OKLAHOMA
State Department
of Health

**Delivery via email to:** grace@tealridge.com

May 17, 2022

License Number: AL5535

Ms. Grace Grajeda, Administrator
Tealridge Assisted Living
2200 N E 140th
Edmond, OK 73013

**Survey Event ID: XL6211**

Dear Ms. Grajeda:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **May 2, 2022**. 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.

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2022.05.17 09:09:54 -05'00'

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State
Department of Health

# INVESTIGATIVE REPORT
# LICENSURE

**Facility:** **Tealridge Assisted Living**
**Address:** **2200 NE 140th**
**City, State, Zip:** **Edmond, OK 73013**
**Provider #:** **AL5535**
**Complaint #:** **OK00056313**
**Investigation Date(s):** **04/28/22, 04/29/22 and 05/02/22**

| ALLEGATION(S) | S = SUBSTANTIATED<br>US = UNSUBSTANTIATED |
|---|---|
| 1. The center failed to ensure licensed personnel perform invasive testing procedures. | **US** |

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

An unannounced on-site investigation was initiated on 04/28/2022 at 2:00 p.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:**

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

An investigation specific to COVID-19 testing was conducted.

There were no COVID-19 cases at the center at the time of the survey.

Residents stated the staff would test them if they had symptoms.

Staff stated during the pandemic they had a Clinical laboratory improvement amendment (CLIA) certificate of waiver which was a certification which allowed a facility to legally examine a person through waived tests in order to assess health, diagnose, and determine treatment. The purpose of a CLIA Certificate of Waiver was to

ensure laboratory standards were met which ensure timeliness, accuracy, and reliability of laboratory test results.

These were obtained through applications submitted to the Centers for Medicare & Medicaid Services (CMS).

The center provided documentation during the survey.

The registered nurse (RN) signed all COVID-19 results.

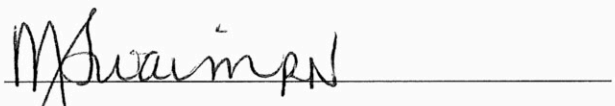
At the time of the investigation, there was no deficient practice related to invasive testing performed by unqualified staff.

**Determination Summary and Follow-Up Action:**

Deficient practice was unsubstantiated for allegation #1. 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.



Melissa Swaim RN

Date report completed: 05/02/2022

Oklahoma State
Department of Health

# INVESTIGATIVE REPORT
# LICENSURE

**Facility:** **Tealridge Assisted Living**
**Address:** **2200 NE 140th**
**City, State, Zip:** **Edmond, OK 73013**
**Provider #:** **AL5535**
**Complaint #:** **OK00057227**
**Investigation Date(s):** **04/28/22, 04/29/22 and 05/02/22**

| ALLEGATION(S) | S = SUBSTANTIATED<br>US = UNSUBSTANTIATED |
|---|---|
| 1. The center failed to ensure medications were administered as ordered by the physician. | US |
| 2. The center failed to provide care according to the resident contract. | US |

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

An unannounced on-site investigation was initiated on 04/28/2022 at 2:00 p.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:**

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

An investigation specific to administration of physician ordered medications was conducted.

Medication administration records were reviewed.

Medication administration was observed. There were no errors made by the staff at the time of the survey.

No resident or family member complained about administration of physician ordered medications at the time of the survey.

The registered nurse (RN) stated the RN consultant reviewed the physician orders and medication administration records monthly.

At the time of survey, there was no deficient practice in relation to administration of medications as ordered by the physician.

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

An investigation specific to the resident contract was conducted.

There were no dirty bathrooms observed with feces on the toilet or on the floor, no dirty sheets or laundry observed left in a residents room at the time of the survey.

The call lights were answered in a timely manner and no resident was observed left on the toilet at the time of the survey.

No resident or family member complained about call lights, staff or lack of help from staff for ADL's at the time of the survey.

At the time of the survey, residents were observed being fed by staff and/or cued by staff to eat.

At the time of the survey, residents were observed in the memory care unit to be clean, odor free, with clean clothes, hair and teeth.

There were no urine odors or strong body odors at the time of the survey in the memory care unit.

There were no cups of juice observed in resident rooms at the time of the survey in the memory care unit.

Resident rooms were observed throughout the center and they were observed to be clean and tidy with clean linens and clothes. There were no odors, no stripped beds, no wet linens or dirty clothes observed stacked up in closets or black toothbrushes in resident bathrooms observed.

At the time of survey, there was no deficient practice in relation to staffing, housekeeping, laundry, feeding or cueing residents with eating, toileting, call lights, resident hygiene or any other contracted services.

**Determination Summary and Follow-Up Action:**

Deficient practice was unsubstantiated for allegation #1 and #2. 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.

Melissa Swaim RN

Date report completed: 05/02/2022

Oklahoma State
Department of Health

# INVESTIGATIVE REPORT
# LICENSURE

**Facility:** **Tealridge Assisted Living**
**Address:** **2200 NE 140th**
**City, State, Zip:** **Edmond, OK 73013**
**Provider #:** **AL5535**
**Complaint #:** **OK00057463**
**Investigation Date(s):** **04/28/22, 04/29/22 and 05/02/22**

| ALLEGATION(S) | S = SUBSTANTIATED<br>US = UNSUBSTANTIATED |
|---|---|
| 1. The center failed to ensure medications were safely administered, according to physicians' orders, and to keep accurate records of narcotics. | US |

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

An unannounced on-site investigation was initiated on 04/28/2022 at 2:00 p.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:**

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

An investigation specific to medication administration, physician ordered medications and accurate narcotic records was conducted.

There was no documentation a resident was given the wrong medication. Narcotic records were reviewed and were accurate.

Medication administration was observed and physician ordered medications were administered correctly.

Each medication carts narcotics were counted and accurate.

No resident or family member complained about receiving the wrong medications or not receiving their pain medication as ordered by the physician at the time of the survey.

Staff stated if a resident were to receive the wrong medication the physician would be notified, their orders would be followed, the family would be notified, the resident would be monitored or sent to the ER for evaluation depending on the physician's orders and either an incident report or medication error would have been filled out.

Staff stated medication carts and their narcotics were routinely audited.

At the time of survey, there was no deficient practice in relation to medication administration, physician ordered medication or accurate narcotic records.

**Determination Summary and Follow-Up Action:**

Deficient practice was unsubstantiated for allegation #1. 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.

Melissa Swaim RN

Date report completed: 05/02/2022

Oklahoma State
Department of Health

# INVESTIGATIVE REPORT
# LICENSURE

**Facility:** **Tealridge Assisted Living**
**Address:** **2200 NE 140th**
**City, State, Zip:** **Edmond, OK 73013**
**Provider #:** **AL5535**
**Complaint #:** **OK00058650**
**Investigation Date(s):** **04/28/22, 04/29/22 and 05/02/22**

| ALLEGATION(S) | S = SUBSTANTIATED<br>US = UNSUBSTANTIATED |
|---|---|
| 1. The facility failed to have adequate staff to meet the needs of residents. | US |
| 2. The facility failed to provide adequate supervision to prevent elopements. | US |

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

An unannounced on-site investigation was initiated on 04/28/2022 at 2:00 p.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:**

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

An investigation specific to dietary staff and meal options was conducted.

On 04/17/22 residents did not miss any meals. Servers offered cereal, milk, toast, peanut butter, fresh fruit and juice for breakfast. The lunch menu included smothered pork tenderloin, corn bread dressing, green beans, dinner rolls and an assortment of desserts. Dinner included breaded chicken breast served on a bun with tomatoes, potato wedges and an assortment of desserts.

In addition to the scheduled menu there were additional meal options provided which included chef salad, soup of the day, grilled cheese, deli-meat sandwich, hamburger, ham & cheese omelet and cottage cheese & fruit plate.

No resident or family member complained about missed meals. They stated if they didn't like something or the alternative they could always find something in their room to eat.

Staff provided resident's options for meals.

At the time of survey, there was no deficient practice in relation to meal service or adequate staff.

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

An investigation specific to elopements was conducted.

Incident reports and resident records were reviewed.

A resident stated they had not eloped. They were trying to find out if there were any vacancies at the independent living center next door where they had previously lived.

Staff stated the resident had not eloped, but had gone next door to the independent living center to inquire about apartment availability.

Staff stated if a resident were to elope or were missing an incident report would be filled out, the family, physician, administrator, director of nursing and state agency would be notified. The registered nurse would re-assess the resident and discuss with family and physician about memory care placement.

At the time of survey, there was no deficient practice in relation to elopement or a missing resident.

**Determination Summary and Follow-Up Action:**

Deficient practice was unsubstantiated for allegation #1 and #2. 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.

M Swaim RN

Melissa Swaim RN

Date report completed: 05/02/2022

Oklahoma State
Department of Health

# INVESTIGATIVE REPORT
# LICENSURE

**Facility:** **Tealridge Assisted Living**
**Address:** **2200 NE 140th**
**City, State, Zip:** **Edmond, OK 73013**
**Provider #:** **AL5535**
**Complaint #:** **OK00055174**
**Investigation Date(s):** **04/28/22, 04/29/22 and 05/02/22**

| ALLEGATION(S) | S = SUBSTANTIATED<br>US = UNSUBSTANTIATED |
|---|---|
| 1. The center failed to have a system to ensure medications are administered according to physician orders. | **US** |

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

An unannounced on-site investigation was initiated on 04/28/2022 at 2:00 p.m.

A sample of three residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:**

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

An investigation specific to medications administered according to physician orders was conducted.

Narcotic records were reviewed. There were no discrepancies at the time of the survey.

Narcotics were counted on all carts. There was no misappropriation of narcotics at the time of the survey.

Residents were interviewed and no resident complained of pain at the time of the survey.

Staff stated medication carts were counted prior to each shift.

Employee #2 stated the medication carts were audited weekly.

At the time of the investigation, there was no deficient practice related to administration of physician ordered medication or misappropriation of narcotics.

**Determination Summary and Follow-Up Action:**

Deficient practice was unsubstantiated for allegation #1. 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.

Melissa Swaim RN

Date report completed: 05/02/2022

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 |
|---|---|---|---|
| | AL5535 | A. BUILDING: _____ B. WING _____ | 05/02/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| TEALRIDGE ASSISTED LIVING | 2200 N E 140TH EDMOND, OK 73013 |

| (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<br><br>Complaint investigations (#OK00055174, OK00056313, OK00057227, OK00057463, and #OK00058650) were conducted 04/28/22, 04/29/22 and 05/02/22. No deficiencies were cited. | C 000 | | |

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