OKLAHOMA
State Department of Health

Delivery via email to: Sarah.Odamah@legendseniorliving.com

April 28, 2025

License Number: AL7261

Ms. Sarah Odamah, Administrator
Legend At Mingo Road
7902 South Mingo Road East
Tulsa, OK 74133

RE: Survey Event ID: O3GG11

Dear Ms. Odamah:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **April 22, 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: **Legend At Mingo Road**
Address: **7902 S. Mingo Road**
City, State, Zip: **Tulsa, OK, 74133**
Provider #: **AL7261**
Complaint #: **OK00065949**
Investigation Date(s):

ALLEGATION(S)
The center failed to have and/or implement an effective pest control program.

An unannounced on-site investigation was initiated 04/22/2025 at 1:05 pm.

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:

Upon entering the facility and throughout the two-day survey, tours of the facility were conducted. The residents were observed to be clean and well-groomed, and no odors were noted. Staff were noted to be vigilant of the residents. The number of staff in the building during the survey met the State's requirement.

The residents stated they received the care and services documented in their contracts and never had an issue with bugs. Family stated their family members received the care and services documented in their contracts and never had an issue with bugs. Staff stated they were constantly monitoring residents and their surroundings for cleanliness in the common areas and resident rooms. Staff stated they had enough staff to meet the needs of the residents and to keep their working environment clean. Staff stated they had not received complaints from residents regarding bug bits or observed bites on residents' skin assessments. Staff stated residents had their own rooms, but housekeeping changed linens, cleaned floors, and vacuumed all carpeted areas weekly. Housekeeping staff stated they were aware of how to identify bed begs and there were no signs of bugs observed. Maintenance stated they did monthly physical plant inspections for bugs, pests and rodents. Logs were reviewed. Administration stated the facility was inspected and treated quarterly by a pest control company. Service contract was reviewed.

The sampled residents' clinical records were reviewed, including physicians progress notes, physician orders, hospital records, assessments, care plans, and service contracts. The facilities policy and procedures, staff in-services staffing schedule, incident reports, and State Reportable Incidents were reviewed.
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: 04/23/2025

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
	AL7261	A. BUILDING: _____ B. WING _____	C 04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND AT MINGO ROAD	7902 SOUTH MINGO ROAD EAST TULSA, OK 74133

(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 from 04/21/25 through 04/22/25. A complaint investigation (#OK00065949) was conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 68	C 000		

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