OKLAHOMA
State Department
of Health

Delivery Via Email: Tiffanie.Riggs@legendseniorliving.com

August 14, 2020

License Number: AL1410

Ms. Tiffanie Riggs, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Survey Event ID: X0CZ11

Dear Ms. Riggs:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **March 12, 2020**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 271-6868.

Sincerely,

Katie Stagner

Digitally signed by Katie Stagner
DN: cn=Katie Stagner, o=Oklahoma State Department of Health, ou=Long Term Care, email=katies@health.ok.gov, c=US
Date: 2020.08.14 10:41:22 -05'00'

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Legend at Rivendell**
Address: **13200 South May**
City, State, Zip: **Oklahoma City, OK 73170**
Provider #: **AL1410**
Complaint #: **OK00055148**
Investigation Date(s): **03/11/2020-03/12/2020**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure residents were provided adequate medical care.	US

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

An unannounced on-site investigation was initiated on Wednesday, March 11, 2020 at 7:40 p.m.

A sample of 5 residents including any identified residents, was selected for the investigation based on the concerns relevant to the allegation.

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

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

Allegation #1: The regulation, referenced by the allegation, was unsubstantiated. See the following details related to the investigation.

An investigation specific to resident falls, staff sleeping while on duty and call light response was conducted.

No residents were observed to fall during a tour of the center upon entrance. The administrator was present at the center, no staff were observed sleeping and a majority of the staff were observed assisting residents. Later during the investigation, a resident's call light was pulled and a staff member came within three minutes.

The center's incident reports were reviewed and three residents, both current and discharged residents were selected based upon recent fall history.

All three resident's records were reviewed and the records documented all were identified as a fall risk by the center's licensed nurses. All three had regular fall risk assessments completed and the resident's care plans included interventions for assistance with personal care and falls.

Three residents and one family member stated they had never observed staff sleeping. One resident said she did have some falls, but she said the falls just happen and she thought the staff did all they could to minimize the falls. The family member also said she thought the staff was doing all they could to minimize falls. None of the residents or the family member expressed any concern with the call light response time.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation 1. No further action is required.

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

Thank you for bringing these concerns to our attention.

Teena Cornett

Teena Cornett, RN, CHFS IV

Date report completed: 03/13/2020

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
	AL1410	A. BUILDING: _____ B. WING _____	03/12/2020

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 An abbreviated survey was conducted 03/11/2020 and 03/12/2020 to investigate complaint #OK 00055148. Census was 67. No deficient practice was cited.	C 000		

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