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**Delivery via email to: Nikkita.Forcha@legendseniorliving.com**

January 20, 2026

License Number: AL5594

Nikkita Bowler, Administrator  
Legend At Council Road  
11320 North Council Road  
Oklahoma City, OK 73162

**Survey Event ID: 3CYK11**

Dear Ms. Bowler:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 13, 2026**. 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,

A handwritten signature in black ink that reads "Lisa Calvin".

Lisa Calvin, Enforcement Analyst II  
Long Term Care | Enforcement Division  
Oklahoma State Department of Health

Enclosure

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## INVESTIGATIVE REPORT

**Facility: Legend at Council Road**

**Address: 11320 North Council Road**

**City, State, Zip: OKC, OK 73162**

**Provider #: AL5594**

**Complaint #: OK00087820**

**Investigation Date(s): 01/13/26**

ALLEGATION(S)
The center failed to protect residents from sexual abuse
The center failed to abuse prevention and reporting policies and procedures
enter text
enter text
enter text

An unannounced on-site investigation was initiated 01/13/2026 at 11:00 a.m.

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: Observations of residents, resident to resident interactions, and staff to resident interactions were made. Records of residents' health charts, incident reports, and facility policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center was in compliance with regulations.**

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: 01/13/2026

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## INVESTIGATIVE REPORT

**Facility: Legend at Council Road**

**Address: 11320 North Council Road**

**City, State, Zip: OKC, OK 73162**

**Provider #: AL5594**

**Complaint #: OK00088234**

**Investigation Date(s): 01/13/26**

ALLEGATION(S)
The center failed to ensure residents were free from abuse
enter text
enter text
enter text

An unannounced on-site investigation was initiated 01/13/2026 at 11:00 a.m.

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.

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Oklahoma State Department of Health  
Long Term Care Service

Date report completed: 01/13/2026

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL5594</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 01/13/2026</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEGEND AT COUNCIL ROAD</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>11320 NORTH COUNCIL ROAD OKLAHOMA CITY, OK 73162</b>		
(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 (#OK00087820 and #OK00088234) were conducted on 01/13/26. 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