OKLAHOMA
State Department of Health

Delivery via email to: june.rose@legendseniorliving.com

December 21, 2023

License Number: AL1404

Ms. June Rose, Administrator
The Gardens At Rivermont
750 Canadian Trails Drive
Norman, OK 73072

Survey Event ID: S7SP11

Dear Ms. Rose:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 11, 2023**. 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: The Gardens at Rivermont
Address: 750 Canadian Trails Drive
City, State, Zip: Norman, OK 73072
Provider #: AL1404
Complaint #: OK00061857
Investigation Date(s): 12/07/23 and 12/11/23

ALLEGATION(S)

The center failed to ensure adequate supervision was provided to prevent accidents with major injury.

An unannounced on-site investigation was initiated 12/07/2023 at 3:05 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:

An investigation related to incident reports, resident records, comprehensive assessments, care plans, physician orders, and physician progress notes was conducted.

Staff were observed caring for residents throughout the center, at the time of the survey.

Family members were interviewed in regard to the care provided at the center. All the families had positive comments about the care provided at the center, at the time of the survey.

Staff were interviewed about the care provided at the center. They stated they made sure their needs were met by providing incontinent care, snacks, keeping the resident involved in activities throughout the day, read to them, play games, arts and crafts, 1:1 activities such as devotionals, magazines, something they're interested in. They also stated they went by the 4 P's: Personal items within reach, protective safety devices in place, potty every 2 hours and when needed, and positioning (posture, make sure seated to the back of their chair comfortable.)

At the time of the survey, there was no deficient practice related to supervision or accidents with major injury.

The attached Statement of Deficiencies, Form 2567 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: 12/12/2023

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
	AL1404	A. BUILDING: _____ B. WING _____	C 12/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT RIVERMONT	750 CANADIAN TRAILS 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 A complaint investigation (OK00061857) was conducted 12/07/23 and 12/11/23. No deficiencies were cited.	C 000		

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