
Delivery via email to: greg.hendrix@legendseniorliving.com; anna.diaz@legendseniorliving.com

November 3, 2023

License Number: AL1410

Mr. Greg Hendrix, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Survey Event ID: 8R1L11

Dear Mr. Hendrix:

On **October 12, 2023**, representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

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. 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;
- (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 will be completed for each violation; and
- (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 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
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,



Lisa Calvin, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: Legend at Rivendell
Address: 13200 S. May Ave
City, State, Zip: OKC, OK 73170
Provider #: AL1410
Complaint #: OK00059815
Investigation Date(s): 10/11/23 – 10/12/23

ALLEGATION(S)

The facility failed to ensure medications were administered according to physician's orders.
The facility failed to ensure pharmaceutical services to provide timely arrival of ordered medications.
The facility failed to ensure residents/resident representatives were notified of change in condition or treatment.
The facility failed to ensure adequate staff to care for dependent residents.

An unannounced on-site investigation was initiated 10/11/2023 at 9:15 a.m.

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

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

A Summary of Complaint Investigation:

Tours of the facility were conducted upon entry and randomly throughout the survey. Residents were observed in their rooms and in common areas being assisted by staff as needed. Medication pass was observed.

Resident records were reviewed including physician orders, progress notes, medication administration records, assessments, contracts, hospital records, and plans of care. Facility records were reviewed including policies, pharmacy records, pharmacy inventory sheets, staffing schedules, and staff certifications.

Staff and residents were interviewed regarding medication administration, pharmacy services, notification of changes, and staffing.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/13/2023

INVESTIGATIVE REPORT

Facility: Legend at Rivendell
Address: 13200 S. May Ave
City, State, Zip: OKC, OK 73170
Provider #: AL1410
Complaint #: OK00060894
Investigation Date(s): 10/11/23 – 10/12/23

ALLEGATION(S)

The facility failed to ensure the right to personal privacy and confidentiality of personal records and the right to be treated with dignity and respect.

An unannounced on-site investigation was initiated 10/11/2023 at 9:15 a.m.

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

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

A Summary of Complaint Investigation:

Tours of the facility were conducted upon entry and randomly throughout the survey. Residents were observed in their rooms and in common areas being assisted by staff as needed.

Resident records were reviewed including physician orders, progress notes, medication administration records, assessments, contracts, hospital records, and plans of care. Facility records were reviewed including policies, staffing schedules, and staff certifications.

Staff and residents were interviewed regarding privacy, confidentiality, dignity and respect.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/13/2023

INVESTIGATIVE REPORT

Facility: Legend at Rivendell
Address: 13200 South May Ave.
City, State, Zip: Oklahoma City, OK. 73170
Provider #: AL1410
Complaint #: OK00061138
Investigation Date(s): 10/11/23 – 10/12/23

ALLEGATION(S)

The center failed to protect resident's from physical abuse.
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An unannounced on-site investigation was initiated 10/11/2023 at 9:15 a.m.

A sample of 6 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 Summary of Complaint Investigation:

Tours of the center were conducted upon entry and throughout the survey. Residents were observed to be Clean, dressed appropriately and free of odors. Staff were observed assisting residents with activities of daily living. Staff and residents were observed interacting with no concerns.

Resident records were reviewed including progress notes, incident reports, and physician orders.

Staff and residents were interviewed regarding abuse.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/22/2023

INVESTIGATIVE REPORT

Facility: Legend at Rivendell
Address: 13200 South May Ave.
City, State, Zip: Oklahoma City, OK. 73170
Provider #: AL1410
Complaint #: OK00061380
Investigation Date(s): 10/11/23 – 10/12/23

ALLEGATION(S)

The center failed to ensure medications were administered according to physician's orders.
The center failed to ensure residents' medications were not misappropriated.
The center failed to have and/or implement a pharmacy policy to ensure medications were administered according to the physician's orders.

An unannounced on-site investigation was initiated 10/11/2023 at 9:15 a.m.

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

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

A Summary of Complaint Investigation:

A tour of the center was conducted upon entry and throughout the survey. Residents were observed in their rooms and in the commons areas being assisted by staff as needed. Medication carts were observed.

Resident records were reviewed including physician orders, progress notes, medication administration records, assessments, and plans of care. Facility records were reviewed including policies, pharmacy records, and narcotic count sheets.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/22/2023

INVESTIGATIVE REPORT

Facility: Legend at Rivendell
Address: 13200 S. May Ave
City, State, Zip: OKC, OK 73170
Provider #: AL1410
Complaint #: OK00061385
Investigation Date(s): 10/11/23 – 10/12/23

ALLEGATION(S)

The center failed to ensure an Administrator/Executive Director and DON were on staff to oversee daily business operations.

The center failed to ensure adequate staff to provide care for dependent residents.

An unannounced on-site investigation was initiated 10/11/2023 at 9:15 a.m.

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

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

A Summary of Complaint Investigation:

Tours of the facility were conducted upon entry and randomly throughout the survey. Residents were observed in their rooms and in common areas being assisted by staff as needed.

Facility records were reviewed including policies, staffing schedules, and staff certifications.

Staff and residents were interviewed regarding supervision and staffing.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 10/13/2023

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 C 10/12/2023
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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 Complaint investigations (#OK00059815, #OK00060894, #OK00061138, #OK00061380, #OK00061385) were conducted on 10/11/23 and 10/12/23. The following abbreviations will be used throughout the document. ABH- Ativan/Benadryl/Hadol CMA- certified medication aide HCD- healthcare director MAR- medication administration record mg- milligram ml- milliliter	C 000		
C1921 SS=E	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on record review and interview, the center failed to administer medication according to the physician's order for four (#3, 4, 5, and #6) of 6 sampled residents who were administered medication by the center's staff. The administrator identified 104 residents resided in the facility. Findings: 1. Res #4 was admitted to the center with	C1921		

Oklahoma State Department of Health

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

TITLE

(X6) 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 C 10/12/2023
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
C1921	Continued From page 1 diagnoses of dementia, and anxiety disorder. A physician order, dated 04/25/23, documented ABH 2, 25, 2mg/ml gel. Give 1ml topically every 4 hours routine. A medication administration record, dated October 2023, contained no documentation for the 4:00 p.m. dose on 10/11/23. 2. Res #5 was admitted to the center with diagnoses of Alzheimer's disease and diabetes mellitus. A physician order, dated 07/17/23, documented Voltaren gel 1% apply topically four times a day to knees. A medication administration record, dated October 2023, contained no documentation for the 4:00 p.m. dose on 10/11/23. 3. Res #6 was admitted to the center with diagnoses of respiratory failure, pain, and senile dementia. A physician order, dated 11/16/22, documented Acetaminophen 325mg 1 tablet every 8 hours. A physician order, dated 08/23/23, documented alprazolam 0.25mg by mouth 3 times a day. A medication administration record, dated October 2023, contained no documentation for dose of Acetaminophen on 10/11/23 at 4:00 p.m. A medication administration record, dated October 2023, contained no documentation for the doses of Alprazolam on 10/11/23 at 8:00 a.m., 2:00 p.m., and 8:00 p.m.	C1921		

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 C 10/12/2023
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
C1921	Continued From page 2 On 10/12/23 at 2:45 p.m., the HCD reported the MAR should have contained documentation whether the medications had been administered or not. On 10/12/23 at 3:06 p.m., CMA #1 reported the blanks on the MAR means the medication was not administered. 4. Res #3 had diagnoses which included GERD, insomnia, constipation, pain, irritated skin, and yeast. A physician order, dated 08/10/22, documented to administer acetaminophen 500 mg three times per day for pain. A physician order, dated 08/10/22, documented to administer famotidine 40 mg at bedtime for GERD. A physician order, dated 12/22/22, documented to administer ibuprofen 600 mg daily for pain. A physician order, dated 08/25/22, documented to administer trazodone 50 mg at bedtime for insomnia. A physician order, dated 10/26/22, documented to administer pantoprazole 40 mg once per day for GERD. A physician order, dated 10/31/22, documented to administer melatonin 10 mg capsule at bedtime for insomnia. A physician order, dated 11/29/22, documented to administer senna 8.6 mg two tablets at bedtime for constipation.	C1921		

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 C 10/12/2023
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
C1921	Continued From page 3 A physician order, dated 12/21/22, documented to administer one packet of metamucil once daily for constipation. A physician order, dated 03/29/23, documented to administer d-mannose 500 mg twice per day for supplement. A physician order, dated 04/19/23, documented to administer hydrocodone/apap 7.5/325 twice per day for pain. A physician order, dated 05/31/23, documented to apply diclofenac 1% gel to both knees four times per day for pain. A physician order, dated 07/05/23, documented to apply calmoseptine ointment to the resident's bottom twice per day for irritated skin. A MAR for August 2023 documented the following: a. acetaminophen was not administered as ordered four of 93 opportunities. b. calmoseptine ointment was not administered as ordered three of 62 opportunities. c. d-mannose was not administered as ordered three of 62 opportunities. d. famotidine was not administered as ordered two of 62 opportunities. e. hydrocodone/apap was not administered as ordered four of 62 opportunities. f. ibuprofen was not administered as ordered one of 31 opportunities. g. melatonin was not administered as ordered two of 31 opportunities. h. Metamucil was not administered as ordered one of 31 opportunities. i. pantoprazole was not administered as ordered	C1921		

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 C 10/12/2023
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
C1921	Continued From page 4 one of 31 opportunities. j. senna was not administered as ordered two of 31 opportunities. k. trazodone was not administered as ordered two of 31 opportunities. l. diclofenac gel was not administered as ordered eight of 124 opportunities. A MAR for September 2023 documented the following: a. acetaminophen was not administered as ordered five of 93 opportunities. b. calmoseptine was not administered as ordered four of 62 opportunities. c. d-mannose was not administered as ordered four of 62 opportunities. d. famotidine was not administered as ordered four of 62 opportunities. e. hydrocodone/apap was not administered as ordered four of 62 opportunities. f. melatonin was not administered as ordered four of 31 opportunities. g. senna was not administered as ordered four of 31 opportunities. h. trazodone was not administered as ordered four of 31 opportunities. i. diclofenac gel was not administered as ordered eight of 124 opportunities. A MAR for October 2023 documented the following: a. acetaminophen was not administered as ordered two 34 opportunities. b. calmoseptine ointment was not administered as ordered two of 23 opportunities. c. d-mannose was not administered as ordered two of 23 opportunities. d. famotidine was not administered as ordered	C1921		

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 C 10/12/2023
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
C1921	Continued From page 5 two of 11 opportunities. e. hydrocodone/apap was not administered as ordered two of 23 opportunities. f. melatonin was not administered as ordered one of 11 opportunities. g. senna was not administered as ordered two of 11 opportunities. h. trazodone was not administered as ordered two of 11 opportunities. i. diclofenac gel was not administered as ordered two of 45 opportunities. On 10/12/23 at 3:02 p.m., CMA #2 stated the medications were not administered if the MAR is blank. They stated if it was not documented it was not done.	C1921		
C5000 SS=E	63 O.S. 1-890.5 LICENSE REQUIRED No person shall establish, operate or maintain a continuum of care facility or assisted living center, or use in its name, logo, contracts, or literature the phrase "continuum of care facility" or "assisted living", nor imply that it is a continuum of care facility or assisted living center, nor hold itself out to be a continuum of care facility or assisted living center, unless that person first obtains a license as required by the Continuum of Care and Assisted Living Act.	C5000		

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 C 10/12/2023
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
C5000	Continued From page 6 This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure a separately operating memory care had a license to operate. The Administrator identified 63 residents resided on the memory care unit and 51 residents resided in the assisted living. Findings: On 09/11/23 at 9:15 a.m., surveyors entered the facility located at 13200 S. May Ave and began survey activities. The administrator was asked for documentation of resident information. They stated the documents for the memory care were kept separately. They stated all facility documents were kept separately for the memory care and the assisted living facility. They stated the memory care and assisted living facility had separate staff for all departments and the facility was trying to hire an administrator for the assisted living building. They stated they were under the impression both facilities were operating under the same license. On 10/12/23 at 11:18 a.m., the memory care facility was observed at the address of 2800 SW 131st street. The license on the wall upon entry documented the license number of AL1410 with an address of 13200 South May Avenue. On 09/12/23 at 2:30 p.m., the administrator stated they were unaware of what forms or documents were submitted to combine the facilities under one license. They stated as far as they were aware the two facilities had always been under one license.	C5000		

Delivery via email to: greg.hendrix@legendseniorliving.com;
anna.diaz@legendseniorliving.com

December 4, 2023

License Number: AL1410

Mr. Greg Hendrix, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Survey Event ID: 8R1L11

Dear Mr. Hendrix:

On **October 12, 2023**, agents from our office completed 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:

- **C5000:** The facility's plan of correction did not address the deficiency for tag C5000.

Please provide a new plan of correction for these deficiencies and return with amendments as soon as possible.

Respectfully,



Lisa Calvin, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

 Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE	
	Current Date: 11/16/2023	
	Facility Name: Legend at Rivendell	
	License Number: AL1410	
	Survey Event ID: 8R1L11	
Date Survey Completed: 10/12/2023		
SUMMARY OF DEFICIENCY CITED BY OSDH		
ID Prefix Tag: C1921	Based on: record review and interview, the center failed to administer medication according to the physician's order for four (#3, 4, 5, and #6) of 6 sampled residents who were administered medication by the center's staff.	
ASSISTED LIVING CENTER'S PLAN OF CORRECTION		
Assisted Living Center's Comments: This plan of correction is not to be construed as an admission of our agreement with the findings and conclusions of the statement of deficiencies or the proposed administrative penalty (with the right to correct) on the community. Rather it is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation(s) or finding. We have not presented all contrary factual or legal arguments or have we identified mitigating factors.		
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?	Residence Director or Designee will ensure a review of medication administration records for four (#3, 4, 5 & #6) residents as identified on the SoD to ensure accuracy and compliance with 310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order	
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 Residence Director, Nursing Team, Certified Medication Aides and Medication Aide Techs will be in-serviced on MEDICATION ADMINISTRATION as outlined in Regulation 310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order. The Residence Director and designee will conduct random audits and monitoring of medication records to ensure accuracy and compliance in accordance with physician orders.	
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.	a. The Residence Director or designee will audit a sampling of the medication administration records for accuracy per physician orders in accordance with 310:663-19-2(a)(1) MEDICATION ADMINISTRATION b. Review of the audit (sampling) of medication administration records will be incorporated into the QA meeting and the need for any additional intervention will be put into place.	

		c. 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?		12/15/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature <i>Aug 16/2023</i> OAC 310:663-25-4(F)		Date 11/16/2023	
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: 11/16/2023

Facility Name: Legend at Rivendell

License Number: AL1410

Survey Event ID: 8R1L11

Date Survey Completed: 10/12/2023

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C5000

Based on: observation, record review and interview, the facility failed to ensure a separately operating memory care had a license to operate.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is not to be construed as an admission of our agreement with the findings and conclusions of the statement of deficiencies or the proposed administrative penalty (with the right to correct) on the community. Rather it is submitted as a confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation(s) or finding. We have not presented all contrary factual or legal arguments or have we identified mitigating factors.

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.

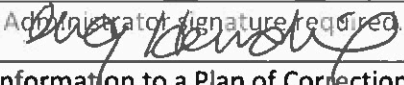
ASSISTED LIVING CENTER'S PLAN ELEMENTS

Legend at Rivendell Memory Care is operating under license number AL1410-1410. The current license was issued on 1/12/2022 with an effective beginning date of 2/10/2022 and expiring on or before date of 2/9/2025 by the Oklahoma State Department of Health. (see attachments) and is in compliance with 63 O.S. 1-890.5

There are currently no residents affected. The deficiency cited is non-applicable to the current operation of the memory care.

There are currently no measures or systemic changes that need to be put in place as Legend at Rivendell Memory Care is operating under license number AL1410-1410. The current license was issued on 1/12/2022 with an effective beginning date of 2/10/2022 and expiring on or before date of 2/9/2025 by the Oklahoma State Department of Health. (see attachments) and is in compliance with 63 O.S. 1-890.5

a. non-applicable (see attachments).

OSDH Response: Element accepted Yes ☒ No ☐			
5. On what date will corrective action be completed?		11/16/2023	
OSDH Response: Element accepted Yes ☒ No ☐			
Administrator's Signature Administrator signature required. 		Date 11/16/2023	
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**

Facility Name: Legend at Rivendell
Facility ID: AL1410
Survey Exit Date: 10/12/2023
Tag#: C5000 SS: E

Oklahoma State Department of Health
Long Term Care
123 Robert S Kerr Ave, Suite 1702
Oklahoma City, OK 73012-6406
p. (405) 426-8200
f. (405) 900-7594

Informal Dispute Resolution Request Form
Authorized by Oklahoma State Statute in the Nursing Home Care Act

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

Skilled nursing facilities (SNF), nursing facilities (NF), skilled nursing facilities/nursing facilities (SNF/NF), and intermediate care facilities for individuals with intellectual disabilities (ICF/IID) must complete this form to dispute cited deficiencies. If you have any questions, contact the IDR Coordinator by telephone at (405) 426-8200 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, 123 Robert S Kerr Ave, Suite 1702, Oklahoma City, OK 73102-6406. 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) Face-to-Face Meeting ☐ Record Review ☒ Telephone/Virtual Conference ☐

Facility Name: Legend at Rivendell Facility ID: AL1410

Facility Administrator: Greg Hendrix E-mail: greg.hendrix@legendsseniorliving.co

Mailing Address: 13200 S May Ave Telephone Number: (405) 703-2300

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

Date Statement of Deficiencies Received: 11 / 03 / 2023 Survey Exit Date: 10 / 12 / 2023

Dispute Description

Tag Number S/S 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, scope & severity, and the explanation of dispute. All documentary evidence submitted must also identify these items.

1. C5000 E Facility is operating with a license that was issued by OSDH. See separate sheet.

2. _____

3. _____

4. _____

Submitted by: Christy Merritt Date: 11 / 16 / 2023



**OKLAHOMA
State Department
of Health**

November 20, 2023

VIA EMAIL

Mr. Greg Hendrix, Administrator
Legend at Rivendell
13200 South May Ave
Oklahoma City, OK 73170

**Re: Informal Dispute Resolution Notification
License Number: AL1410**

Dear Mr. Hendrix:

We have received your request for an Informal Dispute Resolution (IDR) Record Review concerning the deficiencies cited at your facility during the complaint investigation of October 12, 2023. The meeting has been scheduled for **Monday, December 4, 2023 at 10:00am** via Microsoft TEAMS. Record Reviews only requires the attendance of the IDR panel. They will convene on that date and make a determination regarding the disputed tag. You will be notified of the determination at a later date.

If you wish to withdraw your IDR request, we must receive written notification at least seventy-two (72) hours prior to the meeting date. If you have any questions or need additional information, please contact me at (405) 426-8200 or email idrcoordinator@health.ok.gov.

Sincerely,

Clorissa Nubine

Clorissa Nubine
IDR Coordinator
Long Term Care
Protective Health Services

c: William Whited, Ombudsman
Facility File
LaTrina Frazier
Shayla Spriggs
Survey Team

November 21, 2023

VIA EMAIL

Mr. Greg Hendrix, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Re: Informal Dispute Resolution Notification
License Number: AL1410

Dear Mr. Hendrix:

We have received your amended request for a Face to Face Informal Dispute Resolution (IDR) concerning the deficiencies cited at your facility during the complaint investigation of October 12, 2023. The meeting has been rescheduled for **Monday, December 11, 2023 at 10:00am** via Microsoft TEAMS. Please download Microsoft TEAMS to your desktop or portable device prior to your meeting date.

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. If you have any questions or need additional information, please contact me at (405) 426-8200 or email idrcoordinator@health.ok.gov.

Sincerely,



Clorissa Nubine
IDR Coordinator
Long Term Care
Protective Health Services

c: William Whited, Ombudsman
Facility File
LaTrina Frazier
Shayla Spriggs
Survey Team



OKLAHOMA
State Department
of Health

December 11, 2023

VIA EMAIL

Mr. Greg Hendrix, 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 Mr. Hendrix:

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 October 12, 2023. 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,

Consuela Dolezal
Chairperson
IDR Decision Making Panel
Protective Health Services

cn

Enclosure

c: LaTrina Frazier
IDR Panel
Survey Team
Facility File

IDR
Informal Dispute Resolution
Impartial Decision Making Panel
Determination Report
Today's Date: 12-11-2023

Facility Name:
Legend at Rivendell

Facility ID:
AL1410

Survey Date:
10-12-2023

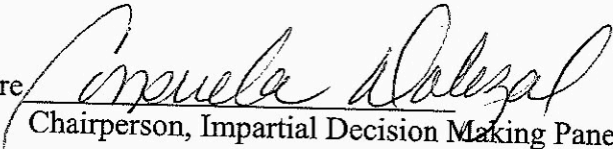
IDR Date:
12-11-2023

Tags Disputed:
1. C5000 s/s = E

Status Change *
Tag Removed

Panel Members:
Consuela Dolezal, Chairperson
Emilie Creswell
JR Gutierrez
Kara Bolino
Sheila McLeod, OSDH

Determination Report: The facility had numerous communications with the OSDH regarding the combination of licenses, with communication received from the OSDH granting an approved license on November 26, 2019. With renewal licenses granted since. The current license expires 2/9/2025. Therefore, the citation should be removed from the record.

Signature 
Chairperson, Impartial Decision Making Panel

December 11, 2023

VIA EMAIL

Mr. Greg Hendrix, 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 December 11, 2023 Informal Dispute Resolution

Dear Mr. Hendrix:

The Department of Health has received the determination of the Informal Dispute Resolution (IDR) Decision Making Panel concerning the October 12, 2023 complaint investigation 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 amended State Statement of Deficiencies (Form CMS-2567) is enclosed. If applicable, further instructions regarding the impact of these changes on any previous enforcement action will be forthcoming from the Long Term Care Enforcement office.

Oklahoma State Department of Health will work with the facility to ensure bed capacity and services are updated for licensure purposes.

The facility is encouraged to submit an amended plan of correction on the enclosed Statement of Deficiencies. The amended Statement of Deficiencies must be signed, dated, and indicate the signee's title in the appropriate spaces on page one (1). Return the amended Statement of Deficiencies with your plan of correction to:

LTCEnforcement@health.ok.gov

The amended copy of the Statement of Deficiencies (Form CMS-2567) will be the releasable copy *only* when a signed amended plan of correction is provided by the facility. The original Form CMS-2567 is disclosable if a signed amended plan of correction is not submitted by the facility. [Chapter 7, State Operations Manual §7212]

Sincerely,



LaTrina Frazier, Ph.D., MHA, RN
Deputy Commissioner
Quality Assurance & Regulatory

cn



c: William Whited, Ombudsman
Lindsay Jeffries, Nurse Aide Registry
IDR Decision Making Panel
Shayla Spriggs
Survey Team
Facility File

IDR Meeting Attendees Sign-In Sheet
12-11-2023
Microsoft Teams Meeting

Legend at Rivendell

Survey Date: 10-12-2023

Name	Organization	Title
Consuela Dolezal	Panel Chairperson	Administrator
Shayla Spriggs	OSDH	Manager of Survey
Chris Mahen	Facility	Chief Operating Officer
Sheila McLeod	Panel – OSDH	CHF Surveyor
Brenda Lankford	OSDH	Preventative Med Consultant
Jennie Lewis	OSDH	CHF Surveyor
Christy Merritt	Facility	Reg. Director of Operations
Emilie Creswell	Panel	Administrator
Lori Morton	Facility	VP of Operations
Melissa Swaim	OSDH	CHF Surveyor
Greg Hendrix	Facility	Resident Director
Kara Bolino	Panel	Executive Director
JR Guterrez	Panel	Administrator

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 C 10/12/2023
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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 Complaint investigations (#OK00059815, #OK00060894, #OK00061138, #OK00061380, #OK00061385) were conducted on 10/11/23 and 10/12/23. The 2567 has been amended based on a determination resulting from an Informal Dispute Resolution (IDR) removing C5000 s/s=E. The following abbreviations will be used throughout the document. ABH- Ativan/Benadryl/Hadol CMA- certified medication aide HCD- healthcare director MAR- medication administration record mg- milligram ml- milliliter	C 000		
C1921 SS=E	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on record review and interview, the center failed to administer medication according to the physician's order for four (#3, 4, 5, and #6) of 6 sampled residents who were administered medication by the center's staff. The administrator identified 104 residents resided in the facility.	C1921		

Oklahoma State Department of Health

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

TITLE

(X6) 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 C 10/12/2023
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
C1921	Continued From page 1 Findings: 1. Res #4 was admitted to the center with diagnoses of dementia, and anxiety disorder. A physician order, dated 04/25/23, documented ABH 2, 25, 2mg/ml gel. Give 1ml topically every 4 hours routine. A medication administration record, dated October 2023, contained no documentation for the 4:00 p.m. dose on 10/11/23. 2. Res #5 was admitted to the center with diagnoses of Alzheimer's disease and diabetes mellitus. A physician order, dated 07/17/23, documented Voltaren gel 1% apply topically four times a day to knees. A medication administration record, dated October 2023, contained no documentation for the 4:00 p.m. dose on 10/11/23. 3. Res #6 was admitted to the center with diagnoses of respiratory failure, pain, and senile dementia. A physician order, dated 11/16/22, documented Acetaminophen 325mg 1 tablet every 8 hours. A physician order, dated 08/23/23, documented alprazolam 0.25mg by mouth 3 times a day. A medication administration record, dated October 2023, contained no documentation for dose of Acetaminophen on 10/11/23 at 4:00 p.m.	C1921		

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 C 10/12/2023
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
C1921	Continued From page 2 A medication administration record, dated October 2023, contained no documentation for the doses of Alprazolam on 10/11/23 at 8:00 a.m., 2:00 p.m., and 8:00 p.m. On 10/12/23 at 2:45 p.m., the HCD reported the MAR should have contained documentation whether the medications had been administered or not. On 10/12/23 at 3:06 p.m., CMA #1 reported the blanks on the MAR means the medication was not administered. 4. Res #3 had diagnoses which included GERD, insomnia, constipation, pain, irritated skin, and yeast. A physician order, dated 08/10/22, documented to administer acetaminophen 500 mg three times per day for pain. A physician order, dated 08/10/22, documented to administer famotidine 40 mg at bedtime for GERD. A physician order, dated 12/22/22, documented to administer ibuprofen 600 mg daily for pain. A physician order, dated 08/25/22, documented to administer trazodone 50 mg at bedtime for insomnia. A physician order, dated 10/26/22, documented to administer pantoprazole 40 mg once per day for GERD. A physician order, dated 10/31/22, documented to administer melatonin 10 mg capsule at bedtime for insomnia.	C1921		

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 C 10/12/2023
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
C1921	Continued From page 3 A physician order, dated 11/29/22, documented to administer senna 8.6 mg two tablets at bedtime for constipation. A physician order, dated 12/21/22, documented to administer one packet of metamucil once daily for constipation. A physician order, dated 03/29/23, documented to administer d-mannose 500 mg twice per day for supplement. A physician order, dated 04/19/23, documented to administer hydrocodone/apap 7.5/325 twice per day for pain. A physician order, dated 05/31/23, documented to apply diclofenac 1% gel to both knees four times per day for pain. A physician order, dated 07/05/23, documented to apply calmoseptine ointment to the resident's bottom twice per day for irritated skin. A MAR for August 2023 documented the following: a. acetaminophen was not administered as ordered four of 93 opportunities. b. calmoseptine ointment was not administered as ordered three of 62 opportunities. c. d-mannose was not administered as ordered three of 62 opportunities. d. famotidine was not administered as ordered two of 62 opportunities. e. hydrocodone/apap was not administered as ordered four of 62 opportunities. f. ibuprofen was not administered as ordered one of 31 opportunities. g. melatonin was not administered as ordered two	C1921		

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 C 10/12/2023
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
C1921	Continued From page 4 of 31 opportunities. h. Metamucil was not administered as ordered one of 31 opportunities. i. pantoprazole was not administered as ordered one of 31 opportunities. j. senna was not administered as ordered two of 31 opportunities. k. trazodone was not administered as ordered two of 31 opportunities. l. diclofenac gel was not administered as ordered eight of 124 opportunities. A MAR for September 2023 documented the following: a. acetaminophen was not administered as ordered five of 93 opportunities. b. calmoseptine was not administered as ordered four of 62 opportunities. c. d-mannose was not administered as ordered four of 62 opportunities. d. famotidine was not administered as ordered four of 62 opportunities. e. hydrocodone/apap was not administered as ordered four of 62 opportunities. f. melatonin was not administered as ordered four of 31 opportunities. g. senna was not administered as ordered four of 31 opportunities. h. trazodone was not administered as ordered four of 31 opportunities. i. diclofenac gel was not administered as ordered eight of 124 opportunities. A MAR for October 2023 documented the following: a. acetaminophen was not administered as ordered two 34 opportunities. b. calmoseptine ointment was not administered	C1921		

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 C 10/12/2023
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
C1921	Continued From page 5 as ordered two of 23 opportunities. c. d-mannose was not administered as ordered two of 23 opportunities. d. famotidine was not administered as ordered two of 11 opportunities. e. hydrocodone/apap was not administered as ordered two of 23 opportunities. f. melatonin was not administered as ordered one of 11 opportunities. g. senna was not administered as ordered two of 11 opportunities. h. trazodone was not administered as ordered two of 11 opportunities. i. diclofenac gel was not administered as ordered two of 45 opportunities. On 10/12/23 at 3:02 p.m., CMA #2 stated the medications were not administered if the MAR is blank. They stated if it was not documented it was not done.	C1921		

Delivery via email to: greg.hendrix@legendseniorliving.com; cristy.davis@legendseniorliving.com

January 5, 2024

License Number: AL1410

Mr. Greg Hendrix, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Survey Event ID: 8R1L12

Dear Mr. Hendrix:

On **January 3, 2024**, an offsite/paper complaint revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **October 12, 2023**, have now been corrected effective **December 15, 2023**.

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

Respectfully,



Lisa Calvin, Enforcement Analyst II
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: AL1410	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 01/03/2024
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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 An offsite/paper revisit was conducted on 12/30/23. 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

Delivery via email to: greg.hendrix@legendseniorliving.com

January 8, 2024

License Number: AL1410

Mr. Greg Hendrix, Campus Director
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Survey Event ID: 8R1L11

Dear Mr. Hendrix:

On **October 12, 2023**, a complaint investigation was conducted at your Assisted Living Center. 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 have been corrected and you were in substantial compliance by **December 15, 2023**.

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) 426-8200.

Respectfully,

Tempal Killman

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

Enclosure