OKLAHOMA
State Department
of Health

Delivery via email to: amanda.sikich@legendseniorliving.com; kimberly.saggese@legendseniorliving.com; jennifer.benham@legendseniorliving.com; Alicia.Webb@legendseniorliving.com

July 21, 2026

License Number: AL1410

Amanda Sikich, Administrator
Legend At Rivendell
13200 South May Ave
Oklahoma City, OK 73170

RE: Survey Event ID: ANV711

Dear Ms. Sikich:

Enclosed is a report of the inspection with complaint conducted at your Assisted Living Center on **July 16, 2026.** 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.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **Legend of Rivendell**
Address: **13200 S May Ave.**
City, State, Zip: **Oklahoma City, OK 73170**
Provider #: **AL1410**
Complaint #: **OK00091257**
Investigation Date(s): **07/15/2026**

ALLEGATION(S)
The center failed to ensure that the residents were free from abuse
The center failed to ensure falls were reported in a timely manner
enter text
enter text

An unannounced on-site investigation was initiated 07/15/2026 at 8:25 a.m.

A sample of 14 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: Reviewed the incident report. Contacted staff who worked the 2:00 p.m. to 10:00 p.m. shift on 5/12/2026; they did not witness the incident. Contacted the employee involved at 12:44 p.m., 1:02 p.m., and 2:13 p.m.; no answer. Contacted the resident's representative on three separate attempts; no answer or callback. Spoke with the Administrator, Amanda, who stated that the employee involved in the incident has separated from the company and that, once the incident was discovered, OSDH was notified by fax the same day.

Interviews with staff showed adequate training to ensure residents' needs were met. Based on observation, record review, and interviews, no deficiencies were cited.

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

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Date report completed: 07/17/2026

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
	AL1410	A. BUILDING: _____ B. WING _____	C 07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGEND AT RIVENDELL	13200 SOUTH MAY AVE OKLAHOMA CITY, OK 73170

(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 complaint (#OK00091257) was conducted from 07/15/26 through 07/16/26. No deficiencies were cited. Facility Census: 142	C 000		

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