OKLAHOMA
State Department of Health

Delivery via email to: midean@discoverymanagementgroup.com

September 3, 2026

License Number: AL1415

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

RE: Survey Event ID: Q2M811

Dear Mr. Dean:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **August 28, 2026.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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

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 08/28/2026

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 relicensure survey with complaint (#OK00089546) was conducted from 08/27/26 through 08/28/26. No deficiencies were cited. Facility Census: 95	C 000		

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