OKLAHOMA
State Department of Health

Delivery via email to: Brooke.Howard@legendseniorliving.com

June 9, 2025

License Number: AL7261

Ms. Brooke Howard, Administrator
Legend At Mingo Road
7902 South Mingo Road East
Tulsa, OK 74133

Survey Event ID: N4UX11

Dear Ms. Howard:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **June 2, 2025**. 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 Mingo Road AL
Address: 7902 S. Mingo Rd.
City, State, Zip: Tulsa, OK, 74133
Provider #: AL7261
Complaint #: OK00082489
Investigation Date(s): 06/02/25

ALLEGATION(S)
The center failed to ensure adequate supervision to prevent elopement.
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 06/02/2025 at 9:02 a.m.

A sample of three 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 entrance into the facility and throughout the complaint investigation staff were observed interacting with staff. All entrance and exit doors require a code that only employees have access to that allows a person access. The gate that is outside in memory care is locked also and can only be open with a code that only employees have. Interviews were conducted with residents, family members, and employees.

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: 06/03/2025

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 06/02/2025

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 complaint survey (#OK00082489) was conducted on 06/02/25. No deficiencies were cited. Facility Census: 71	C 000		

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