Ms. Meaghan Skelton, Administrator
Luxe Life Norman Al, Llc
1060 Rambling Oaks Drive
Norman, OK 73072

Survey Event ID: OV5011

Dear Ms. Skelton:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 24, 2026**. 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: LUXE LIFE NORMAN AL, LLC
Address: 1060 RAMBLING OAKS DRIVE
City, State, Zip: NORMAN, OK 73072
Provider #: AL1403
Complaint #: OK09000331
Investigation Date(s): 07/23/26 and 07/24/26

ALLEGATION(S)
The facility failed to ensure staff performed hand hygiene after handling animals and before administering meal and medications.
The facility failed to have a clear pathway in the dining room during mealtime to prevent accidents.

An unannounced on-site investigation was initiated 07/23/2026 at 12:46 p.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:
A tour of the facility was conducted on and throughout the survey. Records reviewed included employee records, residents' health records, resident contracts, grievances, and incident reports. The facility's environment, mealtimes, as well as staff infection control procedures were observed. Residents and staff were asked questions regarding resident care, animals in facility, and infection control, policies, procedures, and notification.

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: 07/30/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: LUXE LIFE NORMAN AL, LLC
Address: 1060 RAMBLING OAKS DRIVE
City, State, Zip: NORMAN, OK 73072
Provider #: AL1403
Complaint #: OK00090654
Investigation Date(s): 07/23/26 and 07/24/26

ALLEGATION(S)
The facility failed to ensure resident's personal belongings were not misappropriated.

An unannounced on-site investigation was initiated 07/23/2026 at 12:46 p.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:
A tour of the facility was conducted on and throughout the survey. Records reviewed included employee records, residents' health records, resident contracts, grievances, and incident reports. Residents and staff were asked questions regarding resident care and misappropriation policies, procedures, and notification.

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: 07/30/2026

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: LUXE LIFE NORMAN AL, LLC
Address: 1060 RAMBLING OAKS DRIVE
City, State, Zip: NORMAN, OK 73072
Provider #: AL1403
Complaint #: OK00091892
Investigation Date(s): 07/23/26 and 07/24/26

ALLEGATION(S)
The facility failed to maintain a clean, homelike environment.

An unannounced on-site investigation was initiated 07/23/2026 at 12:46 p.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:
A tour of the facility was conducted on and throughout the survey. Records reviewed included employee records, residents' health records, resident contracts, grievances, and incident reports. The facility's environment, resident rooms, facility maintenance tasks, as well as staff infection control procedures were observed. Residents and staff were asked questions regarding resident care, cleanliness of rooms and facility, and infection control policies and procedures.

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: 07/30/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: LUXE LIFE NORMAN AL, LLC
Address: 1060 RAMBLING OAKS DRIVE
City, State, Zip: NORMAN, OK 73072
Provider #: AL1403
Complaint #: OK00092161
Investigation Date(s): 07/23/26 and 07/24/26

ALLEGATION(S)
The facility failed to provide adequate supervision to prevent an elopement.

An unannounced on-site investigation was initiated 07/23/2026 at 12:46 p.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:
A tour of the facility was conducted on and throughout the survey. Records reviewed included employee records, residents' health records, resident contracts, grievances, incident reports, and elopement risk assessments. The facility's environment was observed. Staff were asked questions regarding resident care and elopement policies, procedures, and notification.

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: 07/30/2026

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
	AL1403	A. BUILDING: _____ B. WING _____	C 07/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUXE LIFE NORMAN AL, LLC	1060 RAMBLING OAKS DRIVE 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 Complaint investigations (#OK00090654, OK00091892, OK00092161, and #OK09000331) were conducted from 07/23/26 through 07/24/26. No deficiencies were cited. Facility Census: 70	C 000		

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