OKLAHOMA
State Department
of Health

Delivery via email to:
frank.gscheidle@legendseniorliving.com; Kimberly.Saggese@legendseniorliving.com

July 15, 2025

License Number: AL5548

Ms. Kimberly Saggese, Administrator
Legend Of Edmond
17701 North Western Avenue
Edmond, OK 73012

Survey Event ID: NI1711

Dear Ms. Saggese:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 9, 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 of Edmond
Address: 17701 North Western Ave
City, State, Zip: Edmond, OK 73012
Provider #: AL5548
Complaint #: OK00084395
Investigation Date(s): 07/09/25

ALLEGATION(S)
The center failed to ensure residents did not elope
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 07/09/2025 at 8:00 a.m.

A sample of 3 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: Observations of residents' behaviors, staff to resident ratio, and safety of the memory care unit were made. Records of incident reports, staff time clock punches, repair reports, center policies, and resident health charts were reviewed. Interviews were conducted with residents, families, and staff. Based on observation, record review, and interview the center is in compliance with regulations.

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: 07/09/2025

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
	AL5548	A. BUILDING: _____ B. WING _____	C 07/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND OF EDMOND	17701 NORTH WESTERN AVENUE EDMOND, OK 73012

(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 (#OK00084395) was conducted on 07/09/25. No deficiencies were cited. Facility Census: 93	C 000		

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