OKLAHOMA
State Department
of Health

Delivery via email to: sslemp@omegasrliving.com

September 2, 2022

License Number: AL5541

Mr. Scott Slemp, Administrator
Teal Creek Assisted Living & Memory Care
13501 N Bryant Ave
Edmond, OK 73013

Survey Event ID: XRLR11

Dear Mr. Slemp:

On **August 12, 2022,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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. 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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 will be completed for each violation; and
(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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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.

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2022.09.02 09:06:58 -05'00'

Katie Stagner, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Teal Creek AL & MC**
Address: **13501 N Bryant Ave**
City, State, Zip: **Edmond, OK 73013**
Provider #: **AL5541**
Complaint #: **OK00059309**
Investigation Date(s): **08/11/22 and 08/12/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center neglected to provide a safe environment free from accident hazards.	S

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

An unannounced on-site investigation was initiated on 08/11/2022 at 12:50 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 substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1512 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Thank you for bringing these concerns to our attention.

Melissa Swaim RN

Melissa Swaim RN

Date report completed: 08/15/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5541	A. BUILDING: _____ B. WING _____	08/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEAL CREEK ASSISTED LIVING & MEMORY CARE	13501 N BRYANT AVE 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 (#OK00059309) was conducted 08/11/22 and 08/12/22. Listed below are abbreviations used throughout this document: AD-Alzheimer's Disease B/P-blood pressure CMA-certified medication aide ED-emergency department EMSA-emergency medical services authority G-gauge HPI-history of present illness IV-intravenous (fluids through a needle/tube inserted into a vein) L-left LTCA-long term care aide LPN-licensed practical nurse ml-milliliter NS-normal saline O2 sat's-oxygen saturation RN-registered nurse RR-respiration rate WO-wide open	C 000		
C1512 SS=D	310:663-15-1 & 63 OS 1-1918(B)(12) RESIDENT RIGHTS - Abuse/Neglect Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(12) (12) Every resident shall be free from mental and physical abuse and neglect, as such terms are defined in Section 10-103 of Title 43A of the Oklahoma Statues, corporal punishment, involuntary seclusion, and from any physical and	C1512		

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C1512	Continued From page 1 chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms, except those restraints authorized in writing by a physician for a specified period of time or as are necessitated by an emergency where the restraint may only be applied by a physician, qualified licensed nurse or other personnel under the supervision of the physician who shall set forth in writing the circumstances requiring the use of restraint. Use of a chemical or physical restraint shall require the consultation of a physician within twenty-four (24) hours of such emergency; Title 43A O.S. 10-103. Definitions 8. "Abuse" means causing or permitting: a. the infliction of physical pain, injury, sexual abuse, sexual exploitation, unreasonable restraint or confinement, or mental anguish, or b. the deprivation of nutrition, clothing, shelter, health care, or other care or services without which serious physical or mental injury is likely to occur to a vulnerable adult by a caretaker or other person providing services to a vulnerable adult; 10. "Neglect" means: a. the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest, b. the failure to provide a vulnerable adult with adequate shelter, nutrition, health care, or clothing, or c. negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct services;	C1512		

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C1512	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to provide supervision and secure cleaning supplies on the memory care unit to prevent one vulnerable resident (#1) of three sampled residents from ingesting a cleaning chemical who required EMSA transport and treatment. Findings: Abuse policy, not dated, read in part, "...Neglect means...the failure to provide protection for a vulnerable adult who is unable to protect his or her own interest...negligent acts or omissions that result in harm or the unreasonable risk of harm to a vulnerable adult through the action, inaction, or lack of supervision by a caretaker providing direct care services..." Staff training, "Dementia Care: Understanding Alzheimer's Disease," dated 2019, read in part, "...People with AD may wander...Everything you do should focus on the person and their specific needs. This is called person-centered care..." Staff training, "Understanding Wandering," dated 2020, read in part, "...Many residents living with some form of dementia may wander...These behaviors may be dangerous because residents who are cognitively impaired may be unable to protect themselves...You must focus your care goals on keeping your residents safe...The resident's safety is always your utmost concern. All facilities should implement strategies to minimize safety risks for their residents..."	C1512		

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TEAL CREEK ASSISTED LIVING & MEMORY CARE	13501 N BRYANT AVE EDMOND, OK 73013

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C1512	Continued From page 3 An EMSA report, dated 07/21/22, read in part, "...primary impression: poisoning/drug ingestion...chief complaint: overdose/ingestion...protocol used: overdose/toxic ingestion...barriers to care: unconscious...B/P 61/35...RR 14...O2 sat's 86% RA...injury: poisoning-soaps and detergent poisoning...signs and symptoms: toxic effect of unspecified inorganic substance...vomiting episode x 1...IV (18 G L wrist) NS (700 ml IV WO)...staff reports that the patient consumed an unknown amount of (name-deleted) disinfectant cleaner approximately 1 hour ago. Staff reports that the patient had 1 episode of vomiting after the ingestion. Staff reports that the patient became lethagic and slow to respond...mental status: patient is lethargic, responds to painful stimuli, groans..." A hospital record, dated 07/21/22, read in part, "...possible ingestion of (name-deleted) type cleaning solution...unsure of quantity or amount, patient possible got a hold of a spray bottle of cleaning solution, poison control was contacted and around that time, patient vomited once. Patient initially hypotensive on scene...stated complaint: ingestion...Patient is awake..answers to her name, but cannot answer any orientation questions. She makes incomprehensible sounds but follows commands...patient got at most 1-2 swallows in mouth before spitting it out, vomiting x 1 within 10 minutes of ingestion, bottle was nearly empty to begin with and report solution was a diluted solution...Primary Impression: accidental ingestion of potentially harmful entity...Preventing Poisoning, Adult..." An incident report, dated 07/22/22, read in part, "...resident found in common area with a small	C1512		

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	AL5541	A. BUILDING: _____ B. WING _____	08/12/2022

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C1512	Continued From page 4 bottle of (name-deleted cleaning supply) in her hand. Bottle was taken from resident. Staff smelled residents breath and noted a hint of (name-deleted cleaning supply) on resident's breath...resident vomitted stomach bile and EMSA was notified...Resident has diagnosis of dementia..." The resident handbook, not dated, read in part, "...Our Mission...To Our Resident: To deliver the most compelling service experience possible...resident rights policy...Every resident shall be from...neglect..." On 08/12/22 at 8:15 a.m. CNA #1 was asked about resident #1. They stated resident #1 resided on the memory care unit. CNA #1 identified them as a wanderer. They stated, "She gets into pretty much everything." "We have to keep a close eye on her." CNA #1 was asked if they knew of any time a resident ingested cleaning supplies. CNA #1 stated there was an incident with resident #1. A (spray) bottle was left out (in the office) and she was in there wandering around. CNA #1 stated it happened in a split second as they were pushing (wheelchair) residents up to the tables in their dining area for breakfast. CNA #1 and CMA #1 ran to her to get the spray bottle away from resident #1. CNA #1 was asked how they knew resident #1 had ingested the cleaning supply. CNA #1 stated they smelled resident #1's breath and could tell she took a drink because they could smell the cleaning supply and resident #1 later vomitted. CNA #1 was asked if the office was secured. CNA #1 stated, "No, it doesn't have any doors or	C1512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5541	A. BUILDING: _____ B. WING _____	08/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEAL CREEK ASSISTED LIVING & MEMORY CARE	13501 N BRYANT AVE EDMOND, OK 73013

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C1512	Continued From page 5 anything." At 8:32 a.m. CNA #3 was asked what they considered abuse. CNA #3 stated, "Not helping or paying attention to someone, neglect basically." At 8:35 a.m. CNA #2 was asked what they considered abuse. CNA #2 stated, "Verbal, physical, neglect, mental." CNA #2 was asked about resident #1. CNA #2 stated, "She's a wanderer." At 8:56 a.m. LPN #1 was asked if they knew of any time a resident ingested cleaning supplies. LPN #1 stated, "Yes, I was there that day. They staff notified me when it happened." "We did not know how much she ingested." "Hospice assessed," low b/p. "EMSA was able to get her responsive." LPN #1 was asked if the situation was preventable. LPN #1 stated, "Absolutely. It was a mistake. It could have been prevented." At 9:05 a.m. CNA #1 was asked if the situation was preventable. CNA #1 stated, "Yeah, it was an entirely preventable situation." At 9:20 a.m. RN #1 was asked if the situation was preventable. RN #1 stated, "There should have not been any cleaning supplies out for her (resident #1) to have access to. Yes, I would have to say it was preventable."	C1512		

OKLAHOMA
State Department
of Health

Delivery via email to: sslemp@omegasrliving.com

September 28, 2022

License Number: AL5541

Mr. Scott Slemp, Administrator
Teal Creek Assisted Living & Memory Care
13501 N Bryant Ave
Edmond, OK 73013

Survey Event ID: XRLR11

Dear Mr. Slemp:

On **August 12, 2022,** 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 **November 1, 2022**.

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

Digitally signed by Tempal Killman
Date: 2022.09.28 10:02:41 -05'00'

Tempal Killman, Administrative Assistant II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

enc

Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 9/8/2022** **Facility Name:** Teal Creek Assisted Living and Memory Care **License Number:** AL5541 **Survey Event ID:** XRLR11 **Date Survey Completed: 8/12/2022**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1512	Based on: record review and interview, the center failed to provide supervision and secure cleaning supplies on the memory care unit to prevent one vulnerable resident (#1) of three sampled residents from ingesting a cleaning chemical who required EMSA transport and treatment.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This should not be construed as an admission of guilt or agreement with OSDH findings.

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?	Chemical check done. Staff inserviced.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Performed room and facility check for chemicals
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?	RCD or someone appointed by them will do chemical checks at least monthly to ensure compliance. Staff will be inserviced on chemical storage and safety.
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.	RCD will review chemical checks RCD will bring chemical check review results to QA QA team will review results and suggest changes if needed. Chemical checks will be done at least monthly for 3 months.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/1/2022
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Scott Slemp** OAC 310:663-25-4(F)	**Date 9/9/2022**

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.

OKLAHOMA
State Department
of Health

Delivery via email to: sslemp@omegasrliving.com

January 12, 2023

License Number: AL5541

Mr. Scott Slemp, Administrator
Teal Creek Assisted Living & Memory Care
13501 N Bryant Ave
Edmond, OK 73013

Survey Event ID: XRLR12

Dear Mr. Slemp:

On **December 30, 2022,** a complaint revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **August 12, 2022,** have now been corrected effective **November 1, 2022.**

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

Sincerely,

Katie Stagner

Katie Stagner, Enforcement Analyst
Long Term Care
Protective Health Services

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
	AL5541	A. BUILDING: _____ B. WING _____	R 12/30/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEAL CREEK ASSISTED LIVING & MEMORY CARE	13501 N BRYANT AVE EDMOND, OK 73013

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{C 000}	INITIAL COMMENTS A revisit was conducted on 12/30/22. All deficiencies from 8/12/22 survey were cleared.	{C 000}		

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