OKLAHOMA
State Department
of Health

Delivery via email to: nikkita.forcha@legendseniorliving.com

May 31, 2024

License Number: AL5594

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

RE: Survey Event ID: 03T311

Dear Ms. Forcha:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **May 24, 2024.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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 at Council Road**
Address: **11320 N Council Rd**
City, State, Zip: **OKC, OK 73162**
Provider #: **AL5594**
Complaint #: **OK00064852**
Investigation Date(s):05/21/24 – 05/24/24

ALLEGATION(S)

The center failed to ensure assistance with activities of daily living was provided at the appropriate level of care according to the contract and plan of care.
The center failed to ensure quality food was served according to advertisement, the contract and/or plan of care.
The center failed to ensure administration services were in place to ensure quality care was provided.
The center failed to ensure adequate staff to meet the needs of the residents and failed to ensure call lights were answered in a timely manner.

An unannounced on-site investigation was initiated 05/21/2024 at 8:25 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:

An investigation related to call lights, resident care, staffing, food, administrative services, resident records and contracts was conducted.

Staff were observed assisting residents throughout the survey.

At the time of the survey, no resident complained about not receiving assistance when they needed it.

At the time of the survey, staff was knowledgeable about the residents and their needs.

The food looked appetizing with good portions and was palatable.

At the time of the survey, no resident complained about the food.

At the time of the survey, staff stated residents were provided with 2 main options and/or had additional options

from the café select menu.

Administrative services was observed throughout the survey.

At the time of the survey, no resident complained about leadership.

At the time of the survey, staff stated they reported to the nurse, quality assurance met monthly and discussed each department, resident council met, staff interacted with family members during visits, scheduled events, and phone calls to families made to ensure quality care services.

At the time of the survey, call lights were observed being answered in a timely manner.

At the time of the survey, no resident complained about the length of time it took staff to answer their call light.

At the time of the survey, staff stated call lights were answered immediately or as soon a possible if caring for another resident.

At the time of the survey, no deficient practice was cited related to quality of life, dietary services, Administration/personnel, or nursing services.

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: 05/24/2024

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 _____	C 05/24/2024

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 05/21/24 through 05/24/24. A complaint investigation (OK00064852) was conducted in conjunction with the survey. No deficiencies were cited. Resident census was 56.	C 000		

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