
Delivery via email to: Nikkita.Forcha@legendseniorliving.com

October 25, 2023

License Number: AL5594

Ms. Nikkita Bowler-Forcha, Administrator
Legend At Council Road
11320 North Council Road
Oklahoma City, OK 73162

Survey Event ID: L67P11

Dear Ms. Forcha:

On **October 10, 2023**, 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 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 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 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.

Respectfully,



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

Enclosure

INVESTIGATIVE REPORT

Facility: LEGEND AT COUNCIL ROAD
Address: 11320 NORTH COUNCIL ROAD
City, State, Zip: OKLAHOMA CITY, OK, 73162
Provider #: AL 5594
Complaint #: OK00060515
Investigation Date(s): 10/09/23 – 10/10/23

ALLEGATIONS

The facility failed to assess and monitor for adverse effects of medication.
The facility failed to ensure residents did not have significant weight loss.
The facility failed to ensure resident representatives were notified of a change in condition.

An unannounced on-site investigation was initiated 10/09/2023 at 2:20 p.m.

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

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 center was conducted upon entrance, and at other times throughout the survey.

Staff were observed assisting residents with activities of daily living and administering medications. Residents were observed in their rooms, hallways, and common areas.

Staff were interviewed on the center's policies on monitoring weights and reporting changes in condition. Residents were interviewed relating to medications, weight loss, and notifications.

Records reviewed included facility policies and procedures, physician's orders, assessments, charting notes, incident reports, and weight measurements.

The attached Statement of Deficiencies, Form 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: 10/12/2023

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/10/2023
NAME OF PROVIDER OR SUPPLIER LEGEND AT COUNCIL ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 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 complaint investigation (#OK00060515) was conducted on 10/09/23 and 10/10/23.	C 000		
C1505 SS=E	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated.	C1505		

Oklahoma State Department of Health

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

TITLE

(X6) DATE

Oklahoma State Department of Health

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C1505	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to intervene and notify the physician of a 14.84% weight loss from 03/06/23 through 05/01/23 for one (#1) of three sampled residents reviewed for weight loss. The Resident Roster documented 50 residents resided in the facility. Findings: A "Weights and Vital Signs Assessment" policy, dated 07/01/12, read in parts, "...The Healthcare Coordinator will communicate any significant changes in weight or vital signs to the resident's physician or other healthcare provider and make appropriate interventions as indicated or ordered by the healthcare provider..." Resident #1 admitted to the facility on 03/06/23, with diagnoses which included dementia, depression, HTN, and anxiety. An unlabeled weight record, documented Resident #1's March 2023 weight was 155 pounds and April 2023 weight was 152 pounds. "The Legend at Council Road Reflections", dated 04/05/23, read in parts, "...Requires/request additional snacks or monitoring for weight loss/appetite..." A "Weekly Weight" report documented Resident #1's weight on 05/01/23 was 132 pounds.	C1505		

Oklahoma State Department of Health

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C1505	Continued From page 2 On 10/10/23 at 3:43 p.m., the Residence Director stated Resident #1's admission weight was 155 pounds and their 05/01/23 weight was 132 pounds. On 10/10/23 at 3:46 p.m., the Residence Director stated Resident #1 had no dietitian notes and no supplement orders. On 10/10/23 at 4:21 p.m., the Healthcare Director stated "I have nothing notifying the physician of [Resident #1's] weight loss." On 10/10/23 at 4:24 p.m., the Healthcare Director stated if a resident had a 5% weight loss they would notify the physician and the dietitian. On 10/10/23 at 4:39 p.m., the Healthcare Director stated there was no additional monitoring or interventions for Resident #1's weight loss.	C1505		

Delivery via email to: Nikkita.Forcha@legendseniorliving.com

November 9, 2023

License Number: AL5594

Ms. Nikkita Bowler-Forcha, Residence Director
Legend At Council Road
11320 North Council Road
Oklahoma City, OK 73162

Survey Event ID: L67P11

Dear Ms. Bowler-Forcha:

On **October 10, 2023**, 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 **December 6, 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.

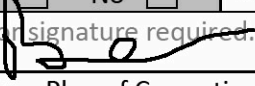
Respectfully,

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: 11/7/2023	
	Facility Name: Legend at Council Road	
	License Number: AL5594	
	Survey Event ID: L67P11	
Date Survey Completed: 10/10/2023		
SUMMARY OF DEFICIENCY CITED BY OSDH		
ID Prefix Tag: C1505	Based on: record review, observation, and interview, the center failed to intervene and notify the physician of a 14.83% weight loss from 03/06/23 through 05/01/23 for (#1) of 3 sampled residents reviewed for weight loss.	
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 statutory 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 Licensed Nursing staff to include the Health Care Director and Assistant Health Care Director and clinical team on LSL (Legend Senior Living) Weights and Vital Signs Assessment Policy #10-01-0140P and Chapter 310:663-15-1 and 63 OS-1918(B)(5) Resident Rights - Medical Care.
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 resident weights to ensure any significant change in weight loss is communicated to the resident's physician or other healthcare provider and make appropriate intervention as indicated or ordered by the healthcare provider
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 or designee will conduct random audits to ensure that the Health Care Director is following LSL (Legend Senior Living) Weight and Vital Signs Assessment Policy in coordination with Chapter 310:663-15-1 and 63 O.S. 1918(B)(5) Resident Rights - Medical Care. 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 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. 12/6/2023	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Administrator's signature required. OAC 310:663-25-4(F)			
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.			

Delivery via email to: Nikkita.Forcha@legendseniorliving.com

December 19, 2023

License Number: AL5594

Ms. Nikkita Forcha, Administrator/Director
Legend At Council Road
11320 North Council Road
Oklahoma City, OK 73162

Survey Event ID: L67P12

Dear Ms. Forcha:

On **December 15, 2023**, 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 survey on **October 10, 2023**, have now been corrected effective **December 6, 2023**.

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

Respectfully,



Lisa Calvin, Enforcement Analyst
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: AL5594	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/15/2023
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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 offsite/paper revisit was conducted on 12/15/23. 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