OKLAHOMA
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

Survey Event ID: OJ3Q11

Dear Ms. Anderson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 23, 2024**. 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,

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**
Address: **2200 N E 140th**
City, State, Zip: **Edmond, Okla. 73013**
Provider #: **AL5535**
Complaint #: **OK00065287**
Investigation Date: **07/23/24**

ALLEGATION

The center failed to ensure palatable food with adequate nutritive value was served according to the State Laws.

An unannounced on-site investigation was initiated 07/23/2024 at 11:14 a.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) 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 brief initial tour was made of the kitchen. Staff were observed preparing food for lunch. Observations were made of the lunch meal service and residents eating.

Resident records reviewed were assessments, physician orders, diets, resident council, weight loss, menus, alternative menu's, portion sizes, and the policy and procedure for menus.

Residents were interviewed regarding weight loss, food palatability, portion sizes, alternatives meals, and proteins served.

Kitchen staff were interviewed regarding portion sizes, meal substitutions, menus, and serving sizes according to the menu. Direct care staff were interviewed regarding food palatability, portion sizes, proteins served at meals and resident concerns with food.

The attached CMS 2567 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: 07/24/2024

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 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 complaint investigation (#OK00065287) was conducted on 07/23/24. No deficiencies were cited. Faciity Census: 64	C 000		

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