OKLAHOMA
State Department of Health

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

September 12, 2025

License Number: AL7261

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

Survey Event ID: LRS311

Dear Ms. Howard:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **September 4, 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**
Address:	**7902 South Mingo Road East**
City, State, Zip:	**Tulsa, OK 74133**
Provider #:	**AL7261**
Complaint #:	**OK00083584**
Investigation Dates:	**8/25/25. 9/3/25, and 9/4/25**

ALLEGATION
enter textThe facility failed to provide interventions to prevent elopement.

An unannounced on-site investigation was initiated 08/25/2025 at 9:15 a.m.

A sample of three 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:

A tour of the facility was conducted upon entrance to the facility and at various times throughout the survey. Residents were observed for outward signs of abuse and neglect. Staff were observed supervision to clients. The facility was observed for cleanliness and safety.
Resident records were reviewed. Hospital records were reviewed. Incident investigations were reviewed. Resident council minutes were reviewed. Staffing records were reviewed. Facility policy and procedures were reviewed.
Residents were interviewed regarding the subject of the complaint allegations. Clients were asked if they felt safe at the facility.

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: 09/09/2025

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility	**Legend at Mingo Road**
Address:	**7902 South Mingo Road East**
City, State, Zip:	**Tulsa, OK 74133**
Provider #:	**AL7261**
Complaint #:	**OK00085544**
Investigation Dates:	**8/25/25. 9/3/25, and 9/4/25**

ALLEGATION
The center failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 08/25/2025 at 9:15 a.m.

A sample of three 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.

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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 09/04/2025

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 Complaint investigations (#OK00083584 and #OK0008544) were conducted on 08/25/25 and 09/04/25 through 09/05/25. No deficiencies were cited. Facility Census: 78	C 000		

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