OKLAHOMA
State Department
of Health

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

April 10, 2025

License Number: AL1404

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

RE: Survey Event ID: HZYC11

Dear Ms. Rose:

On **April 2, 2025**, agents from our office concluded a State Licensure survey with a complaint investigation at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **April 2, 2025**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record, and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
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, Oklahoma 73072**
Provider #: **AL1404**
Complaint #: **OK00080012**
Investigation Date: **04/01/25 through 04/02/25**

ALLEGATION(S)
1.The center failed to ensure residents were not verbally, physically, or psychosocially abused.
2.The center failed to ensure an allegation of abuse was investigated and/or reported to the OSDH

An unannounced on-site investigation was initiated 04/01/2025 at 08:15 a.m.

A sample of three participants, including any identified participants, 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 upon entrance into the facility and throughout the two-day survey. Residents were observed for abuse and neglect concerns. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, grievances, and police reports. Residents and staff were asked questions regarding abuse and abuse training.

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: 04/01/2025

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 04/02/2025

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 relicensure survey was conducted from 04/01/25 through 04/02/25. A complaint investigation (#OK00080012) was conducted in conjunction with the survey. Facility Census: 51 Listed below are abbreviations that will be used throughout this document. AHCD - assistant health care director CMA - certified medication aide CNA - certified nurse aide HCD - health care director OSDH - Oklahoma State Department of Health	C 000		
C 930 SS=F	310:663-9-3(1-3) STAFF QUALIFICATIONS Each assisted living center shall designate an administrator responsible for the operation of the assisted living center. The administrator shall hold at least one (1) of the following credentials: (1) a license issued by the State Board of Examiners for Nursing Home Administrators; or (2) a residential care home administrator's certificate of training from an institution of higher learning whose program has been reviewed by the Department; or (3) a nationally recognized assisted living certicate of training and competency for assisted living administrators that has been reviewed and approved by the Department.	C 930		

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C 930	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure the administrator had a current administrator's license. The residence director identified 51 residents resided in the center. Findings: There was no documentation to show the center's administrator had a current administrator's license. On 4/02/25 at 2:00 p.m., the residence director was asked to provide a copy of the administrator's license. They stated they were the licensed administrator and had applied for renewal for 2025, but had not received it yet. On 04/02/25 at 3:53 p.m., the Oklahoma State Department of Health was notified and verified the residence director did not have current administrator's license.	C 930		
C1911 SS=D	310:663-19-1(a) INCIDENT REPORT TIMELINES (a) All reports to the Department shall be made via facsimile or by telephone within one (1) Department business day of the reportable incident's discovery. A follow-up report of the incident shall be submitted via facsimile or mail to the Department within five (5) Department business days after the incident. The final report shall be filed with the Department when the full investigation is complete, not to exceed ten (10)	C1911		

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C1911	Continued From page 2 Department business days after the incident. Notifications to the Nurse Aide Registry using the ODH Form 718 must be made within one (1) Department business day of the reportable incident's discovery. This Rule is not met as evidenced by: Based on record review and interview, the center failed to report an alleged incident of abuse to the OSDH within one department business day of the reportable incident for 1 (#6) of 11 sampled residents reviewed for abuse. The residence director identified 51 residents who resided in the facility. Findings: A facility policy titled "Resident Abuse, Neglect and Exploitation," dated 04/30/19, read in part, "An employer shall report to the department by telephone within 24 hours after receiving the allegation."	C1911		

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C1911	Continued From page 3 Resident #6 had diagnosis which included frontal lobe dementia. On 04/01/25 at 3:45 p.m., CMA #2 stated they had witnessed an incident they reported to the residence director as an allegation of abuse of Resident #6 by another staff member. CMA #2 stated they reported it to the AHCD and HCD at the time of the incident and then to the residence director the next day. On 04/02/25 at 4:30 p.m., the residence director was asked if they received an allegation of abuse from CMA #2. The residence director stated they did receive an allegation of abuse from the staff member on 03/07/25. The residence director was asked if an incident report was filed with the OSDH and they stated reports were not filed.	C1911		
C1912 SS=D	310:663-19-1(b) INCIDENTS REQUIRING REPORT (b) Each continuum of care facility and assisted living center shall prepare a written incident report for the following incidents: (1) allegations and incidents of resident abuse; (2) allegations and incidents of resident neglect; (3) allegations and incidents of misappropriation of resident's property; (4) accidental fires and fires not planned or supervised by facility staff, occurring on the licensed real estate; (5) storm damage resulting in relocation of a resident from a currently assigned room; (6) deaths by unusual occurrence, including accidental deaths or deaths other than by natural causes; (7) residents missing from the assisted living center upon determination by the assisted living	C1912		

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C1912	Continued From page 4 center that the resident is missing; (8) utility failure for more than 4 hours; (9) incidents occurring at the assisted living center, on the assisted living center grounds or during assisted living center sponsored events, that result in fractures, head injury or require treatment at a hospital; (10) reportable diseases and injuries as specified by the Department in OAC 310:515 (relating to communicable disease and injury reporting); and, (11) situations arising where a criminal act is suspected. Such situations shall also be reported to local law enforcement. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to report an alleged incident of resident abuse to the OSDH for 1 (#6) of 11 sampled residents reviewed for abuse. The residence director identified 51 residents who resided in the facility. Findings: A facility policy titled "Resident Abuse, Neglect and Exploitation," dated 04/30/19, read in part "an employer shall report to the department and/or	C1912		

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C1912	Continued From page 5 appropriate state or local agency any allegation of client or resident abuse." Resident #6 had diagnosis which included frontal lobe dementia. On 04/01/25 at 3:45 p.m., CMA #2 stated they had witnessed an incident they reported to the residence director as an allegation of abuse of Resident #6 by another staff member. CMA #2 stated they reported it to the AHCD and HCD at the time of the incident and then to the residence director the next day. On 4/02/25 at 4:30 p.m., the residence director was asked if they received an allegation of abuse from CMA #2. The residence director stated they did receive an allegation of abuse from the staff member on 3/07/25. The residence director was asked if an incident report was filed with the OSDH and they stated reports were not filed.	C1912		
C1916 SS=D	310:663-19-1(f) REPORTS TO THE DEPARTMENT (f) Each continuum of care facility and assisted living center shall report allegations and occurrences of resident abuse, neglect, or misappropriation of resident's property by a nurse aide to the Nurse Aide Registry by submitting a completed "Notification of Nurse Aide Abuse, Neglect, Mistreatment or Misappropriation of Property" form (ODH Form 718), which requires the following: (1) facility/center name, address and telephone; (2) facility type; (3) date; (4) reporting party name or administrator name; (5) employee name and address;	C1916		

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 04/02/2025

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C1916	Continued From page 6 (6) employee certification number; (7) employee social security number; (8) employee telephone number; (9) termination action and date (if applicable); (10) other contact person name and address; and (11) the details of the allegation or occurrence of abuse, neglect, or misappropriation of resident property. This Rule is not met as evidenced by: Based on record review and interview, the center failed to notify the Nurse Aide Registry of an allegation of abuse involving CNA #1 for 1 (#6) of 11 sampled residents reviewed for abuse. The administrator identified 51 residents resided in the facility. Findings: A policy titled "Resident Abuse, Neglect and Exploitation," dated 04/30/19, read in part, "an employer shall report to the department and/or appropriate state or local agency any allegation of client or resident abuse, neglect, exploitation, mistreatment or misappropriation of a resident's property against the employer's nurse aide." Resident #6 had diagnosis which included frontal lobe dementia. On 04/01/25 at 3:45 p.m., CMA #2 stated they had witnessed an incident they reported to the residence director as an allegation of abuse of Resident #6 by another staff member. CMA #2	C1916		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C1916	Continued From page 7 stated they reported it to the AHCD and HCD at the time of the incident and then to the residence director the next day. On 4/02/25 at 4:30 p.m., the residence director was asked if they received an allegation of abuse from CMA #2. The residence director stated they did receive an allegation of abuse from the staff member on 3/07/25. The residence director was asked if the staff member was reported to the Nurse Aide Registry and they stated reports were not filed.	C1916		

OKLAHOMA
State Department
of Health

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

April 28, 2025

Survey Event ID: **HZYC11**

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

Dear Ms. Rose:

On **April 2, 2025**, agents from our office completed a Medicaid Relicensure survey with a complaint investigation at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **C1911, C1912, C1916** - Please specify how the facility will ensure that the incidents are reported. QA reporting is mentioned, but will the facility be monitoring records for being completed and turned in?

Please provide a new plan of correction with amendments and return as soon as possible. **Medicare/Medicaid certification cannot be processed without an acceptable plan of correction.**

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/22/2025** **Facility Name:** The Gardens at Rivermont **License Number:** AL1404-1404 **Survey Event ID:** HZYC11 **Date Survey Completed: 4/2/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 930	Based on: Record review and interview, the center failed to ensure the administrator had a current administrator's license

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	The Licensure Board was contacted and they updated the Admin License
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	The Administrator or designee will audit all current employee license and certificates for compliance every month and place findings in writing.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Results will be taken through the QA team QA team will recommend and put in place additional interventions if needed. Findings will be brought to the monthly QA Record of the documentation will be kept with the QA minutes
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/24/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **June Rose** OAC 310:663-25-4(F)	**Date 4/23/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/23/2025** **Facility Name:** The Gardens at Rivermont **License Number:** AL1404-1404 **Survey Event ID:** HZYC11 **Date Survey Completed: 4/2/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1911	Based on: record review and interview, the centerfailed to report an alleged incident of resident abuse to the OSDH for 1 (#6) of 11 sampled residents reviewed for abuse.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	A report has been sent to the OSDH on alleged allegation of abuse. A report will be sent to OKDHS, OSDH and the OK. Nurse Aide registry for any alleged allegation of abuse witin the reporting guidelines
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents residing in the community have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All allegations will be reported to OKDHS, OSDH and OK Nurse Aide Registry. The Administrator has been in-service on reporting requirements.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Allegations will be reviewed in the QA meeting. QA team will recommend and put in place additional interventions if needed. Findings will be brought to the QA meeting Record of the documention will be kept with the QA minutes
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/24/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **June Rose** OAC 310:663-25-4(F)	**Date 4/23/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/23/2025** **Facility Name:** The Gardens at Rivermont **License Number:** AL1404-1404 **Survey Event ID:** HZYC11 **Date Survey Completed: 4/2/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1912	Based on: record review and interview, the centerfailed to report an alleged incident of resident abuse to the OSDH

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	A report has been sent to the OSDH on alleged allegation of abuse. All allegations will be sent to OKDHS, OSDH and the OK. Nurse Aide registry for any alleged allegation of abuse witin the reporting guidelines
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents residing in the community have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All allegations will be reported to OKDHS, OSDH and OK Nurse Aide Registry. The Administrator has been in-service on reporting requirements.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Allegations will be reviewed in the QA meeting. QA team will recommend and put in place additional interventions if needed. Findings will be brought to the QA meeting Record of the documention will be kept with the QA minutes
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/24/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature June Rose OAC 310:663-25-4(F)	**Date 4/23/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

Oklahoma State Department of Health
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 4/23/2025
Facility Name: The Gardens at Rivermont
License Number: AL1404-1404
Survey Event ID: HZYC11
Date Survey Completed: 4/2/2025

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1916	Based on: record review and interview, the centerfailed to notify the Nurse Aide Registry of anallegation of abuse involving CNA #1 for 1 (#6) of11 sampled residents reviewed for abuse.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	The Oklahoma Nurse Aide Registry has been notified of alleged allegation. A report will be sent to OKDHS, OSDH and the OK. Nurse Aide registry with the findings of the investigation.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents residing in the community have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All alegations will be reported to OKDHS, OSDH and OK Nurse Aide Registry. The Administrator has been in-service on reporting requirements.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Allegations will be reviewed in the QA meeting. QA team will recommend and put in place additional interventions if needed. Findings will be brought to the QA meeting Record of the documention will be kept with the QA minutes
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/24/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature June Rose OAC 310:663-25-4(F)	**Date 4/23/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

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Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department of Health

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

May 15, 2025

License Number: AL1404

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

RE: Survey Event HZYC11

Dear Ms. Rose:

On **April 2, 2025**, a Licensure inspection with a complaint investigation was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your amended plan of correction for these deficiencies. Your amended plan of correction has been accepted.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and in a timely manner. **Our acceptance does not absolve the facility's responsibility for** compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **May 13, 2025**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/22/2025** **Facility Name:** The Gardens at Rivermont **License Number:** AL1404-1404 **Survey Event ID:** HZYC11 **Date Survey Completed: 4/2/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 930	Based on: Record review and interview, the center failed to ensure the administrator had a current administrator's license

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	The Licensure Board was contacted and they updated the Admin License
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	The Administrator or designee will audit all current employee license and certificates for compliance every month and place findings in writing.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Results will be taken through the QA team QA team will recommend and put in place additional interventions if needed. Findings will be brought to the monthly QA Record of the documentation will be kept with the QA minutes
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/24/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **June Rose** OAC 310:663-25-4(F)	**Date 4/23/2025**

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Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

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Facility in Compliance by: Click here to enter a date.

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/23/2025** **Facility Name:** The Gardens at Rivermont **License Number:** AL1404-1404 **Survey Event ID:** HZYC11 **Date Survey Completed: 4/2/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1911	Based on: record review and interview, the centerfailed to report an alleged incident of resident abuse to the OSDH for 1 (#6) of 11 sampled residents reviewed for abuse.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	A report has been sent to the OSDH on alleged allegation of abuse. A report will be sent to OKDHS, OSDH and the OK. Nurse Aide registry for any alleged allegation of abuse witin the reporting guidelines
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents residing in the community have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All allegations will be reported to OKDHS, OSDH and OK Nurse Aide Registry. The Administrator has been in-service on reporting requirements.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	. The Residence Director or designee will audit a sampling of incident reports for compliance in investigating and reporting abuse incidents to local law enforcement or the Department of Human Services in accordance with 310:663-19-1(b) Incidents Requiring Report. Review of the audit incident reports will be incorporated into the QA meeting and the need for any additional intervention will be put into place. A review of the audit (sampling) will be kept with the QA minutes.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/13/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **June Rose** OAC 310:663-25-4(F)	**Date 4/23/2025**

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Oklahoma State Department of Health
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Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 4/23/2025

Facility Name: The Gardens at Rivermont

License Number: AL1404-1404

Survey Event ID: HZYC11

Date Survey Completed: 4/2/2025

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 1912	Based on: record review and interview, the centerfailed to report an alleged incident of resident abuse to the OSDH

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	A report has been sent to the OSDH on alleged allegation of abuse. All allegations will be sent to OKDHS, OSDH and the OK. Nurse Aide registry for any alleged allegation of abuse witin the reporting guidelines
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents residing in the community have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All allegations will be reported to OKDHS, OSDH and OK Nurse Aide Registry. The Administrator has been in-service on reporting requirements.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Allegations will be reviewed in the QA meeting. The Residence Director or designee will audit a sampling of incident reports for compliance in investigating and reporting abuse incidents to local law enforcement or the Department of Human Services in accordance with 310:663-19-1(b) Incidents Requiring Report. Review of the audit incident reports will be incorporated into the QA meeting and the need for any additional intervention will be put into place. Record of the documention will be kept with the QA minutes
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/24/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **June Rose** OAC 310:663-25-4(F)	**Date 4/23/2025**

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 4/23/2025** **Facility Name:** The Gardens at Rivermont **License Number:** AL1404-1404 **Survey Event ID:** HZYC11 **Date Survey Completed: 4/2/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 1916	Based on: record review and interview, the centerfailed to notify the Nurse Aide Registry of anallegation of abuse involving CNA #1 for 1 (#6) of11 sampled residents reviewed for abuse.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	The Oklahoma Nurse Aide Registry has been notified of alleged allegation. A report will be sent to OKDHS, OSDH and the OK. Nurse Aide registry with the findings of the investigation.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents residing in the community have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	All alegations will be reported to OKDHS, OSDH and OK Nurse Aide Registry. The Administrator has been in-service on reporting requirements.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	. The Residence Director or designee will audit a sampling of incident reports for compliance in investigating and reporting abuse incidents to local law enforcement or the Department of Human Services in accordance with 310:663-19-1(b) Incidents Requiring Report. Review of the audit incident reports will be incorporated into the QA meeting and the need for any additional intervention will be put into place. A review of the audit (sampling) will be kept with the QA minutes.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	5/13/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **June Rose** OAC 310:663-25-4(F)	**Date 4/23/2025**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

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OKLAHOMA
State Department of Health

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

May 23, 2025

License Number: AL1404

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

RE: Survey Event HZYC12

Dear Ms. Rose:

On **May 22, 2025,** an off-site paper revisit was conducted for your facility by this agency. The findings indicate that the deficiencies cited during your survey on **April 2, 2025,** have now been corrected effective **May 13, 2025.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, 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
	AL1404	A. BUILDING: _____ B. WING _____	R-C 05/22/2025

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 An offsite/paper revisit was conducted on 05/22/25. The facility was in substantial compliance.	{C 000}		

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