OKLAHOMA
State Department
of Health

Delivery via email to: tomee.andrews@legendseniorliving.com

December 29, 2022

License Number: AL5594

Ms. Tomee Andrews, Administrator
Legend At Council Road
11320 North Council Road
Oklahoma City, OK 73162

Survey Event ID: PI2N11

Dear Ms. Andrews:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 23, 2022**. 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.

Sincerely,

Lisa Calvin

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

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INVESTIGATIVE REPORT

Facility: **Legend At Council Road**
Address: **11320 North Council Road**
City, State, Zip: **Oklahoma City, OK, 73162**
Provider #: **AL5594**
Complaint #: **OK00059828**
Investigation Date: **12/23/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure medications were administered according to physician's orders.	**US**
2. The center failed to provide timely incontinent care and adequate supervision for dependent residents.	**US**

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

An unannounced on-site investigation was initiated 12/23/2022 at 7:15 a.m.

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

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

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the center failed to ensure medications were administered according to physician's orders was conducted.

Observations were made of facility staff administering medications to residents. Staff crushed medications when ordered, mixed them with jelly, and administered them to the residents. No observations were made of loose pills on resident floors. A resident was observed receiving a breathing treatment. Staff prepared the treatment for the resident and turned on the machine. Staff returned when the treatment was completed and cleaned the machine. The resident had been evaluated and deemed safe for self-administration of medications.

Records reviewed documented residents received medications as ordered by the physician. Records documented circled initials when a resident refused medications and documented the physician was notified when a resident refused medications on multiple occasions.

Residents and family members were asked if they received their medications as ordered. All stated they did.

Staff were asked the policy for medication administration. They stated they administered medications as ordered. They stated every resident had the right to refuse their medications. They stated refusals would be documented in the clinical records.

At the time of the investigation no deficient practice was found related to the center failed to ensure medications were administered according to physician's orders.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the center failed to provide timely incontinent care and adequate supervision for dependent residents was conducted.

Observations were made of residents receiving incontinent care by staff. No observations were made of over saturated residents. No observations were made of soiled briefs laying in resident rooms. Staff were observed removing soiled briefs and disposing of them properly.

Observations were made of resident rooms. No observations were made of molded liquids in resident rooms.

Records reviewed documented residents received incontinent care as needed.

Residents and family members were asked if they received incontinent care as needed by staff. All stated they did. The family members interviewed stated the facility took excellent care of their loved one.

Staff were asked the facility policy for incontinent care. They stated staff checked on residents often throughout the day and provided incontinent care as needed. They stated each resident had a service agreement signed by the resident or responsible party which indicated the type of care the resident required/received.

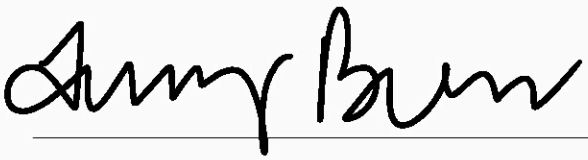
At the time of the investigation no deficient practice was found related to the center failed to provide timely incontinent care and adequate supervision for dependent residents.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1 and #2. No further action is required.

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

Thank you for bringing these concerns to our attention.



Tammy Bross, RN, CHFS

Date report completed: 12/28/2022

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
	AL5594	A. BUILDING: _____ B. WING _____	12/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND AT COUNCIL ROAD	11320 NORTH COUNCIL ROAD OKLAHOMA CITY, OK 73162

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	INITIAL COMMENTS An abbreviated survey was conducted on 12/23/22 to investigate complaint #OK00059828. No deficiencies were cited in conjunction with this survey.	C 000		

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