

Delivery via email to: june.rose@legendseniorliving.com

March 27, 2023

License Number: AL1404

Ms. June Rose, Administrator
The Gardens At Rivermont
750 Canadian Trails Drive
Norman, OK 73072

RE: Survey Event ID: YP1711

Dear Ms. Rose:

Enclosed is a report of the inspection with a complaint investigation conducted at your Assisted Living Center on **March 23, 2023**. 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.

Sincerely,



Lisa Calvin
Long Term Care Enforcement Analyst
Oklahoma State Department of Health

**INVESTIGATIVE REPORT
LICENSURE**

Facility: The Gardens at Rivermmont
Address: 750 Canadian Trails Drive
City, State, Zip: Norman, OK. 73072
Provider #: AL1404
Complaint #: OK00059577
Investigation Date(s): 03/21/23-03/23/23

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure residents were not abused.	US
2. The center failed to ensure residents received proper nutrition and hydration.	US
3. The center failed to ensure residents received baths according to schedule, and dependent residents were assisted with ADLs.	US
4. The center failed to ensure adequate staff to provide care for dependent residents.	US

Violation (s) unrelated to this complaint were also cited during the investigation.

An unannounced on-site investigation was initiated on 03/21/2023 at 08:30 a.m.

A sample of eight residents including any identified resident, 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation related to the center's failure to ensure residents were not abused was conducted. A tour of the center was conducted upon entrance and throughout the survey. Residents were observed to be clean, dressed

appropriately, and free of odors. Staff were observed assisting the residents with ADLs and activities. Staff were observed treating residents with dignity and respect.

Residents reported they feel safe in the center and with staff. Residents reported staff treats them with respect and dignity. Residents reported they know who to report abuse to. Staff reported they know who to report abuse to.

Greivances were reviewed with no documented concerns. Incident reports were reviewed and contained the proper documentation and investigations.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the centers failure to provide proper nutrition and hydration was conducted. A tour of the center was conducted upon entrance and throughout the survey. Residents were observed to be clean, dressed appropriately, and free of odors. Residents were observed eating meals and snacks. Staff were observed assisting residents with meals and as needed.

Residents reported they received three meals and snacks daily. Residents reported they receive plenty to eat. Staff reported the residents received

Menus, weights, and diet orders were reviewed with documented concerns.

Allegation #3: Deficient practice was unsubstantiated related to this allegation.

An investigation related to the centers failure to ensure residents received baths according to schedule, and dependent residents were assisted with ADLs. A tour of the center was conducted upon entrance and throughout the survey. Residents were observed to be clean, dressed appropriately, and free of odors. Staff was observed assisting residents with ADLs.

Residents reported they receive their showers according to their contract. Staff reported residents receive their showers according to the resident's contract and care plan.

ADL logs, shower reports and grievance logs were reviewed with no documented concerns.

Allegation #4: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the centers failure to provide adequate staff to provide care for dependent residents was conducted. A tour of the center was conducted upon entrance and throughout the survey. Residents were observed to be clean, dressed appropriately, and free of odors. Staff were observed assisting residents with ADLs.

Residents reported staff assist them with their ADLs and as needed. Staff reported they have plenty of assistance to take care of the residents.

Daily staffing schedules were reviewed with no documented concerns.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegations #1, 2, 3, and #4. No further action is required.

A determination that an allegation was unsubstantiated (US) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Jennie
Lewis



Digitally signed by Jennie Lewis
Date: 2023.03.24 07:35:07 -05'00'

Jennie Lewis, CHFS/LPN

Date report completed: 03/24/2023

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL1404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/23/2023
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NAME OF PROVIDER OR SUPPLIER THE GARDENS AT RIVERMONT	STREET ADDRESS, CITY, STATE, ZIP CODE 750 CANADIAN TRAILS DRIVE NORMAN, OK 73072
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(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	<p>INITIAL COMMENTS</p> <p>A relicensure survey was conducted from 03/21/23 through 03/23/23. A complaint investigation (#OK00059577) was conducted in conjunction with the survey. No deficiencies were cited.</p>	C 000		

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