
Delivery via email to: amanda.sikich@legendseniorliving.com

January 23, 2026

License Number: AL1410

Amanda Sikich, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Survey Event ID: 5TF011

Dear Ms. Sikich:

On **January 8, 2026**, 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 Services**, then **click on Long Term Care**. The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

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

- (1) Address how corrective action will be accomplished for affected residents;
- (2) Address how other residents with the potential to be affected will be identified;
- (3) Address measures or systemic changes to ensure the deficiency will not recur;
- (4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
- (5) Include dates when corrective action 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 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face to face, or a virtual meeting. The facility shall receive written confirmation of the IDR results.

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

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

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

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

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

If you have questions or need assistance, please feel free to send an email to OSDH.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 II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: Legend Assisted Living at Rivendell

Address: 13200 S May Ave

City, State, Zip: Oklahoma City, OK 73170

Provider #: AL 1410

Complaint: 82124

Investigation Date(s): 01/07/26, 01/08/26

ALLEGATION(S)

The center failed to ensure residents were not physically, verbally or psychosocially abused.

An unannounced on-site investigation was initiated 01/07/2026 at 9:45 a.m.

A sample of 10 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 Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance throughout the investigation. Residents were observed while interacting with other residents, participating in activities, in the dining area, and while interacting with staff. Staff were observed responding to call lights, assisting residents in their rooms and how residents are monitored in the common areas.

Sampled clinical records were viewed for assessments, care plans and progress notes. Facility policy and procedures, residents' rights, and in service training were reviewed. Incident reports, grievances and resident council meetings were reviewed.

Residents and family members were interviewed regarding care at the facility to include feeling safe, being treated with respect and dignity and having concerns with neglect. Staff members were interviewed regarding proper deescalating and intervention processes and in service training.

The attached CMS 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: 01/12/2026

INVESTIGATIVE REPORT

Facility: Legend Assisted Living at Rivendell

Address: 13200 S May Ave

City, State, Zip: Oklahoma City, OK 73170

Provider #: AL1410

Complaint #: 82829

Investigation Date(s): 01/07/26, 01/08/26

ALLEGATION(S)

The facility failed to ensure residents are free from abuse.
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An unannounced on-site investigation was initiated 01/07/2026 at 9:45a.m.

A sample of 10 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 Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed interacting and receiving services with staff in their rooms, in the dining area and while participating in activities. Observations were made while staff responded to call lights.

Records were reviewed to identify residents who need staff assistance concerning hygiene set up. Sampled clinical records were reviewed for physician orders, care plans, assigned tasks and assessments. Staff records were reviewed to assess background checks and licensures and verification of received training for abuse and neglect.

Residents and family members were interviewed regarding call light systems, participation in care plans, being treated with respect and dignity and having concerns with neglect. Staff members were interviewed regarding aiding residents with activities of daily living and training for abuse and neglect.

The attached CMS 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: 01/12/2026

INVESTIGATIVE REPORT

Facility: Legend Assisted Living at Rivendell
Address: 13200 South May Avenue
City, State, Zip: Oklahoma City, OK 73170
Provider #: AL1410
Complaint #: OK00086910
Investigation Date(s): 01/07/26 through 01/08/26

ALLEGATION(S)

The facility failed to ensure residents' personal belongings were safe and secured.
The facility failed to ensure residents were allowed to participate in their care.

An unannounced on-site investigation was initiated 01/07/2026 at 09:30 a.m.

A sample of 10 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 Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed during meals, while participating in activities, and while receiving assistance with activities of daily living. Residents were observed to interact with staff members and fellow residents.

Sampled clinical records, including closed records, were reviewed for power of attorney papers, physician orders, care plans, and assessments. Admission papers to the facility, with medications listed as already taking, were reviewed. Medication administration records were reviewed. Incident reports were reviewed. Facility policies and procedures were reviewed. Staff in-service training was reviewed.

Residents, staff and family were interviewed regarding personal belongings and participating in care.

The attached CMS 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: 01/12/2026

INVESTIGATIVE REPORT

Facility: Legend Assisted Living at Rivendell

Address: 13200 South May Avenue

City, State, Zip: Oklahoma City, OK 73170

Provider #: AL1410

Complaint #: OK00087454

Investigation Date(s): 01/07/26 through 01/08/26

ALLEGATION(S)

The center failed to ensure residents and/or resident representatives were aware of charges.
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The center failed to ensure residents had the freedom of choice regarding any provider of medical services without a financial penalty.

The center failed to coordinate care with third party providers.
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The center failed to provide adequate staff to meet the needs of the residents.

The center failed to designate an administrator who held an administrator license to be in charge of the day to day operations of the facility.

An unannounced on-site investigation was initiated 01/07/2026 at 09:30 a.m.

A sample of 10 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 Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed during meals, while participating in activities, and while receiving assistance with activities of daily living. Residents were observed to interact with staff members and fellow residents. Residents were observed for being treated with dignity and respect. Staff were observed for interacting with residents in a kind and respectful manner.

Sampled clinical records, including closed records, were reviewed for facility agreements, billing documents, hospice notes, physician orders, care plans, and assessments. Facility policies and procedures were reviewed. Staffing reports were reviewed. Administrator licenses were reviewed.

Residents, staff and family members were interviewed regarding administration over the facility, charges billed for care, care provided by the facility and care provided by other entities, not employed by the facility.

The attached CMS 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: 01/12/2026

INVESTIGATIVE REPORT

Facility: Legend Assisted Living at Rivendell

Address: 13200 South May Avenue

City, State, Zip: Oklahoma City, OK 73170

Provider #: AL1410

Complaint #: OK00087467

Investigation Date(s): 01/07/26 through 01/08/26

ALLEGATION(S)

The center failed to assess, monitor and intervene, in a timely manner, for a resident with prolonged nausea and vomiting.
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The center failed to follow medication administration policies and procedures.
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The center failed to ensure residents were properly groomed.
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The center failed to ensure residents were served meals that were palatable and nutritious.

An unannounced on-site investigation was initiated 01/07/2026 at 09:30 a.m.

A sample of 10 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 Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed during meals, while participating in activities, and while receiving assistance with activities of daily living. Residents were observed to interact with staff members and fellow residents. Residents were observed for being treated with dignity and respect. Staff were observed for interacting with residents in a kind and respectful manner. Residents were well-groomed.

Two different meals that were also served to the residents were sampled during the survey. The food was at an appropriate temperature. The food was palatable and nutritious.

Sampled clinical records, including closed records, were reviewed for physician orders, care plans, and assessments. Medication administration records were reviewed. Coaching forms were reviewed. Incident reports were reviewed. Facility policies and procedures were reviewed. Staff in-service training was reviewed.

Residents, staff, and family were interviewed regarding meals, staffing, and assistance with activities of daily living and care provided by the facility.

The attached CMS 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: 01/12/2026

INVESTIGATIVE REPORT

Facility: Legend Assisted Living at Rivendell

Address: 13200 S May Ave

City, State, Zip: Oklahoma City, OK 73170

Provider #: AL1410

Complaint :87989

Investigation Date(s): 01/07/26, 01/08/26

ALLEGATION

The center failed to maintain and provide complete and accurate medical records upon request.

An unannounced on-site investigation was initiated 01/07/2026 at 9:45 a.m.

A sample of 10 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 Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed receiving services and while interacting with staff and other residents. Observations concerning call lights were made.

Sampled clinical records were reviewed concerning physician orders, care plans, and assessments. Policy and procedures were reviewed concerning release of records, who may receive them and the time frame in which they are provided.

Interviews with staff, residents and families were conducted regarding records' requests and protocol.

The attached CMS 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: 01/12/2026

INVESTIGATIVE REPORT

Facility: Legend Assisted Living at Rivendell
Address: 13200 South May Avenue
City, State, Zip: Oklahoma City, OK 73170
Provider #: AL1410
Complaint #: OK00088607
Investigation Date(s): 01/07/26 through 01/08/26

ALLEGATION(S)

The facility failed to ensure residents were free from abuse
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An unannounced on-site investigation was initiated 01/07/2026 at 09:30 a.m.

A sample of 10 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 Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

A tour of the facility was conducted upon entrance and throughout the investigation. Residents were observed during meals, while participating in activities, and while receiving assistance with activities of daily living. Residents were observed to interact with staff members and fellow residents. Residents were observed for being treated with dignity and respect. Staff were observed for interacting with residents in a kind and respectful manner.

Sampled clinical records, including closed records, were reviewed for power of attorney papers, physician orders, care plans, and assessments. Incident reports were reviewed. Facility policies and procedures were reviewed. Staff in-service training was reviewed.

Residents, staff and family were interviewed regarding being treated with dignity and respect.

The attached CMS 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: 01/12/2026

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 01/08/2026
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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 (#OK00082124, OK00082829, OK00086910, OK00087454, OK00087467, OK00087989 and #OK00088607) was conducted from 01/07/26 through 01/08/26. Deficiencies were cited as a result of the survey. Facility Census: 139 Listed below are abbreviations that will be used throughout this document. CMA-certified medication aide CNA-certified nurse aide	C 000		
C1921 SS=D	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 facility failed to ensure a resident was not administered a medication without a physician's order for 1 (3) of 8 sampled residents who were reviewed for medication administration. The director identified 139 residents resided at the facility. Findings:	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 01/08/2026
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 A facility policy titled "Medication Administration," dated 04/30/19, read in part, "Drugs shall be administered to each resident in accordance with a physician's written order." Resident #3's "Admission Assessment," dated 02/13/25, showed Resident #3 had diagnoses which included dementia and cognitive communication deficit. The assessment showed Resident #3 was confused at times and required the assistance of one person with all activities of daily living. "A Notice of Progressive Coaching: Written Coaching" form, dated 11/05/25, showed CMA #1 was coached due to having given Resident #3 the medication Zofran (anti-nausea) without a physician's order on 10/23/25. The form was signed by the supervisor, the residence director, and CMA #1. On 01/08/26 at 11:25 a.m., CMA #1 reported they had given Resident #3 a Zofran when they were informed to give it to the resident by an unidentified CMA. They stated they realized after giving the Zofran there was not a physician's order for the medication. CMA #1 reported it to the nurse in charge and had a meeting with the nurse supervisor and was counseled about the error. On 01/08/26 at 1:00 p.m., the area director of operations reported medications must have a physician's order before they were given to any resident.	C1921		
C1971 SS=D	310:663-19-4(b) POLICIES (b) The administrator of the assisted living center	C1971		

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 01/08/2026
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
C1971	Continued From page 2 who becomes aware of abuse or neglect of a resident or misappropriation of a resident's property shall immediately act to rectify the problem and shall make a report of the incident and its correction to the Department. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an allegation of neglect was reported for 1 (#5) of 1 resident sampled reviewed for allegations of abuse and neglect. The director identified 139 residents resided in the facility. Findings: A facility policy titled "Administration Policy Manual," revised 11/20/18, read in part, "Potential or Suspected Resident Abuse"... "Residence Directors are responsible to notify the field leadership of Reportable Events." A "Facility Incident Report," dated 05/20/25, showed CNA #1 left Resident #5, who was documented to be blind, unattended in the bathroom during care. The report showed CNA #1 left the facility without completing the resident's care. Review of facility reporting logs, personnel files, and the Oklahoma Nurse Aid Registry showed no evidence the facility reported the alleged neglect involving CNA #1 to the Oklahoma Nurse Aide Registry as required.	C1971		

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 01/08/2026
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LEGEND AT RIVENDALL

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

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C1971	Continued From page 3 On 01/07/26 at 11:54 a.m., registered nurse #1 stated the incident was not reported to the Oklahoma Nurse Aide Registry.	C1971		

Delivery via email to: amanda.sikich@legendseniorliving.com;
kimberly.saggese@legendseniorliving.com; jennifer.benham@legendseniorliving.com;
Alicia.Webb@legendseniorliving.com

February 4, 2026

License Number: AL1410

Amanda Sikich, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Survey Event ID: 5TF011

Dear Ms. Sikich:

On **January 8, 2026**, 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 will be corrected and you will be in substantial compliance by **February 3, 2026**.

We will conduct a revisit for your facility to verify that all violations have been corrected. If you have any questions, please contact this office 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
Creating a State of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1/29/2026

Facility Name: Legend at Rivendell

License Number: AL1410

Survey Event ID: STF011

Date Survey Completed: 1/8/2026

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1921

Based on: The facility failed to ensure a resident was not administered a medication without a physician order.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

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

REQUIRED ELEMENTS OF A PLAN

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?

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature Amanda Sikich

OAC 310:663-25-4(F)

Date 2/3/2026

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

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 01/08/2026
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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
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Oklahoma State Department of Health

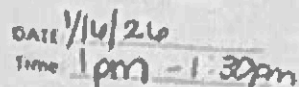
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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 01/08/2026
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 A facility policy titled "Medication Administration," dated 04/30/19, read in part, "Drugs shall be administered to each resident in accordance with a physician's written order." Resident #3's "Admission Assessment," dated 02/13/25, showed Resident #3 had diagnoses which included dementia and cognitive communication deficit. The assessment showed Resident #3 was confused at times and required the assistance of one person with all activities of daily living. "A Notice of Progressive Coaching: Written Coaching" form, dated 11/05/25, showed CMA #1 was coached due to having given Resident #3 the medication Zofran (anti-nausea) without a physician's order on 10/23/25. The form was signed by the supervisor, the residence director, and CMA #1. On 01/08/26 at 11:25 a.m., CMA #1 reported they had given Resident #3 a Zofran when they were informed to give it to the resident by an unidentified CMA. They stated they realized after giving the Zofran there was not a physician's order for the medication. CMA #1 reported it to the nurse in charge and had a meeting with the nurse supervisor and was counseled about the error. On 01/08/26 at 1:00 p.m., the area director of operations reported medications must have a physician's order before they were given to any resident.	C1921			
C1971 SS=D	310:663-19-4(b) POLICIES (b) The administrator of the assisted living center	C1971			



NAME	TITLE	Neighborhood
Alicia Webb	RD	
Salomey Otine	ACMA	Magnolia
Rashall Johnson	ACMA	Sequoia
Natalie Atch	ACMA	Sequoia
Ashley Stokes	ACMA	
Elizabeth Ann	ACMA	
Theresa Brown	ACMA	Sequoia
Michelle Perry	ACMA	MAG
Twilla Daddles	ACMA	ALL
Patricia Daddles	ACMA	Bycannon
Steve Anyole	CPN	Sequoia

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or



OKLAHOMA
State Department
of Health

Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 1/29/2026

Facility Name: Legend at Rivendell

License Number: AL1410

Survey Event ID: 5TF011

Date Survey Completed: 1/8/2026

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C1971

Based on: The facility failed to ensure an allegation of neglect was reported.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

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

REQUIRED ELEMENTS OF A PLAN

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?

OSDH Response: Element accepted Yes ☐ No ☐

Administrator's Signature Amanda Sikich

OAC 310:663-25-4(F)

Date 2/3/2026

ASSISTED LIVING CENTER'S PLAN ELEMENTS

The resident's assessment was reviewed and no changes were needed at this time. The administrator reported the incident to the Oklahoma Nurse Aide Registry and Adult Protective Services.

Reviewed reports for the last 90 days and there were no other instances of failure to report to the Oklahoma Nurse Aide Registry.

All potential or suspected Resident abuse will be reported to the Oklahoma Nurse Aide Registry and Adult Protective Services as required.

The Administrator was re-educated by the Regional Director of Operations on Oklahoma 310:663-19-4(b) policies. The administration shall provide audits and oversight of reporting per requirements.

The center will monitor and log potential or suspected Resident abuse allegations reporting and submit to the QMPI:

- Potential abuse reporting audits and oversight will occur weekly for 8 weeks.
- Weekly audits and findings will be submitted to the QMPI committee for recommendations and recommendations shall be followed.
- Weekly logs will be created and maintained for 2 months.

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

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

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NAME OF PROVIDER OR SUPPLIER LEGEND AT RIVENDELL		STREET ADDRESS, CITY, STATE, ZIP CODE 13200 SOUTH MAY AVE OKLAHOMA CITY, OK 73170		
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C1971	Continued From page 2 who becomes aware of abuse or neglect of a resident or misappropriation of a resident's property shall immediately act to rectify the problem and shall make a report of the incident and its correction to the Department. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an allegation of neglect was reported for 1 (#5) of 1 resident sampled reviewed for allegations of abuse and neglect. The director identified 139 residents resided in the facility. Findings: A facility policy titled "Administration Policy Manual," revised 11/20/18, read in part, "Potential or Suspected Resident Abuse"... "Residence Directors are responsible to notify the field leadership of Reportable Events." A "Facility Incident Report," dated 05/20/25, showed CNA #1 left Resident #5, who was documented to be blind, unattended in the bathroom during care. The report showed CNA #1 left the facility without completing the resident's care. Review of facility reporting logs, personnel files, and the Oklahoma Nurse Aid Registry showed no evidence the facility reported the alleged neglect involving CNA #1 to the Oklahoma Nurse Aide Registry as required.	C1971		

Oklahoma State Department of Health

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C1971	Continued From page 3 On 01/07/26 at 11:54 a.m., registered nurse #1 stated the incident was not reported to the Oklahoma Nurse Aide Registry.	C1971			

Delivery via email to: amanda.sikich@legendseniorliving.com;
kimberly.saggese@legendseniorliving.com; jennifer.benham@legendseniorliving.com;
Alicia.Webb@legendseniorliving.com

February 10, 2026

License Number: AL1410

Amanda Sikich, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

Survey Event ID: 5TF012

Dear Ms. Sikich:

On **February 9, 2026**, 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 complaint survey on **January 8, 2026**, have now been corrected effective **February 3, 2026**.

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 02/09/2026
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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**

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 02/09/26. 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