OKLAHOMA
State Department
of Health

Delivery via email to: executivedirector@tealridge.com

June 3, 2024

License Number: AL5535

Ms. Shekita Anderson, Administrator
Tealridge Assisted Living
2200 N E 140th
Edmond, OK 73013

RE: Survey Event ID: 6EQS11

Dear Ms. Anderson:

On **May 31, 2024**, agents from our office concluded a State Licensure survey with complaint investigations at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **May 31, 2024**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: http://www.ok.gov/health. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

Respectfully,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Tealridge Assisted Living Center**
Address: **2200 NE 140th**
City, State, Zip: **Edmond, OK, 73013**
Provider #: **AL5535**
Complaint #: **OK00062306**
Investigation Date(s): **05/29/24 through 05/31/24**

ALLEGATION(S)
The center failed to ensure residents were not involuntarily secluded.

An unannounced on-site investigation was initiated 05/29/2024 at 1:30 p.m.

A sample of 10 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 time throughout the survey. Resident halls were observed for residents in need. Staff were observed for assisting residents with their care/needs. Medication room, nurses stations and offices were observed for stored medications.

A visual count of direct care staff on duty was taken and compared to the State mandated staffing requirement. Past facility staffing schedules were reviewed for staffing patterns and compared to the State mandated staffing. Greivance reports were reviewed. Inservices were reviewed.

Residents were interviewed regarding food service and staffing.

Resident records including assessments, care plans, physician orders and medication administration records were reviewed.

Staff were interviewed regarding the policy and procedures for medication storage, food service and staffing.

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: 05/31/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Tealridge Assisted Living Center**
Address: **2200 NE 140th**
City, State, Zip: **Edmond, OK, 73013**
Provider #: **AL5535**
Complaint #: **OK00063619**
Investigation Date(s): **05/29/24 through 05/31/24**

ALLEGATION(S)
The center failed to ensure residents were not involuntarily secluded.

An unannounced on-site investigation was initiated 05/29/2024 at 1:30 p.m.

A sample of 10 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 memory care unit was conducted upon entrance and at other various times throughout the survey. Resident halls were observed for residents in need and for residents entering and exiting their rooms. Staff were observed for assisting residents with their care/needs.

Resident records including assessments, care plans, physician orders and medication administration records were reviewed. Grievances were reviewed.

Residents/Resident representatives/caretakers were interviewed regarding room accessibility.

Staff were interviewed regarding the provision of resident room doors and accessibility to their rooms.

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: 05/31/2024

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Tealridge Assisted Living Center**
Address: **2200 NE 140th**
City, State, Zip: **Edmond, OK**
Provider #: **AL5535**
Complaint #: **OK00064864**
Investigation Date(s): **05/29/24 – 05/31/24**

ALLEGATION(S)
The center failed to ensure residents were not physically, verbally, or psychosocially abused.
The center failed to have and/or implement an effective pharmacy policy and procedure to ensure the medication room was secured.

An unannounced on-site investigation was initiated 05/31/2024 at 1:30 p.m.

A sample of 10 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 halls were observed for appropriate staff interaction and resident treatment.

Resident records were reviewed including assessments, care plans, orders, medication administration records, grievances. Facility policy and procedures were reviewed.

Residents were interviewed related to the provision of abuse, dignity, and their medications.

Staff were interviewed related to the policy and procedures of medication storage and abuse.

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: 05/31/2024

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 _____	C 05/31/2024

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 A relicensure survey was conducted from 05/29/24 to 05/31/24. Complaints (#OK00062306, OK00063619, and #OK00064864) were conducted in conjuction with the survey. Facility census: 64	C 000		
C 391 SS=D	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation and interview, the center failed to ensure: a. food items were dated, labeled, and secured; and b. staff utilized hair restraints for one of one kitchen observation. The Executive Director identified 64 residents resided at the center. Findings: An undated facility "Effectiveness" policy, read in part, "Food employees shall wear hair restraints such as hats, hair coverings or nets...to effectively keep their hair from contacting exposed food." On 05/29/24 at 1:58 p.m., Dietary Aide #1 was observed putting cookies on a baking pan. They had no hair restraint.	C 391		

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 _____	C 05/31/2024

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 391	Continued From page 1 On 05/29/24 at 1:59 p.m., Dietary Aide #1 stated they were to wear hair restraints while handling food. On 05/29/24 at 2:12 p.m., the following observations were made in the refrigerator: a. an opened packet of mild cheddar cheese not secured and with slices of cheese revealed had date, b. a clear plastic bag of white cheese with no label or date, and c. opened carton of liquid eggs, not secured with no date. On 05/29/24 at 2:17 p.m., Cook #1 stated the cheddar cheese and liquid eggs were not properly secured or dated. On 05/29/24 at 2:18 p.m., Cook #1 stated the white cheese was not labeled or dated. On 05/29/24 at 2:31 p.m., Cook #1 stated hair restraints were to be worn upon entrance into the kitchen. They stated once food was opened, should be labeled, or dated.	C 391		

OKLAHOMA
State Department
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Delivery via email to: executivedirector@tealridge.com

June 13, 2024

License Number: **AL5535**

Ms. Shekita Anderson, Administrator
Tealridge Assisted Living
2200 N E 140th
Edmond, OK 73013

Survey Event ID: 6EQS11

Dear Ms. Anderson:

On **May 31, 2024,** a Relicensure survey with a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. **Our acceptance does not absolve the facility's responsibility for compliance** should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **July 11, 2024**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

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

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Protective Health Services
Long Term Care Service

OPTIONAL PLAN OF CORRECTION TEMPLATE

Current Date: 6/11/2024

Facility Name: Tealridge Assisted Living And Memory Care

License Number: AL-5535-5535

Survey Event ID: 6EQS11

Date Survey Completed: 5/31/2024

SUMMARY OF DEFICIENCY CITED BY OSDH

ID Prefix Tag: C 391	Based on: Food storage, preparation and service. Food shall be stored, prepared and served on accordance with Chapter 257. Based on observation food items were not dated and Dietary Aide did not have on a hair restraint.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: Enter the assisted living center's opening comments or disclosure statement (Optional).

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	All Dietary staff will be trained on hair restaints and making sure food items are dated, labeled, and secured.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents residing in the community have the potential to be affected.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	Staff will be monitored for proper hair restraints during scheduled shift by Chef Chris and Dietary Manager Angela. Findings will be reported to Shekita Anderson Executive Director for compliance and placed in writing 1 X per week.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Results of the reviews will be reviewed in the QA meeting. QA team will recommend and put in place additional interventions as needed. Enter methods to incorporate into QA system: Enter methods to keep monitoring records:
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	7/11/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Shekita Anderson ED** **Date 6/11/2024**

OAC 310:663-25-4(F)

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.

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State Department of Health

Delivery via email to: executivedirector@tealridge.com

July 25, 2024

License Number: AL5535

Ms. Shekita Anderson, Administrator
Tealridge Assisted Living
2200 N E 140th
Edmond, OK 73013

RE: Survey Event 6EQS12

Dear Ms. Anderson:

On **July 23, 2024,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey with complaint investigations on **May 31, 2024,** have now been corrected effective **July 11, 2024.**

If you have any questions concerning the information in this letter, please contact the Enforcement worker at (405) 426-8200.

Respectfully,

Lisa Calvin

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

Enclosure

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 _____	R-C 07/23/2024

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 A revisit was conducted on 07/23/24. All deficiencies from the 05/31/24 survey were cleared. Facility Census: 64	{C 000}		

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