



Oklahoma State Department of Health
Creating a State of Health

July 3, 2019

License Number: AL1410

Ms. Cathy Collins, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

RE: Survey Event ID: IXK711

Dear Ms. Collins:

On **June 19, 2019**, agents from our office concluded a State Licensure survey 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 June 19, 2019.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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;

Board of Health

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- (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) 271-6868 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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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
1000 N.E. 10th
Oklahoma City, OK 73117-1299

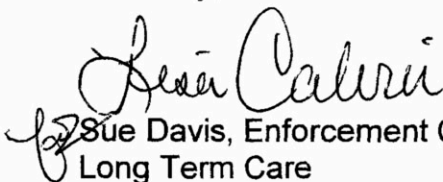
Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- 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) 271-6868 or fax at (405) 271-2206.

If you have questions or need assistance, please feel free to send an email to LTC@health.ok.gov or call (405) 271-6868. 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.

Sincerely,



Sue Davis, Enforcement Coordinator
Long Term Care
Protective Health Services

SD/lc

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B WING _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEGEND AT RIVENDELL

**13200 SOUTH MAY AVE
OKLAHOMA CITY, OK 73170**

(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 re-licensure survey was conducted on 06/18/19 and 06/19/19. The resident census was 64. Deficient practice was cited as follows.	C 000		
C1500 SS=F	63 OS 1-890.3(A)(8) RESIDENT RIGHTS - Rx/Fees/Blister Packs 63 OS 1-890.3(A)(8) A. The State Board of Health shall promulgate rules necessary to implement the provisions of the Continuum of Care and Assisted Living Act. Such rules shall include, but shall not be limited to..... (8) Enumeration of resident rights and responsibilities to be observed by each facility and its staff. Such resident rights shall include the freedom of choice regarding any personal attending physicians and all other providers of medical services and supplies without a financial penalty or fee charged by the assisted living center.	C1500		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Oklahoma State Department of Health

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C1500	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the center failed to ensure the residents of the center had a choice of personal pharmacy services regardless of the delivery of medications in a pre-approved unit-dose package system acceptable to the center without being charged a fee for 10 (#1-#10) of 10 residents who signed a contract with the center. This had the widespread potential for more than minimal harm. Findings: On 06/19/19 at 3:55 p.m. a resident provided a bill which documented, a recurring charge for medication management (unit dosed packaging) \$400 due to medication received in bottles rather than the unit-dose package system acceptable to the center. On 06/19/19 at 2:40 p.m. the administrator was asked about the \$500 charge for medication management fee for non unit dosed medications in the contract. The administrator stated was not aware the additional charge was part of the contract. The administrator did not provide any additional documentation. The centers contract documented exhibit "A" scheduled fees and pharmaceutical and health supplies. Resident may use pharmacy of their choice, provided that the chosen pharmacy can supply medications in pre-approved unit-dose package system acceptable to the company and that delivery of medication is consistent with company medication delivery standards. Company will charge an additional administrative fee of five hundred dollars (\$500.00) monthly, for	C1500		

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C1500	Continued From page 2 resident choosing a pharmacy provider that cannot provide the recommended unit-dose packaging.	C1500			
C1951 SS=E	310:663-19-3(a) MAINTENANCE OF RECORDS (a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided under the direction of a licensed health care professional consistent with professional standards of practice. This Rule is not met as evidenced by: Based on interview and record review it was determined the center failed to update and use accurate care plans for 2 (#7 and #9) who: a. drove their own vehicle and used a cane or walker; and b. received direct personal care from private sitters. This failed practice had the potential for more than minimal harm, at a pattern. Findings: Resident #7 Resident #7's comprehensive assessment documented abnormality of gait and mobility, ambulatory without assistance with walker. On 06/19/19 at 10:56 a.m. resident #7 was asked about their driving. The resident stated they had limited distances with the use of their cane and	C1951			

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C1951	Continued From page 3 walker. The resident stated they could not get around with the cane any longer when using their private vehicle; and now had to use the walker which made the use of the vehicle more difficult since having to load the walker and unload the walker. At 11:45 a.m. the registered nurse (RN) was asked about the resident's care plan and the resident driving. She stated it was the residents' right to drive so it was not care planned. She was asked how her safety was monitored. She stated she spoke to the resident. When the RN was asked about the residents mobility she read, independent with or without supportive devices (cane, walker, wheelchair). She was asked why she didn't specify the residents mobility in the care plan. She stated, "I just didn't do it." Resident #9 Resident #9's comprehensive assessment, dated 05/05/25/19, documented bathing x 1, eating 0, dressing 1-2, transferring x 2, toileting x 2. It also documented the resident was incontinent of both bladder and bowel. On 06/18/19 at 1:50 p.m. during report with the RN. She stated the resident (#9) had a sitter. She was asked if they provided direct personal care. She stated, "No. My staff does." At 4:20 p.m. the resident was observed in the dining room being fed by one of his power of attorneys (POA). At 5:15 p.m. the private sitter was asked about their hours. She stated from 4:30 p.m. until the next morning at 9:30 a.m. She stated there was another private sitter who rotated with her to	C1951		

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C1951	Continued From page 4 provide direct personal care for the resident. They both provided direct personal care to the resident assisting him with incontinent care throughout the night. On 06/19/19 at 12:55 p.m. one of the POAs was asked how many people it took to transfer the resident. The POA stated anywhere from 2 people (private sitter and center employee) depending on the time of day, to 3 people if they were small framed; sometimes 4 people if the resident wasn't feeling well. When the RN was asked for the most recent care plan she provided a care plan dated 03/17/19. The care plan documented bathing was independent and home health would assist with showering. Toileting required the physical assistance of one staff. Bladder management documented the resident remained continent without verbal reminders, but needed assistance of one care giver in the bathroom. Bowel management documented the resident was independent without verbal reminders to toilet, but needed assistance of one care giver in the bathroom. Private sitters were not care planned. At 12:20 p.m. the registered nurse (RN) was asked if home health provided the resident's showers. She stated, "Yes." But the home health aide overheard the conversation and interjected, "No, he has (private) sitters" who provide the service. The care plans the RN provided were not accurate. To insure safety for resident #7 and #9, accuracy in assessment and care planning was important for maintaining resident independence, ensuring the delivery of services and being informed of private sitters being utilized by	C1951		

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C1951	Continued From page 5 residents that are not hired from an agency and not qualified to provide resident services.	C1951		
C5010 SS=E	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act. B. Residents of an assisted living center may receive hospice home services under the provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act. D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident.	C5010		

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C5010	Continued From page 6 This Rule is not met as evidenced by: Based on interview and record review it was determined the center failed to ensure qualified staff provided direct personal care for 1 (#9) of 1 sampled resident who required total care. This failed practice had the potential for more than minimal harm, at a pattern. Findings: On 06/18/19 at 1:50 p.m. during report the registered nurse stated resident #9 had home health for speech therapy. The 485, dated 05/02/19, documented home health was used for weekly skilled nursing visits. At 5:15 p.m. the private sitter stated both sitters provided direct personal care to the resident assisting him with incontinent care throughout the night, showering, re-positioning (sometimes with the help of center staff) and getting the residents breakfast each morning. On 06/19/19 at 12:55 p.m. one of the power of attorneys stated the private sitter provided the residents showers because the resident could not do anything.	C5010		

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C5010	Continued From page 7 For 12 months, the registered nurse (RN) failed to monitor and assure the private sitters were sitters only and had the required training credentials through the nurse aid registry to provide direct personal care to the resident. The centers contract documented all companions, "sitters" were required at a minimum to be supervised by a licensed practical nurse (LPN), employed by a licensed agency, keep written records of services provided to the resident, the duties performed each day of service and any other related information. The centers contract also documented for any family/friend/responsible party to utilize, employ or provide a companion sitter service it must meet the State basic requirements. If using a privately hired companion service, the companion care provider or sitter must be employed by a partnership, agency, firm, corporation, association or any other licensed legal entity authorized to provide companion/sitter in the State of Oklahoma.	C5010			
C6000 SS=F	63 OS 1-1947(F) Criminal History Background Check (F) Except as otherwise provided in subsection L of this section, an employer shall not employ, independently contract with, or grant privileges to, an individual who regularly has direct patient access to service recipients of the employer until the employer conducts a registry screening and criminal history record check in compliance with subsection I of this section. This subsection and subsection D of this section shall not apply to the following:	C6000			

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C6000	Continued From page 8 1. An individual who is employed by, under independent contract to, or granted clinical privileges with, an employer on or before November 1, 2012. An individual who is exempt under this subsection is not limited to working within the employer with which he or she is employed, under independent contract to, or granted clinical privileges. That individual may transfer to another employer that is under the same ownership with which he or she was employed, under contract, or granted privileges. If that individual wishes to transfer to another employer that is not under the same ownership, he or she may do so provided that a registry screening and criminal history record check are conducted by the new employer in accordance with subsection I of this section. a. If an individual who is exempt under this subsection is subsequently found, upon seeking transfer to another employer, ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, then the individual is no longer exempt and shall be terminated from employment or denied employment. b. If an individual who is exempt under this subsection is subsequently found ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, based on disqualifying events occurring after November 1, 2012, then the individual is no longer exempt and shall be terminated from employment; and 2. An individual who is an independent contractor to an employer, if the services for which he or she	C6000		

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C6000	Continued From page 9 is contracted are not directly related to the provision of services to a service recipient or if the services for which he or she is contracted allow for direct patient access to service recipients but are not performed on an ongoing basis. This exception includes, but is not limited to, an individual who independently contracts with the employer to provide utility, maintenance, construction, or communications services. This STANDARD is not met as evidenced by: Based on interview and record review it was determined the center failed to monitor and ensure a fingerprint based criminal history background check on two sitters who were in the center seven days a week providing direct care services for 1 (#9) of 1 sampled resident. The resident had "private sitters" for twelve months and were not certified as nurse aides. This failed practice had the widespread potential for more than minimal harm. Findings: On 06/19/19 at 2:30 p.m. the registered nurse (RN) was asked for the reports on the private sitters' National finger print based background checks and registry checks. The RN stated it was the resident's right to have a family friends, however the center failed to comply with the requirements regarding criminal history and registry status of these individuals. For 12 months, the RN failed to monitor the private sitters who provided direct care to the resident and who had access to all 64 residents at the	C6000		

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C6000	Continued From page 10 center. The centers contract documented all companions, "sitters" were required at a minimum to have completed and successfully passed a background check. The centers contract also documented for any family/friend/responsible party to utilize, employ or provide a companion sitter service it must meet the State basic requirements. If using a privately hired companion service, the companion care provider or sitter must be employed by a partnership, agency, firm, corporation, association or any other licensed legal entity authorized to provide companion/sitter services in the State of Oklahoma.	C6000		

STATE WORKLOAD REPORT

Provider/Supplier Number AL1410	Provider/Supplier Name LEGEND AT RIVENDELL
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Type of Survey (select all that apply)

☒ 2 ☐ ☐ ☐ ☐

- | | | |
|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification |
| B Dumping Investigation | F Inspection of Care | J Sanctions/Hearing |
| C Federal Monitoring | G Validation | K State License |
| D Follow-up Visit | H Life Safety Code | L CHOW |
| M Other | | |

Extent of Survey (select all that apply)

☒ A ☐ ☐ ☐ ☐

- A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHA)
 D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. <i>mf</i> 34460	06/18/2019	06/19/2019	0.50	0.00	13.75	0.00	3.50	4.50
2. <i>mf</i> 41872	06/18/2019	06/19/2019	1.50	0.00	13.75	0.00	3.75	0.50
3. <i>mf</i> 42023	06/18/2019	06/19/2019	0.00	0.00	13.75	0.00	2.00	0.00
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....

0.00

Total RO Supervisory Review Hours.....

0.00

Total SA Clerical/Data Entry Hours....

0.00

Total RO Clerical/Data Entry Hours.....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

JUL 03 2019 *jm*



Oklahoma State Department of Health
Creating a State of Health

July 19, 2019

License Number: AL1410

Ms. Cathy Collins, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

RE: Survey Event IXK711

Dear Ms. Collins:

On June 19, 2019, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. 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 will be corrected and you will be in substantial compliance by **September 14, 2019**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 271-6868.

Sincerely,

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

LC/jt

Board of Health

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Interim Commissioner of Health

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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 7/16/2019

Facility Name: Legend at Rivendell

License Number: AL 1410

Survey Event ID: IXK711

Date Survey Completed: 6/19/2019

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1500

Based on: interview and record review it was determined the center failed to ensure the residents of the center had a choice of personal pharmacy services regardless of the delivery of medications in a pre-approved unit-dose package system acceptable to the center without being charged a fee for 10 (#1-#10) of 10 residents who signed a contract with the center.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: "This Plan of Correction constitutes Legend at Rivendell's written plan of compliance for the alleged deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state law. This Plan of Correction shall not be considered a waiver of Legend at Rivendell's informal dispute resolution or appeal rights."

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The Residence Director or Designee will ensure 1) 10 (#1-#10) residents of the center have a choice of personal pharmacy services regardless of the delivery of medications in a pre-approved unit-dose package system acceptable to the center without being charged a fee. The Residence Director will amend Page 6 (G. 2nd paragraph) to correspond with Exhibit "A" of the residency agreement.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

The Residence Director or Designee will ensure an audit of all current residency agreements.

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 Residence Director or Designee will provide in-service and education on the completion of Page 6 (2nd paragraph G) to those person(s) responsible for completing the residency agreement.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

The Resident Director or Designee will 1) conduct random audits to ensure residency agreements are completed accurately.

The RD or Designee will make realtime adjustments found during the audit until such time that the process appears effective.

The audits, and related documentation will be discussed, reviewed and measured at each QA meeting.

The audit of residency agreements will be maintained as part of the QA file.

OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		9/14/2019	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator signature required OAC 310:663-25-4(F)		Date 7/17/2019	
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: 7/16/2019

Facility Name: Legend at Rivendell

License Number: AL 1410

Survey Event ID: IXK711

Date Survey Completed: 6/19/2019

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1951

Based on: Based on interview and record review it was determined the center failed to update and use accurate care plans for 2 (#7 and #9) who: a. drove their own vehicle and used a cane or walker; and b. received direct personal care from private esitters.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: "This Plan of Correction constitutes Legend at Rivendell's written plan of compliance for the alleged deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state law. This Plan of Correction shall not be considered a waiver of Legend at Rivendell's informal dispute resolution or appeal rights."

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The Residence Director or Designee will ensure accurate care plans for 2 residents (#7 and #9) will be updated to insure safety to maintain resident independence for (1) resident who drives their own vehicle and uses a cane or walker for mobility assistance and, (2) ensuring the delivery of services and being informed of private sitters being utilized by residents that are not hired from an agency and not qualified to provide resident services.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

The Residence Director or Designee will ensure an audit of all current residents who (1) drive and use an assistive device for mobility and (2) have a private sitter provided by a resident.

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 Residence Director or Designee will (1) monitor all independent drivers in the community who use an assistive device for mobility and update the care plan to insure safety to maintain resident independence. (2) Monitor all residents who require a private sitter for adherence to Page 7 of the residency agreement.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

The Resident Director or Designee will 1) conduct random audits to ensure accurate care plans are in place for those residents who drive their own vehicles and use an assistive device for mobility. 2) conduct random audits to ensure all residents who require a private sitter are in adherence to Page 7 of the residency agreement.

		The RD or Designee will track and trend any discrepancies found during the audit and correct in real time until such time that the process appears effective. The audits, and related documentation will be discussed reviewed and measured at each QA meeting. The audit of care plans and private sitter services will be maintained as part of the QA file.	
OSDH Response: Element accepted		Yes ☐	No ☐
5. On what date will corrective action be completed?		9/14/2019	
OSDH Response: Element accepted		Yes ☐	No ☐
Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)		Date 7/17/2019	
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Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 7/16/2019

Facility Name: Legend at Rivendell

License Number: AL 1410

Survey Event ID: IXK711

Date Survey Completed: 6/19/2019

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C5010

Based on: Based on interview and record review it was determined the center failed to ensure qualified staff provided direct personal care for 1 (#9) of 1 sampled resident who required total care.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: "This Plan of Correction constitutes Legend at Rivendell's written plan of compliance for the alleged deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state law. This Plan of Correction shall not be considered a waiver of Legend at Rivendell's informal dispute resolution or appeal rights."

REQUIRED ELEMENTS OF A PLAN

1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

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?

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained?
Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

OSDH Response: Element accepted Yes ☐ No ☐

5. On what date will corrective action be completed?

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The Residence Director or Designee will ensure 1 (#9) has qualified staff to provide direct personal care as outlined on Page 7 of the residency agreement to comply with Oklahoma Statute, Section 1-1972 of Title 63.

The Residence Director or Designee will ensure an audit of all current residents that require a private sitter providing direct personal care is completed and comply with Oklahoma Statute, Section 1-1972 of Title 63.

The Residence Director or Designee will provide in-service, training for the nursing team on the requirements as outlined on Page 7 of the residency agreement and in compliance with Oklahoma Statute, Section 1-1972 of Title 63 for all residents requiring a private sitter who would also provide direct personal care.

The Resident Director or Designee will 1) conduct random audits to ensure those residents requiring private sitters have qualified staff to provide direct personal care.

The RD or Designee will make realtime adjustments found during the audit until such time that the process appears effective.

The audits, and related documentation will be discussed, reviewed and measured at each QA meeting.

The audit will be maintained as part of the QA file.

9/14/2019

OSDH Response: Element accepted: Yes ☐ No ☐			
Administrator's Signature OAC 310:663-25-4(F)		Date 7/17/2019	
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OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 7/16/2019

Facility Name: Legend at Rivendell

License Number: AL 1410

Survey Event ID: IXK711

Date Survey Completed: 6/19/2019

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C6000

Based on: interview and record review it was determined the center failed to monitor and ensure a fingerprint based criminal history background check on two sitters who were in the center seven days a week providing direct care services for 1 (#9) of 1 sampled resident. The resident had "private sitters" for twelve months and were not certified as nurse aides

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: "This Plan of Correction constitutes Legend at Rivendell's written plan of compliance for the alleged deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state law. This Plan of Correction shall not be considered a waiver of Legend at Rivendell's informal dispute resolution or appeal rights."

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 Residence Director or Designee will ensure 1 (#9) has sitters who have fingerprint based criminal history background checks and who are certified nurse aides if providing direct care services.

OSDH Response: Element accepted Yes ☐ No ☐

2. How will other residents having the potential to be affected by the same deficient practice be identified?

The Residence Director or Designee will conduct an audit of all residents who require a private sitter to ensure the private sitters have a.) had a fingerprint based criminal history background check and b.) if providing direct care services ensure certification as a nurse aide.

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 Residence Director or Designee will provide in-service, training for the nursing team on the requirements for a private sitter who provides direct care services as outlined on Page 7 of the residency agreement.

OSDH Response: Element accepted Yes ☐ No ☐

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:

- How the correction will be evaluated for effectiveness;
- How the correction will be incorporated into the center's quality assurance system; and
- How monitoring records will be kept to evidence the correction.

The Resident Director or Designee will 1) conduct random audits to ensure those residents requiring private sitters have qualified staff to provide direct personal care and have received a fingerprint based criminal history background check.

The RD or Designee will make realtime adjustments found during the audit until such time that the process appears effective.

The audits, and related documentation will be discussed, reviewed and measured at each QA meeting.

The audit will be maintained as part of the QA file.

OSDH Response: Element accepted: Yes ☐ No ☐			
5. On what date will corrective action be completed?		9/14/2019	
OSDH Response: Element accepted: Yes ☐ No ☐			
Administrator's Signature Administrator signature required OAC 310:663-25-4(F)		Date 7/17/2019	
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Facility in Compliance by: Click here to enter a date.			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING. _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEGEND AT RIVENDELL

13200 SOUTH MAY AVE
OKLAHOMA CITY, OK 73170

(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 re-licensure survey was conducted on 06/18/19 and 06/19/19. The resident census was 64. Deficient practice was cited as follows.	C 000		
C1500 SS=F	63 OS 1-890.3(A)(8) RESIDENT RIGHTS - Rx/Fees/Blister Packs 63 OS 1-890.3(A)(8) A. The State Board of Health shall promulgate rules necessary to implement the provisions of the Continuum of Care and Assisted Living Act. Such rules shall include, but shall not be limited to..... (8) Enumeration of resident rights and responsibilities to be observed by each facility and its staff. Such resident rights shall include the freedom of choice regarding any personal attending physicians and all other providers of medical services and supplies without a financial penalty or fee charged by the assisted living center.	C1500		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2019
NAME OF PROVIDER OR SUPPLIER LEGEND AT RIVENDELL		STREET ADDRESS, CITY, STATE, ZIP CODE 13200 SOUTH MAY AVE OKLAHOMA CITY, OK 73170		
(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
C1500	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the center failed to ensure the residents of the center had a choice of personal pharmacy services regardless of the delivery of medications in a pre-approved unit-dose package system acceptable to the center without being charged a fee for 10 (#1-#10) of 10 residents who signed a contract with the center. This had the widespread potential for more than minimal harm. Findings: On 06/19/19 at 3:55 p.m. a resident provided a bill which documented, a recurring charge for medication management (unit dosed packaging) \$400 due to medication received in bottles rather than the unit-dose package system acceptable to the center. On 06/19/19 at 2:40 p.m. the administrator was asked about the \$500 charge for medication management fee for non unit dosed medications in the contract. The administrator stated was not aware the additional charge was part of the contract. The administrator did not provide any additional documentation. The centers contract documented exhibit "A" scheduled fees and pharmaceutical and health supplies. Resident may use pharmacy of their choice, provided that the chosen pharmacy can supply medications in pre-approved unit-dose package system acceptable to the company and that delivery of medication is consistent with company medication delivery standards. Company will charge an additional administrative fee of five hundred dollars (\$500.00) monthly, for	C1500		

Oklahoma State Department of Health

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(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
C1500	Continued From page 2 resident choosing a pharmacy provider that cannot provide the recommended unit-dose packaging.	C1500		
C1951 SS=E	310:663-19-3(a) MAINTENANCE OF RECORDS (a) There shall be an organized, accurate, clinical record, typewritten, electronic, or legibly written with pen and ink, for each resident admitted. The resident's record shall document all services provided under the direction of a licensed health care professional consistent with professional standards of practice. This Rule is not met as evidenced by: Based on interview and record review it was determined the center failed to update and use accurate care plans for 2 (#7 and #9) who: a. drove their own vehicle and used a cane or walker; and b. received direct personal care from private sitters. This failed practice had the potential for more than minimal harm, at a pattern. Findings: Resident #7 Resident #7's comprehensive assessment documented abnormality of gait and mobility, ambulatory without assistance with walker. On 06/19/19 at 10:56 a.m. resident #7 was asked about their driving. The resident stated they had limited distances with the use of their cane and	C1951		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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(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
C1951	Continued From page 3 walker. The resident stated they could not get around with the cane any longer when using their private vehicle; and now had to use the walker which made the use of the vehicle more difficult since having to load the walker and unload the walker. At 11:45 a.m. the registered nurse (RN) was asked about the resident's care plan and the resident driving. She stated it was the residents' right to drive so it was not care planned. She was asked how her safety was monitored. She stated she spoke to the resident. When the RN was asked about the residents mobility she read, independent with or without supportive devices (cane, walker, wheelchair). She was asked why she didn't specify the residents mobility in the care plan. She stated, "I just didn't do it." Resident #9 Resident #9's comprehensive assessment, dated 05/05/25/19, documented bathing x 1, eating 0, dressing 1-2, transferring x 2, toileting x 2. It also documented the resident was incontinent of both bladder and bowel. On 06/18/19 at 1:50 p.m. during report with the RN. She stated the resident (#9) had a sitter. She was asked if they provided direct personal care. She stated, "No. My staff does." At 4:20 p.m. the resident was observed in the dining room being fed by one of his power of attorneys (POA). At 5:15 p.m. the private sitter was asked about their hours. She stated from 4:30 p.m. until the next morning at 9:30 a.m. She stated there was another private sitter who rotated with her to	C1951		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/19/2019
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C1951	Continued From page 4 provide direct personal care for the resident. They both provided direct personal care to the resident assisting him with incontinent care throughout the night. On 06/19/19 at 12:55 p.m. one of the POAs was asked how many people it took to transfer the resident. The POA stated anywhere from 2 people (private sitter and center employee) depending on the time of day, to 3 people if they were small framed; sometimes 4 people if the resident wasn't feeling well. When the RN was asked for the most recent care plan she provided a care plan dated 03/17/19. The care plan documented bathing was independent and home health would assist with showering. Toileting required the physical assistance of one staff. Bladder management documented the resident remained continent without verbal reminders, but needed assistance of one care giver in the bathroom. Bowel management documented the resident was independent without verbal reminders to toilet, but needed assistance of one care giver in the bathroom. Private sitters were not care planned. At 12:20 p.m. the registered nurse (RN) was asked if home health provided the resident's showers. She stated, "Yes." But the home health aide overheard the conversation and interjected, "No, he has (private) sitters" who provide the service. The care plans the RN provided were not accurate. To insure safety for resident #7 and #9, accuracy in assessment and care planning was important for maintaining resident independence, ensuring the delivery of services and being informed of private sitters being utilized by	C1951			

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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(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
C1951	Continued From page 5 residents that are not hired from an agency and not qualified to provide resident services.	C1951		
C5010 SS=E	63 O.S. 1-890.8(A-D) Care and Services - Coordination of Care A. Residents of an assisted living center may receive home care services and intermittent, periodic, or recurrent nursing care through a home care agency under the provisions of the Home Care Act. B. Residents of an assisted living center may receive hospice home services under the provisions of the Oklahoma Hospice Licensing Act. C. Nothing in the foregoing provisions shall be construed to prohibit any resident of an assisted living center from receiving such services from any person who is exempt from the provisions of the Home Care Act. D. The assisted living center shall monitor and assure the delivery of those services. All nursing services shall be in accordance with the written orders of the personal or attending physician of the resident.	C5010		

Oklahoma State Department of Health
STATE FORM

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2019
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(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
C5010	Continued From page 7 For 12 months, the registered nurse (RN) failed to monitor and assure the private sitters were sitters only and had the required training credentials through the nurse aid registry to provide direct personal care to the resident. The centers contract documented all companions, "sitters" were required at a minimum to be supervised by a licensed practical nurse (LPN), employed by a licensed agency, keep written records of services provided to the resident, the duties performed each day of service and any other related information. The centers contract also documented for any family/friend/responsible party to utilize, employ or provide a companion sitter service it must meet the State basic requirements. If using a privately hired companion service, the companion care provider or sitter must be employed by a partnership, agency, firm, corporation, association or any other licensed legal entity authorized to provide companion/sitter in the State of Oklahoma.	C5010		
C6000 SS=F	63 OS 1-1947(F) Criminal History Background Check (F) Except as otherwise provided in subsection L of this section, an employer shall not employ, independently contract with, or grant privileges to, an individual who regularly has direct patient access to service recipients of the employer until the employer conducts a registry screening and criminal history record check in compliance with subsection I of this section. This subsection and subsection D of this section shall not apply to the following:	C6000		

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/19/2019
NAME OF PROVIDER OR SUPPLIER LEGEND AT RIVENDELL		STREET ADDRESS, CITY, STATE, ZIP CODE 13200 SOUTH MAY AVE OKLAHOMA CITY, OK 73170		
(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
C6000	Continued From page 8 1. An individual who is employed by, under independent contract to, or granted clinical privileges with, an employer on or before November 1, 2012. An individual who is exempt under this subsection is not limited to working within the employer with which he or she is employed, under independent contract to, or granted clinical privileges. That individual may transfer to another employer that is under the same ownership with which he or she was employed, under contract, or granted privileges. If that individual wishes to transfer to another employer that is not under the same ownership, he or she may do so provided that a registry screening and criminal history record check are conducted by the new employer in accordance with subsection I of this section. a. If an individual who is exempt under this subsection is subsequently found, upon seeking transfer to another employer, ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, then the individual is no longer exempt and shall be terminated from employment or denied employment. b. If an individual who is exempt under this subsection is subsequently found ineligible for employment, independent contract, or clinical privileges, as provided in subsection D of this section, based on disqualifying events occurring after November 1, 2012, then the individual is no longer exempt and shall be terminated from employment; and 2. An individual who is an independent contractor to an employer, if the services for which he or she	C6000		

Oklahoma State Department of Health
STATE FORM

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/19/2019
NAME OF PROVIDER OR SUPPLIER LEGEND AT RIVENDELL		STREET ADDRESS, CITY, STATE, ZIP CODE 13200 SOUTH MAY AVE OKLAHOMA CITY, OK 73170		
(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
C6000	Continued From page 10 center. The centers contract documented all companions, "sitters" were required at a minimum to have completed and successfully passed a background check. The centers contract also documented for any family/friend/responsible party to utilize, employ or provide a companion sitter service it must meet the State basic requirements. If using a privately hired companion service, the companion care provider or sitter must be employed by a partnership, agency, firm, corporation, association or any other licensed legal entity authorized to provide companion/sitter services in the State of Oklahoma.	C6000		

JUL 22 2019
11



**Long Term Care
Protective Health Services**

**Oklahoma State
Department of Health**

1000 Northeast Tenth Street
Oklahoma City, OK 73117
Phone (405) 271-6868
Fax (405) 271-2206

Assisted Living Informal Dispute Resolution Request Form In Accordance with the Continuum of Care and Assisted Living Act

To access this form and the IDR process online at the Health Department web site click [here](#).

Assisted Living Centers must complete this form to dispute cited deficiencies. If you have any questions, contact the IDR Coordinator by telephone at (405) 271-6868 or via e-mail at IDRCoordinator@health.ok.gov.

Submission

Complete this form, attach all documentary evidence relevant to each disputed deficiency and submit within ten (10) calendar days of receiving the official Statement of Deficiencies. Submit this form to Oklahoma State Department of Health, Long Term Care, Attention: IDR Coordinator, 1000 NE 10th Street, Oklahoma City, OK 73117-1299. An IDR will not be granted when a request form is incomplete or inaccurate. Documentary evidence submitted past the required timeframe will not be considered.

IDR Type: (Check One) Conducted by Panel ☒ Face-to-Face Meeting* ☐ Record Review ☐ Telephone Conference
*2-hour meeting limit.

Facility Name: Legend at Rivendell Facility ID: AL1410

Facility Administrator: Cathy Collins E-mail: cathy.collins@legendseniorliving.com

Mailing Address: 13200 South May Telephone Number: (405) 691-2300

City: Oklahoma City, Oklahoma Zip Code: 73170 Facsimile Number: (405) 703-8856

Date Statement of Deficiencies Received: 07 / 03 / 19 Survey Exit Date: 06 / 19 / 19

Dispute Description

Tag Number Explanation of Dispute (Why is facility disputing the deficiency? List reason for each.)

A separate sheet may be attached, but must clearly identify the following: facility name, ID, survey exit date, tag number, and the explanation of the dispute. All documentary evidence submitted must also identify these items.

- | | | |
|-------|--------------|-----------------------|
| 1. | <u>C1500</u> | <u>See Attachment</u> |
| <hr/> | | |
| 2. | <u>C1951</u> | <u>See Attachment</u> |
| <hr/> | | |
| 3. | <u>C5010</u> | <u>See Attachment</u> |
| <hr/> | | |
| 4. | <u>C6000</u> | <u>See Attachment</u> |
| <hr/> | | |

Submitted by: Donna Gail Robison, RN

Date: 7 / 17 / 19



Oklahoma State Department of Health
Creating a State of Health

July 23, 2019

VIA EMAIL

Ms. Cathy Collins, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Re: Informal Dispute Resolution Notification
License Number: AL1410

Dear Ms. Collins:

We have received your request for an Informal Dispute Resolution (IDR) concerning the deficiencies cited at your facility during the complaint investigation of June 19, 2019. The meeting has been scheduled for **Monday, August 12, 2019 at 1:00 p.m.** at the Oklahoma State Department of Health, 1000 NE 10th Street, Oklahoma City. Please report to the reception desk on the **first** floor upon arrival and you will be escorted to the conference room.

The Informal Dispute Resolution meeting is informal. It is regulation that attorneys do not attend. Testimony is not presented under oath and documentary evidence is submitted without formality.

If you wish to withdraw your IDR request, we must receive written notification at least seventy-two (72) hours prior to the meeting date. For your convenience, you may fax the notice to the attention of IDR Coordinator at (405) 271-2206. If you have any questions or need additional information, please contact me at (405) 271-6868 or email idrcoordinator@health.ok.gov.

Sincerely,

Ruth Gomboc
IDR Coordinator
Long Term Care
Protective Health Services

c: William Whited, Ombudsman
Sue Davis
Facility File
LisaMcAlister
Survey Team

Board of Health

Tom Bates, JD
Interim Commissioner of Health

Timothy E Starkey, MBA (*President*)
Edward A Legako, MD (*Vice-President*)
Becky Payton (*Secretary-Treasurer*)

Jenny Alexopoulos, DO
Terry R Gerard II, DO
Charles W Grim, DDS, MHSA

R Murali Krishna, MD
Ronald D Osterhout
Charles Skillings

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Oklahoma State Department of Health
Creating a State of Health

August 13, 2019

VIA EMAIL

Ms. Cathy Collins, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Subject: State Survey Agency Informal Dispute Resolution Determination
Re: AL1410, Legend At Rivendell August 12, 2019 Informal Dispute Resolution

Dear Ms. Collins:

The Department of Health has received the determination of the Informal Dispute Resolution (IDR) Decision Making Panel concerning the June 19, 2019 survey conducted at Legend At Rivendell. The findings of the IDR Decision Making Panel have been reviewed. It is the determination of the State Survey Agency to uphold the Decision Making Panel's determination. The Statement of Deficiencies will not be amended.

Sincerely,

Michael Cook
Director, Long Term Care Services
Protective Health Services

rg

c: William Whited, Ombudsman
Vicki Kirtley, Nurse Aide Registry
IDR Decision Making Panel
Sue Davis
Lisa McAlister
Survey Team
Facility File

Board of Health

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Oklahoma State Department of Health
Creating a State of Health

August 12, 2019

VIA EMAIL

Ms. Cathy Collins, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Re: Legend At Rivendell - Informal Dispute Resolution Determination Report
License Number: AL1410

Dear Ms. Collins:

Thank you for participating in the Informal Dispute Resolution (IDR) panel process of the Oklahoma State Department of Health concerning the survey conducted at your facility on June 19, 2019. The facility, the IDR Panel and all relevant persons were present at the meeting. The disputed deficiencies are discussed in the attached determination report.

A copy of this determination has been forwarded to the State Survey Agency for review.

Sincerely,

Selena Wade
Chairperson
IDR Decision Making Panel
Protective Health Services

rg

Enclosure

c: Michael Cook
IDR Panel
Survey Team
Facility File

Board of Health

Tom Bates, JD
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IDR
Impartial Decision Making Panel
Determination Report
Today's Date: August 12, 2019

Facility Name:
Legend at Rivendell

Facility ID:
AL1410

Survey Date:
06-19-19

IDR Date:
08-12-19

Tags Disputed:

1. C1500 S/S=F
2. C1951 S/S=E
3. C5010 S/S=E
4. C6000 S/S=F
- 5.
- 6.
- 7,

Status Change *

No Change
No Change
No Change
No Change

Panel Members:
Selena Wade - Chairperson
Sam Ghosn
Jennifer Braun
Debbie Wasley
Christina Bundy - OSDH

Determination Report:

All deficiencies will stand. The facility failed to provide any additional evidence.

Signature Selena Wade, AL Admin
Chairperson, Impartial Decision Making Panel