OKLAHOMA
State Department
of Health

Delivery via email to: holly.miller@legendseniorliving.com

May 24, 2023

License Number: AL5594

Ms. Holly Jerman-Miller, Administrator
Legend at Council Road
11320 North Council Road
Oklahoma City, OK 73162

RE: Survey Event ID: 40PY11

Dear Ms. Jerman-Miller:

On **April 24, 2023**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **April 24, 2023**.

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 (attached). 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 and monitoring will be completed for each violation;
(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.

Sincerely,

Katie Stagner

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Legend at Council Road**
Address: **11320 N Council Rd**
City, State, Zip: **OKC, OK 73162**
Provider #: **AL5594**
Complaint #: **OK00060113**
Investigation Date(s): **04/20/23 and 04/24/23**

ALLEGATION(S)

1. The center failed to ensure a safe, clean, sanitary kitchen environment.

An unannounced on-site investigation was initiated 04/20/2023 at 8:56 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

A tour of the kitchen was conducted.

Records such as food and water temperature, sanitation, cleaning schedule were requested and reviewed. Observations of food and water temperatures, staff applications of kitchen safety, and cleaning protocols for equipment safety was conducted and tested.

Kitchen staff were interviewed requiring company policy and knowledge of implementation to ensure proper applications of regulations and all kitchen safety.

Residents were interviewed for any concerns.

Deficient practice was cited. See the Statement of Deficiencies, Form 2567, for details.

Thank you for bringing your concerns to our attention.

Franklin Calvin Clinical Health Facility Surveyor III

Date report completed: 04/24/2023

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 _____	C 04/24/2023

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 A relicensure survey was conducted 04/20/23 and 04/24/23. A complaint investigation (#OK00060113) was conducted in conjunction with the survey. Listed below are abbreviations that will be used throughout this document. DON - director of nursing F - Fahrenheit ppm - parts per million	C 000		
C 391 SS=F	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on record review, observation, and interview, the center failed to properly prepare, store, and serve foods according to Chapter 257, company policy, and marketing materials. Findings: The DON reported 61 residents at the center received food services. The "Dining Services Policy," revised 06/01/00, read in part, "...Wrap, cover or seal all refrigerated foods and label with the preparation date. All food must be stored at proper temperatures...Instead defrost food under cold running water, under refrigeration, or in a microwave...Hot foods should be served at the following temperatures to ensure that they arrive	C 391		

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C 391	Continued From page 1 at the table hot: Vegetables...180-190 degree F...Perishable foods must be stored below 40 degrees F....Consult with a Registered Dietician who may be able to observe the food preparation procedures and offer practical suggestions...Cover hot food with plastic cover to keep food warm, and leave cold foods in the cooler until the tray is to be taken to the resident. Completely cover the meal to maintain sanitation and temperature...Production records documenting the following are retained in the production sheet archive binder for a minimum of 90 days. Serving temperatures of food..." On 04/20/23 at 10:00 a.m., a kitchen observation was conducted and multiple food items were found undated and labeled. The Chef stated, "This is sausage, carrots, cabbage and the food that is on the counter is leftovers for the employee's." On 4/20/23 at 10:11a.m., it was observed that food was stored incorrectly because the refrigerator was not holding appropriate temperatures. The Chef stated, "We'll have to throw all this food away because the compressor is not working and the food is spoiling." On 4/20/23 at 11:13a.m., it was observed with the chef, the fryer had dark colored grease with chunky crumbs. On 4/20/23 at 11:15a.m., The Chef was interviewed concerning the cleanliness/preparation of the fryer they stated, "How often should I clean the fryer grease?" The Chef was asked what was the color of the grease? They stated, "That's waffle crumbs and pork chops pieces and the grease is coffee colored."	C 391		

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C 391	Continued From page 2 On 04/20/23 at 4:36 p.m., it was observed that food was improperly thawed in the kitchen sink with soiled rags. On 04/20/23 at 4:38 p.m., the Cook they stated, "All that food is supposed to be thawed under running water in a pan." On 04/20/23 at 4:50 p.m., dinner temperatures where taken with the Cook and the squash recorded temperature of 125 degrees F. On 04/20/23 at 4:53 p.m., it was observed that a rolling cart had multiple uncovered bowls of oranges. On 04/20/23 at 4:55 p.m., Kitchen staff #1 was asked about food sitting on carts uncovered. They stated, " I didn't know we were supposed to cover the bowls of oranges." On 04/20/23 at 4:57 p.m., an observation was made that multiple items of bread and cookies were found being stored with open bottles of chemicals. On 04/20/23 at 5:02p.m., the Cook was asked about the food items stored on shelves with chemicals with no lids, they stated, "I will remove the food from here and the (name-deleted deodorizer) is not supposed to be here either." On 04/20/23 at 5:05p.m., the Cook stated, "We clean the kitchen according to the logs, but we don't document them." On 04/20/23 att 5:15p.m., during a record review of Registered Dietician notes, read in part, "...Kitchen cleaning guidelines and documentation	C 391		

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C 391	Continued From page 3 of temp logs not being completed...Food to be labeled, stored properly with dates on all food...Cleaning not being consistent or documented on log..."	C 391		
C 702 SS=F	Hot Water - Dietary - Appendix A GENERAL REQUIREMENTS (d) Each assisted living center shall comply with the hot water standards set forth in Appendix A. The minimum hot water temperature available for use in the dietary department shall be 120 degrees Fahrenheit (49 degrees C.). When hot water is used for sanitizing dishes and utensils, rinse water temperature shall be a minimum of 180 degrees Fahrenheit. This Rule is not met as evidenced by: Based on record review, observation, and interview, the center failed to follow sanitization and hot water standards/temperature guidelines according to "Chapter 257" and company policy. Findings: The "Dining Services and Life Safety" policy, revised 06/01/00 and 03/18/14, read in part, "...Note that the kitchen will need to maintain sanitation/chemical test strips-to test this water...All positions. An approved restraint must be worn at all times when working in the kitchen...Executive Chef, wears chef hat, Cook hair restraint, dishwasher hair restraint...Kitchen	C 702		

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C 702	Continued From page 4 cleaning cloths should be stored in a sanitizing solution and washed separately from cloths used for cleaning other areas of the residence...Separate buckets should be used for sanitizing kitchen versus dining room cloths...Keep garbage containers covered and reasonably clean at all times...A schedule for routine and deep cleaning should be maintained and followed. Staff should use the Kitchen cleaning/sanitation log to initial tasks that have been completed as scheduled...All cleaning products and/or other chemicals compounds must be stored separately from food supplies and food preparation and equipment. Opened containers of dishwashing soap, sanitizing solution, etc., may be stored in the utility room. All chemicals should be locked when not in use. All staff is responsible for recognizing and addressing safety hazards in the kitchen, which would include: wet floors...Check gauges several times a day to prevent food spoilage and possible repair costs...All equipment must be washed and sanitized if food particles have been on the equipment for two or more hours or between contact with raw and cooked foods. All staff must be trained on how to use equipment in the kitchen and/or dining room Prior to use...Meeting with the Dietician after each visit to debrief on observations, follow-up issues and other recommendations. A written report from the Dietician describing problems addressed and recommendations is the best practice..." On 04/20/23 at 10:40 a.m., at entry of kitchen observation no kitchen staff was found wearing hair nets or gloves. A temperature test was conducted warewashing with the Chef and reported temps 105 degrees F. and ppm was not conclusive of recommended range they stated, "I don't know what ranges it's supposed to be."	C 702		

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C 702	Continued From page 5 During an observation at 04/20/23 at 1:20p.m., with the Chef, they were asked about temperature and sanitation logs and they stated they didn't have any. On 04/20/23 at 10:03a.m., the Cook was asked for log records for routine cleaning and sanitization and they stated, " We clean, but they we don't do the paperwork." During an observation on 04/20/23 at 10:27a.m., it was observed that the refrigerator was not in working condition. On 04/20/23 at 10:29a.m., the Chef was asked about how long has the refrigerator compressor not been working and not holding appropriate temperatures and they stated, "Since yesterday". During observation of the kitchen on 04/20/23 at 10:30a.m., soiled wet rags were sitting on top of open glove boxes. On 04/20/23 at 10:32a.m., the Cook was asked about dirtied rags on boxes of unused gloves and they stated, " It's not supposed to be there. That's unsanitary." During a kitchen observation on 04/20/23 at 10:04 a.m., that garbage lids were not located in the kitchen. On 04/20/23 at 10:06 a.m., it was observed that garbage cans had no lids to them and the Chef stated, "I don't know where the lids are located." On 04/20/23 at 3:32p.m., the Maintance Director was asked about the pools of water that were	C 702		

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C 702	Continued From page 6 observed for hours on the kitchen floor. They stated, "I don't know why it is still here, but we will look into why it overflows." On 04/20/23 at 4:32p.m., it was observed that open bags of bread and chemicals without lids was being stored inappropriately. On 04/20/23 at 4:36 p.m., during an interview with the Cook they were asked about food being stored with chemicals with no lids. They stated, "I don't even know why that is there and it shouldn't happen it should be stored away (the chemicals)." On 04/20/23 at 4:38p.m., it was that soiled rags were on the the kitchen floor and not in sanitizer buckets. On 04/20/23 4:40p.m., the Cook was asked concerning the dirtied rags that were on the floor, they stated, "The kitchen cloths are supposed to be in sanitization buckets, but I can not find them right now." On 04/20 at 4:46 p.m., kitchen staff was asked about their policy concerning hairnets and gloves. They stated, "I don't know and no one has ever told me to wear them." On 04/20/23 at 3:37p.m., the Chef was asked about the policy. They stated, "I don't where hairnets I'm bald at the top." On 04/24/23 at 10:35 a.m., the repairman stated, "The warewashing temperatures are recording 90 degrees F and for this machine, it should be at 120 degrees. The tubing for the sanitation was leaking and was not getting sanitizer through the machine."	C 702		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 702	Continued From page 7 On 04/24/23 at 10:40a.m., a record review of the registered dietitian consults, read in part, "...document temps for Refrigerator, Freezer, Dish machine temperatures...Trash cans covered in kitchen-unless in use..Deep cleaning fryer area..."	C 702		

OKLAHOMA
State Department
of Health

Delivery via email to: holly.miller@legendseniorliving.com

June 7, 2023

License Number: AL5594

Ms. Holly Jerman-Miller, Administrator
Legend At Council Road
11320 North Council Road
Oklahoma City, OK 73162

Survey Event ID: 40PY11

Dear Ms. Jerman-Miller:

On **April 24, 2023,** a licensure survey and a complaint investigation were 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 **July 11, 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, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 6/6/2023** **Facility Name:** Legend at Council Road **License Number:** AL5594 **Survey Event ID:** 40PY11 **Date Survey Completed: 4/24/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C391	Based on: record review, observation, and interview, the center failed to properly prepare, store, and serve foods according to Chapter 257, company policy, and marketing materials.

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 statuatory 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?	An in-service of all CURRENT dietary staff and department heads on the proper preparation, storing and serving of food in compliance with 310:663-3-8(a) and in accordance as outlined in Chapter 257, company policy, and marketing materials will be conducted.
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 or designee will conduct random audits of the dietary department to ensure that food is properly prepared, stored and served in compliance with 310:663-3-8(a) and in accordance as outlined in Chapter 257, company policy, and marketing materials. An in-service with NEW HIRES to the dietary department will be conducted on the proper preparation, storing and serving of foods as applicable.
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.	Enter methods to ensure corrections are sustained: Residence Director of designee will conduct random audits to ensure that the dietary team is in compliance with the preparation, storing and serving of food as outlined in Chapter 310:63-3-8(a). Review of the audit will be incorporated into the QA meeting and need for any additional intervention will be put into place. Record of the documentation will be kep with the QA minutes.

OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		7/11/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature OAC 310:663-25-4(F)	Administrator signature required. Holly Miller	**Date** Enter a date of signature.	06/06/2023
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: 6/6/2023** **Facility Name:** Legend at Council Road **License Number:** AL5594 **Survey Event ID:** 40PY11 **Date Survey Completed: 4/24/2023**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C702	Based on: record review, observation, and interview, the center failed to follow sanitization and hot water standards/temperature guidelines according to "Chapter 257" and company policy

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 statuatory 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?	An in-service of all CURRENT dietary staff and department heads on the guidelines for santization and hot water standards/temperature according to Appendix A GENERAL REQUIREMENTS (Hot Water – Dietary) ; Chapter 257, LSL (Legend Senior Living) Dining Services and Life Safety Policies will be conducted.
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 or designee will conduct random audits of the dietary department to ensure the santization and hot water standards/temperature are being followed as outlined in Chapter 257 and LSL (Legend Senior Living) Dining Services and Life Safety Policies. An in-service with NEW HIRES to the dietary department on the guidelines for santization and hot water standards/temperature will be conducted as applicable.
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.	Enter methods to ensure corrections are sustained: Residence Director of designee will conduct random audits to ensure that the dietary team is following santization and hot water standards/temperature guidelines as outlined in Chapter 257 and LSL (Legend Senior Living) Dining Services and Life Safety Policies. Review of the audit will be incorporated into the AQ meeting and need for any additional intervention will be put into place.

	Record of the documentation will be kept with the QA minutes.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	Click here to enter a date when corrective action will be completed. 7/11/2023
OSDH Response: Element accepted Yes ☐ No ☐	
Administrator's Signature OAC 310:663-25-4(F) Administrator signature required. Holly Jerman-Miller	06/06/2023
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

Delivery via email to: holly.miller@legendseniorliving.com

August 3, 2023

License Number: AL5594

Ms. Holly Jerman-Miller, Administrator
Legend At Council Road
11320 North Council Road
Oklahoma City, OK 73162

RE: Survey Event 40PY12

Dear Ms. Jerman-Miller:

On **August 2, 2023,** an offsite paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **April 24, 2023,** have now been corrected effective **July 11, 2023.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

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 _____	R-C 08/02/2023

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 offsite/paper revisit was conducted on 08/02/23. 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