OKLAHOMA
State Department of Health

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

September 10, 2026

License Number: AL1404

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

Survey Event ID: ISU611

Dear Ms. Rose:

Enclosed is a report of the Relicensure survey with complaint investigations conducted at your Assisted Living facility on **August 18, 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,

Tempal Killman

Tempal Killman, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: The Gardens at Rivermont
Address: 750 Canadian Trails
City, State, Zip: Norman, OK 73072
Provider #: Al1404
Complaint #: OK00083483
Investigation Date(s): 08/17/26 to 08/18/26

ALLEGATION(S)
1.The center failed to notify the resident representative and/or emergency contact in a timely manner when a resident had a change in condition
2.The center failed to assess, monitor, and/or intervene after a resident had a change in condition.
3. The center failed to ensure records were not falsified.
4.The center failed to have complete and accurate resident records.
5. The center failed to have adequately trained staff on duty to provide care to the residents

A Summary of Complaint Investigation:

An unannounced on-site investigation was initiated 08/17/2026 at 11:15 a.m.

A sample of 7 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.

Observation of staff to resident ratio staff to resident interactions, and resident's conditions. Record review of resident health records, progress notes, incidents reports, in-service and staff training records, resident assessments, electronic health records, medication records and interviews with residents, staff, and family members were conducted

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: 08/18/2018

OKLAHOMA State Department of Health

Rev. 04/2024

INVESTIGATIVE REPORT

Facility: **The Gardens at Rivermont**
Address: **750 Canadian Trail,**
City, State, Zip: **Norman, OK 73072**
Provider #: **AL1404**
Complaint #: **OK00087027**
Investigation Date(s): 08/17/26 – 08/18/26

ALLEGATION(S)
The facility failed to ensure residents were free from abuse.

An unannounced on-site investigation was initiated 08/17/2026 at 11:15 a.m.

A sample of 7 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:

A tour of the facility was conducted upon entrance and at other various times throughout the survey

Resident records were reviewed including assessments, resident review, nursing notes, treatment records, and contracts. Residents and family representatives were interviewed about facility policy, level of care, staffing, and procedures. Staff were interviewed about resident treatment and conduct.

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: 08/18/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: The Gardens at Rivermont
Address: 750 Canadian Trails
City, State, Zip: Norman, OK 73072
Provider #: Al1404
Complaint #: OK00092541
Investigation Date(s): 08/17/26 to 08/18/26

ALLEGATION(S)
The center failed to maintain a comfortable, safe, homelike environment
The center failed to have enough staff to provide appropriate care to the residents

A Summary of Complaint Investigation:

An unannounced on-site investigation was initiated 08/17/2026 at 11:15 a.m.

A sample of 7 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.

Observation of staff to resident ratio staff to resident interactions, and resident's conditions. Record review of resident health records, progress notes, incidents reports, in-service and staff training records, resident assessments, electronic health records, medication records and interviews with residents, staff, and family members were conducted

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: 08/18/2026

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
	AL1404	A. BUILDING: _____ B. WING _____	C 08/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE GARDENS AT RIVERMONT	750 CANADIAN TRAILS DRIVE NORMAN, OK 73072

(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 with complaints (#OK00092541, OK00083483, and #OK00087027) was conducted from 08/17/26 through 08/18/26. No deficiencies were cited. Facility Census: 50	C 000		

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