OKLAHOMA
State Department of Health

Delivery via email to: cara.slavens@legendseniorliving.com

January 10, 2023

License Number: AL1103

Ms. Cara Slavens, Administrator
Legend At 71st Street
701 W 71st South
Tulsa, OK 74132

Survey Event ID: UQHQ11

Dear Ms. Slavens:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 30, 2022**. 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.

Sincerely,

Lisa Calvin

Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Legend at 71st Street**
Address: **701 W 71st South**
City, State, Zip: **Tulsa, Ok. 74132**
Provider #: **AL1103**
Complaint #: **OK00059882**
Investigation Date(s): **12/30/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The facility failed to protect residents right to privacy.	**US**
2. The facility failed to assess, monitor, and intervene.	**US**
3. The facility neglected to adequately assess, monitor, and intervene prior to pronouncing a resident dead.	**US**

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on 12/30/2022 at 08:45 a.m.

A sample of 16 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.
On arrival, a tour was conducted. Residents were observed in the common areas and in their private rooms. Residents were observed to be clean and well groomed. Residents were observed communicating on their personal cell phones without interference from facility staff.

The sampled residents had access to various forms of communication, including mail, email, personal phones, cell phones, and other electronic devices. Residents stated they were able to communicate with whomever they chose. Staff stated residents were allowed to communicate with whomever they chose.

The sampled residents' clinical records were reviewed and there was no documentation of limitations imposed on to whom they communicated.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.
On arrival, a tour was conducted. Residents were observed in the common areas and in their private rooms. Residents were observed to be clean and well groomed.

Administrative staff were interviewed and stated they followed their facility policy related to COVID-19 protocols, based on CDC and State guidance. Administrative staff stated all residents suspected of COVID-19 are tested and placed in quarantine/isolation.

Administrative staff stated the facility provided meals based on the resident needs and physician orders.

The sampled residents' clinical records were reviewed and documented residents were tested for COVID-19 when suspected of COVID exposure and/or symptomatic of COVID-19.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.
On arrival, a tour was conducted. Residents were observed in the common areas and in their private rooms. Residents were observed to be clean and well groomed.

Residents were interviewed and stated the facility nursing staff provided the assistance they needed and assessed, monitored, and intervened as ordered by their physician.

Administrative staff were interviewed and stated the nursing staff assessed residents and communicated the resident needs to physicians. The administrative staff stated residents requiring skilled care were transferred to other facilities which provided the level of care needed until the resident was able to return. The administrative staff stated the facility provided contracted services such as physical therapy and hospice services but deferred to their expertise when such care was required.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation one, two, and three. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

B. Garrison, R.N.

B. Garrison, R.N.

Date report completed: 12/31/2022

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
	AL1103	A. BUILDING: _____ B. WING _____	C 12/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND AT 71ST STREET	701 W 71ST SOUTH TULSA, OK 74132

(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 (#OK00059882) was conducted on 12/30/22. No deficiencies were cited.	C 000		

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