OKLAHOMA
State Department
of Health

Delivery via email to: Jessica.Bieger@legendseniorliving.com

April 16, 2025

License Number: AL1410

Jessica Bieger, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Survey Event ID: G7HW11

Dear Ms. Bieger:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **April 14, 2025**. No deficiencies were cited. Oklahoma Statutes require that this report be made available for public inspection within the facility for the next three years.

If you have any questions concerning this report, please call me at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Legend at Rivendell
Address: 13200 South May Ave
City, State, Zip: Oklahoma City, OK 73170
Provider #: AL1410
Complaint #: OK00080819
Investigation Date(s): 04/14/25

ALLEGATION(S)
The center failed to ensure the residents were not verbally, physically, or psychosocially abused
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 04/14/2025 at 9:00 a.m.

A sample of 4 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

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

A Summary of Complaint Investigation: An initial tour was conducted and the center appeared clean, free of odors. Residents were observed for signs of abuse and neglect. Residents were well groomed, in clean clothing, and had no odors. Staff and residents were observed interacting with each other and all interactions were positive. Interviews with several staff and record reviews of residents' charts, incident reports, employee trainings, and the center's policies were conducted. The center took appropriate and immediate action to ensure residents were free from verbal, physical, and psychosocial abuse.

The attached State form, Statement of Deficiencies, will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Date report completed: 04/14/2025

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 _____	C 04/14/2025

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 complaint investigation (#OK00080819) was conducted on 04/14/25. No deficiencies cited. Facility Census: 67	C 000		

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