OKLAHOMA
State Department of Health

Delivery via email to: executivedirector@tealridge.com

October 24, 2024

License Number: AL5535

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

Survey Event ID: M30811

Dear Ms. Anderson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 22, 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
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INVESTIGATIVE REPORT

Facility: Tealridge Assisted Living
Address: 2200 NE 140th
City, State, Zip: Edmond, Ok 73013 Oklahoma
Provider #: AL5535
Complaint #: OK00066691
Investigation Date(s): 10/17/24, 10/21/24 and 10/22/2024

ALLEGATION(S)
The center failed to ensure the residents were served nutritious , palatable meals, at a sufficient quantity.

An unannounced on-site investigation was initiated 05/17/2023 at 5:07a.m..

A sample of three 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 various times throughout the survey.

Patient assessments and record were reviewed such as physician orders, care plans, dietary assessments, and activities of daily living. Staffing records were requested and company policies concerning food regulations. Resident and staffing rosters were reviewed. Resident Assessments, resident council, state reportable and grievance records were reviewed. Dietary staffing certifications were reviewed.

A test tray was delivered on 10/22/24 at 12:25p.m.

Patients were observed for interactions with staff and meal service times and delivery. Patients were observed for assistance with meals and staff assistance with meals.

Patients were interviewed related food palatability, nutrition, service concerns and reporting.

Staff were interviewed in relation to food palatability, service contracts and reporting according to company policy.

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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: 10/22/2024

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 10/22/2024

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 (#OK00066691) was conducted from 10/17/24, 10/21/24 and 10/22/24. No deficiencies were cited. The Administrator reported 60 residents resided in the facility.	C 000		

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