OKLAHOMA
State Department of Health

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

August 21, 2024

License Number: AL5594

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

Survey Event ID: X1X811

Dear Ms. Forcha:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 15, 2024**. 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 at Council Road**
Address: **11320 North Council Road**
City, State, Zip: **OKC, OK 73162**
Provider #: **AL5594**
Complaint #: **OK0006442**
Investigation Date(s): **08/14/24 and 08/15/24**

ALLEGATION(S)
Accidents

An unannounced on-site investigation was initiated 08/14/2024 at 5:40 p.m.

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

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 were made of residents in the memory care unit wandering the unit. No residents were observed attempting to exit the unit. Exit doors were observed and tested for security. All doors were secure and alarms were in place to alert if residents were attempting to exit the memory care unit. Staff was observed making rounds and monitoring residents every 15 minutes to an hour. Staff was observed documenting on the communication the time and location of residents who were on 15-minute observations. Staff was observed checking exit doors from the unit every thirty minutes and documenting the checks on a communication sheet.

Family interviews were conducted regarding the facility response to missing persons, interventions for preventing elopement and notification.

Staff was asked about their knowledge of the facility policy for elopement, residents who were an elopement risk, the procedure for a missing resident, and the monitoring of residents who were at risk for elopement.

Facility elopement policy, resident progress notes, incident reports, reports to the Oklahoma State Department of health, admission packets, nursing assessments, elopement risk assessments,

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: 08/15/2024

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 08/15/2024

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 complaint investigation (#OK00066442) was conducted on 08/14/24 and 08/15/24. No deficiences were cited. Facility Census: 60	C 000		

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