OKLAHOMA
State Department
of Health

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

July 15, 2025

License Number: AL5594

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

RE: Survey Event ID: ZDTK11

Dear Ms. Bowler-Forcha:

Enclosed is a report of the inspection conducted at your Assisted Living Center on **July 9, 2025.** 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: **Legends at Council Road**
Address: **11320 North Council Road**
City, State, Zip: **Oklahoma City, Oklahoma 73162**
Provider #: **AL 5594**
Complaint #: **OK00074498**
Investigation Date: **07/07/25 through 07/09/25**

ALLEGATION(S)
1. The facility failed to ensure residents were free from physical and psychosocial abuse and failed to report allegations of abuse to the appropriate state agencies.

An unannounced on-site investigation was initiated 07/07/2025 at 8:15 a.m.

A sample of three participants, including any identified participants, 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 facility was conducted upon entrance into the center. Residents were observed for abuse and neglect concerns. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, grievances, and police reports. Residents and staff were asked questions regarding abuse and abuse training.

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: 07/09/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Legends at Council Road**
Address: **11320 North Council Road**
City, State, Zip: **Oklahoma City, Oklahoma 73162**
Provider #: **AL 5594**
Complaint #: **OK00074927**
Investigation Date: **07/07/25 through 07/09/25**

ALLEGATION(S)
1.The center failed to ensure residents were not physically, verbally or psychosocially abused.
2. The center failed to ensure medications were administered according to the physicians' orders
3. The center failed to have adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 07/07/2025 at 8:15 a.m.

A sample of three participants, including any identified participants, 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 facility was conducted upon entrance into the center. Residents were observed for abuse and neglect, medication administration and staffing concerns. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, grievances, and police reports. Residents and staff were asked questions regarding abuse and abuse training, medication administration and staffing.

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: 07/09/2025

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INVESTIGATIVE REPORT

Facility: **Legends at Council Road**
Address: **11320 North Council Road**
City, State, Zip: **Oklahoma City, Oklahoma 73162**
Provider #: **AL 5594**
Complaint #: OK00084343
Investigation Date: **07/07/25 through 07/09/25**

ALLEGATION(S)
1. The center failed to ensure residents were free from abuse.
2. The facility failed to report allegations of abuse

An unannounced on-site investigation was initiated 05/08/2025 at 9:30 a.m.

A sample of three participants, including any identified participants, 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 facility was conducted upon entrance into the center. Residents were observed for abuse and neglect concerns. Staff were observed interacting with residents. Records reviewed included: Residents health records, facility reported incidents, grievances, and police reports. Residents and staff were asked questions regarding abuse and abuse training, medication administration and staffing.

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: 07/09/2025

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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 07/09/2025

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 with complaints (#OK00074498, OK00074927, and #OK00084343) was conducted from 07/07/25 through 07/09/25. No deficiencies were cited. Facility Census: 69	C 000		

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