OKLAHOMA
State Department of Health

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

July 29, 2024

License Number: AL1103

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

Survey Event ID: E0S411

Dear Ms. Northcutt:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 5, 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,

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: Legend at 71st Tulsa
Address: 701 W 71st S
City, State, Zip: Tulsa, OK, 74132
Provider #: AL1103
Complaint #: OK00065576
Investigation Date(s): 07/03/24 and 07/05/24

ALLEGATION(S)
The facility failed to ensure residents were not physically, verbally, or psychosocially.
The center failed to ensure assistance with bathing was provided according to the contract, plan of care, and residents' request.
The center failed to assess, monitor, and intervene for a change in condition.
The center failed to ensure adequate staff to meet the needs of the residents and failed to ensure call lights were answered in a timely manner.

An unannounced on-site investigation was initiated 07/03/2024 at 9:45 a.m.

A sample of three 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:

Tours were conducted throughout the survey. Staff members were observed assisting residents with activities of daily living.

A review of records was conducted to include resident contracts, assessments, physicians' orders, bathing records, reportable incidents, and policies.

Staff members and residents were interviewed regarding abuse, bathing assistance, call lights, staffing, and assessments with change of conditions.

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

OKLAHOMA
State Department
of Health

Date report completed: 07/26/2024

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 07/05/2024

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 (#OK00065576) was conducted on 07/03/24 and 07/05/24. There was no deficient practice cited as a result of this survey.	C 000		

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