OKLAHOMA
State Department
of Health

Delivery via email to: Henson.Zach@legendseniorliving.com;
zach.henson@legendseniorliving.com

December 22, 2023

License Number: AL7241

Mr. Zachary Henson, Administrator
Prairie House Assisted Living & Memory Care
2450 North Stone Ridge Drive
Broken Arrow, OK 74012

Survey Event ID: 4SZG11

Dear Mr. Henson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 5, 2023**. 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: **Prairie House AL**
Address: **2450 N Stone Ridge Drive**
City, State, Zip: **Broken Arrow, OK, 74012**
Provider #: **AL7214**
Complaint #: **OK00061061**
Investigation Dates: **12/04/23 and 12/05/23**

ALLEGATIONS

The facility failed to ensure clean, odor free and homelike environment.
The facility failed to ensure bathing and incontinent care was provided according to the plan of care.
The facility failed to have emergency procedures in place in the event of a power outage/tornado.

An unannounced on-site investigation was initiated 12/04/2023 at 11:58 a.m.

A sample of five 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:

Throughout the survey observations of residents were made in their apartments and in the common areas. Observations of the stairwells were made as well as the laundry facilities.

Interviews with residents, family members, and staff were conducted regarding contracted services and the environment.

Record reviews consisted of grievances, state reportable incidents, and resident records.

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: 12/15/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Prairie House AL**
Address: **2450 N Stone Ridge Drive**
City, State, Zip: **Broken Arrow, OK, 74012**
Provider #: **AL7214**
Complaint #: **OK00061666**
Investigation Dates: **12/04/23 and 12/05/23**

ALLEGATIONS

The facility failed to ensure therapeutic diets were served according to physician orders and palatable food was served at preferred temperatures.

An unannounced on-site investigation was initiated 12/04/2023 at 11:58 a.m.

A sample of five 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:

Throughout the survey observations of residents and food.

Interviews with residents, family members, and staff were conducted regarding the food palatability and temperature.

Record reviews consisted of grievances and resident council concerns.

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: 12/15/2023

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: **Prairie House AL**
Address: **2450 N Stone Ridge Drive**
City, State, Zip: **Broken Arrow, OK, 74012**
Provider #: **AL7214**
Complaint #: **OK00061885**
Investigation Dates: **12/04/23 and 12/05/23**

ALLEGATIONS

The facility failed to ensure residents were not physically, sexually, or psychosocially abused.
The facility failed to provide showers according to schedule, timely incontinent care and laundry services.
The facility failed to ensure residents received pain medication in a timely manner.

An unannounced on-site investigation was initiated 12/04/2023 at 11:58 a.m.

A sample of five 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:

Throughout the survey observations of residents were made in their apartments and in the common areas. Observations of the stairwells were made as well as the laundry facilities.

Interviews with residents, family members, and staff were conducted regarding contracted services and abuse.

Record reviews consisted of grievances, state reportable incidents, and resident records.

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: 12/15/2023

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
	AL7241	A. BUILDING: _____ B. WING _____	C 12/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE HOUSE ASSISTED LIVING & MEMORY CARE	2450 NORTH STONE RIDGE DRIVE BROKEN ARROW, OK 74012

(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 Complaint investigations (#OK00061061, OK00061666, and #OK00061885) were conducted on 12/04/23 and 12/05/23. No deficiencies were cited.	C 000		

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