OKLAHOMA
State Department
of Health

Delivery via email to: sslemp@omegasrliving.com

July 25, 2023

License Number: AL5541

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

RE: Survey Event ID: 71DF11

Dear Mr. Slemp:

On **June 20, 2023**, agents from our office concluded a State Licensure survey along 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 June 20, 2023.

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 (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 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 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 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,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Teal Creek Assisted Living and Memory Care
Address: 13501 N. Bryant Avenue
City, State, Zip: Edmond, OK 73013
Provider #: AL5541
Complaint #: OK00059129
Investigation Date(s): 06/12/23-06/15/23 and 06/20/23

ALLEGATION(S)
The facility failed to notify family of a change in residents' condition.
The center failed to assess, monitor, and intervene in a timely manner.

An unannounced on-site investigation was initiated 06/12/2023 at 8:50 a.m.

A sample of 3 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:

An investigation related to assessments, physician notes, physician orders, medication administration records, care plans, contracts, incident reports, state reportable' s and hospital records were conducted.

A tour of the center was conducted.

Residents were observed being sent out for further evaluations.

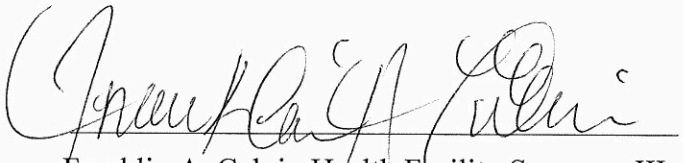
Family notification documentation was provided.

Residents stated they received assistance with activities of daily living and care from the direct care staff.

Staff stated that they checked on residents every two hours.
Staff stated they send out residents when they have a change in condition.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.



Franklin A. Calvin Health Facility Surveyor III

Date report completed: 06/21/2023

INVESTIGATIVE REPORT

Facility: Teal Creek Assisted Living and Memory Care
Address: 13501 N. Bryant Avenue
City, State, Zip: Edmond, OK 73013
Provider #: AL5541
Complaint #: OK00060371
Investigation Date(s): 06/12/23-06/15/23 and 06/20/23

ALLEGATION(S)
The facility failed to ensure dependent residents were transferred in a safe manner and failed to ensure dependent residents received assistance with eating.
The facility failed to ensure staff prepared and administered medications according to standards of care.

An unannounced on-site investigation was initiated 06/12/2023 at 8:50 a.m.

A sample of 3 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:

An investigation related to assessments, physician notes, physician orders, care plans, activities of daily living, patient care and medication administration with records were conducted.

A tour of the center was conducted.

Residents were observed receiving care, resident transferred in a safe manner and physician ordered assistance with meals.

At the time of the survey, medications were crushed as ordered and residents were observed taking their medications.

Residents stated they received their physician ordered medications from medication staff.
Residents stated they received assistance with activities of daily living and care from the direct care staff.

Staff stated the residents received their physician ordered diets.

The attached Statement of Deficiencies, Form 2567 will identify any deficiencies cited.

Thank you for bringing your concerns to our attention.

Oklahoma State Department of Health
Long Term Care Service

Franklin A. Calvin Health Facility Surveyor III

Date report completed: 06/21/2023

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Teal Creek Assisted Living and Memory Care
Address: 13501 N. Bryant Avenue
City, State, Zip: Edmond, Oklahoma 73013
Provider #: AL5541
Complaint #: OK00060748
Investigation Date(s): 06/12/23-06/15/23 and 06/20/23

ALLEGATION(S)

The center failed to ensure residents were not physically, verbally, or psychosocially abused.
The center failed to provide care and treatment according to physician's orders and ensure residents received timely incontinent care.

An unannounced on-site investigation was initiated 06/12/2023 at 8:50 a.m.

A sample of 3 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:

An investigation related to assessments, physician notes, physician orders, hospice, care plans, incontinent care, abuse, wounds, medication and treatment administration records were conducted.

A tour of the center was conducted.

Resident rooms were observed with no feces or urine.
Residents were observed receiving care, resident transferring and physician ordered assistance with meals.
Resident was observed self- propelling to and from the dining room.

Residents stated they received their legs were improving and was receiving treatments as ordered.
Residents stated they received assistance with activities of daily living and care from the direct care staff.

At the time of the survey, no staff made any derogatory comments towards residents.
At the time of the survey the administrator interacted with residents appropriately.

The attached Statement of Deficiencies, Form 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: 06/21/2023

Franklin A. Calvin Health Facility Surveyor III

06/21/2023

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 _____	C 06/20/2023

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 relicensure survey was conducted 06/12/23 through 06/15/23, and on 06/20/23. Complaint investigations (#OK00059129, OK00060371, and #OK00060748) were conducted in conjunction with the survey. Listed below are abbreviations used throughout this document. BOM - business office manager cap - capsule CMA - certified medication aide dx - diagnosis DON - director of nursing ER - emergency room eval - evaluation Fri - Friday INR - interntional normalized ratio LTCA - long term care aide MAR - medication administration record mg - milligram PO - by mouth Sat - Saturday Sun - Sunday Thur - Thursday Tue - Tuesday	C 000		
C 341 SS=D	310:663-3-4(b)(1) APPROPRIATE PLACEMENT (b) The resident shall not be eligible for placement in the assisted living center under one (1) or more of the following circumstances: (1) The resident needs care or services that exceed the care or services available in the assisted living center; Based on record review and interview, the center	C 341		

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C 341	Continued From page 1 failed to find higher level of care for one (#3) of one resident who had psychosis, dementia, and no assigned power of attorney or guardian. The DON identified 74 residents resided at the center. Findings: A "Resident Service Agreement," read in part, "...Our Community will provide Residents with protective care, watchful oversight, and personal services commensurate with Resident needs...referring Resident to appropriate services when required...We will reassess Resident as needed in light of Resident changing needs to determine the appropriate level of service that Resident require...Resident presence does not create a danger to Resident self or others...Resident continuing behavior or condition directly and substantially threatens Resident health, safety, and welfare or the health, safety, and welfare of another Resident..." Resident #3 had diagnoses which included dementia, psychosis, and depression. Resident #3's "Comprehensive Assessment," dated 01/06/23, read in part, "...alert, oriented x 2 (person and place), confused at times, forgetful with poor judgment and oppositional defiant behavior...history of suicide attempt...resident will void/defecate in inappropriate places: recliner, elevator and will become belligerent about toileting and hygiene...bipolar, depression...unpleasant and frequently agitated...hospice..." On 06/12/23 at 11:29 a.m., the DON stated Resident #3 required a higher level of care, was	C 341		

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C 341	Continued From page 2 on hospice, and needed to be re-located due to their higher level of care. On 06/20/23 at 9:21 a.m., the DON stated Resident #3's incontinence was a behavioral issue. They stated Resident #3 has threaten self harm and harm to others. The DON stated Resident #3 had been sent out but came right back from hospital with a depression diagnosis. The DON was asked if the suicide/threat of self harm and harm to others was care planned with interventions. The DON stated, "I guess not." On 06/20/23 at 9:29 a.m., the DON stated they had higher needs than the center could seem to provide.	C 341		
C 522 SS=E	310:663-5-2(b) ASSESSMENT TIMEFRAMES (b) The assisted living center shall complete the comprehensive assessment in accordance with the following: (1) within fourteen (14) days after admission of the resident; (2) once every twelve (12) months thereafter; and (3) promptly after a significant change in the resident's condition. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to complete a significant change assessment for one (#3) of ten sampled residents reviewed for resident assessments. The DON identified 74 residents resided at the	C 522		

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C 522	Continued From page 3 center. Findings: A "Resident Service Agreement," read in part, "...A registered nurse will do the comprehensive assessment...anytime there is a significant change in Resident's condition..." Resident #3' comprehensive assessment, dated 01/06/23, read in part, "...ambulates with walker...continent of bladder and bowel..." On 06/12/23 at 9:19 a.m., resident #3 was observed in a manual wheelchair self-propelling from the dining room to the elevator to their room. On 06/20/23 at 9:27 a.m., the DON stated a significant change assessement should have been completed.	C 522		
C 922 SS=E	310:663-9-2(b) MEDICATION STAFFING (b) Unlicensed personnel administering medications shall have completed a training program that has been reviewed and approved by the Department. This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure unlicensed personnel completed a training program approved by the Department for administration of medications for three (LTCA #1, 2, and #3) of three employees hired to assist residents with the administration of their	C 922		

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C 922	Continued From page 4 medications. The DON identified 74 residents resided at the center. Findings: On 06/15/23 at 2:37 p.m., during employee file review with the BOM, LTCA #1-#3 were not trained by an approved program. The department of developmental disabilities services (DDS) provided training for their employees to work with DDS clients rather than assisted living residents. On 06/20/23 at 11:54 a.m., the Administrator stated if they needed to they would sign the employees up for a Department approved program. On 06/20/23 at 12:15 p.m., the DON stated LTCA #1 trained on the medication cart 04/25/23 and 05/02/23 and began passing medications 05/03/23. The DON stated LTCA #2 trained on the medication cart 06/07/23 and 06/08/23 and then started working double shifts on weekends passing medications 06/10/23. The DON stated LTCA #3 had continued to pass medications since 03/25/23.	C 922		
C1304 SS=D	310:663-13-1(d) RESIDENT SERVICE CONTRACT (d) The assisted living center shall provide all services that are specified in the resident's current service contract.	C1304		

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C1304	Continued From page 5	C1304		

This REQUIREMENT is not met as evidenced by:
Based on observation, record review, and interview, the center failed to maintain an environment in a clean and sanitary manner for one (#3) of three sampled resident rooms who had strong urine odors.

The DON identified 74 residents resided at the center.

Findings:

"Marketing Material," read in part, "...Our Mission...To deliver the most compelling service experience possible through product and service excellence...help us create an environment that is home to you...We genuinely care for and respect our residents...We want nothing more than to ensure our residents are happy, healthy..."

A "Resident Service Agreement," read in part, "...Resident may need, by choice or functional impairments, assistance with personal care...services including supervision...extensive assistance with...toileting...personal laundry services...housekeeping services..."

On 06/14/23 at 10:42 a.m., a urine odor could be smelled from the elevator and outside Resident

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C1304	Continued From page 6 #3's apartment. On 06/14/23 at 11:03 a.m., the housekeeper was asked about the urine odor in the hall from the elevator. They stated, "It smells the same way when I started work here." On 06/14/23 at 11:04 a.m., the housekeeper was asked about the odor outside of Resident #3's room and when the door to the apartment was opened. They stated, "It smells like urine."	C1304		
C1505 SS=D	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care 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)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated.	C1505		

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C1505	Continued From page 7	C1505		

This REQUIREMENT is not met as evidenced by:
Based on observation, record review and interview, it was determined the center failed to assess, intervene, and supervise three residents:

a. one (#3) of three sampled residents who had mental health needs,

b. one (#10) of one sampled resident who received Coumadin; and

c. two (#3 and #13) of six residents who relied on the center's staff to administer their physician ordered medication.

The DON identified 74 residents resided at the center.

Findings:

A "Resident Service Agreement," read in part, "...Resident may need...supervision of resident physical and mental well-being...Staff will provide personal care services including supervision...Our community will provide resident with protective care, watchful oversight, and personal services commensurate with resident needs...intervening

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C1505	Continued From page 8 of resident behalf in the event of a crisis...referring resident to appropriate services when required...supervising resident...physical and mental well-being...We will reassess resident as needed...changing needs to determine the appropriate level of service...Resident presence does not create a danger to resident self or others...Resident continuing behavior...threatens resident health, safety, and welfare or the health, safety, and welfare of another resident..." "Resident Rights" policy, read in part, "...Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community..." a. Resident #3 had diagnoses to include bipolar disorder, depression, and dementia. A "Nurse's Note," dated 09/03/22, read in part, "...This nurse was told by CMA that resident was upset at breakfast in dining room. Resident became angry using foul language with staff..." A "Nurse's Note," dated 09/11/22, read in part, "...This nurse notified by dietary staff that resident and another resident were making plans to cause harm to another resident because they do not like the resident..." A "Comprehensive Assessment," dated 01/06/23, read in part, "...bipolar, depression, dementia...alert and oriented x 2 (person, place) with confusion at times, forgetful and poor judgement...oppositional defiant...mental health history: history of suicide attempt...fair mobility, strength, and poor gait...ambulatory without assistance...history of abnormal behaviors: agitation...anger outburst...describe	C1505		

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C1505	Continued From page 9	C1505		

abnormalities: has poor toileting habits..."

A "Service Plan," dated 04/04/23, read in part, "...ensure appropriate behavior & suitableness for assisted living atmosphere...aggressive...historically and is more frequently becoming belligerent and will curse at staff and other residents..."

A "Nurse's Note," dated 04/23/23, read in part, "...Resident became angry..."

A "Nurse's Note," dated 06/02/23 at 2:45 p.m., read in part, "...Resident having behaviors this shift...observed resident visibly upset and stated, "I have a knife. I'm going to my room to slit my throat." Resident currently in room screaming curse words toward staff...Resident still stating, "I'm going to slit my throat." "I want to get out of here..."

An "Employee Written Statement," dated 06/02/23, read in part, "...he started to curse staff out...telling staff "F" you and to go "F" themselves and threatened to kill himself..."

A "Third Party Statement," dated 06/02/23 at 3:00 p.m., read in part, "...heard loud yelling...patient in verbal altercation with facility aide...began yelling at aide...On the way to the elevator patient stated he was going to go to room and "slit his throat with a knife in his room." Patient has pulled a butter knife on another resident in the last couple of days and threatened resident also..."

A "Peace Officer's Statement for Protective Custody," dated 06/02/23 at 3:00 p.m., read in part, "...an attempt suicide call...subject was threatening suicide...stated [Resident #3] would slit his throat with a knife because [Resident #3]

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	AL5541	A. BUILDING: _____ B. WING _____	C 06/20/2023

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
C1505	Continued From page 10 is tired of living at this facility. [Resident #3] stated this multiple times...expressed their concerns..." A "Face Sheet," printed 06/02/23, read in part, "...mood disorder..." A "Nurse's Note," dated 06/02/23 at 6:30 p.m., read in part, "...Resident arrived back...no new orders...hospital dx: depression..." On 06/12/23 at 11:29 a.m., the DON stated Resident #3 required a higher level of care, was on hospice and needed to be re-located due to their higher level of care. On 06/20/23 at 9:21 a.m., the DON stated Resident #3's incontinence was a behavioral issue. They stated Resident #3 had threatened self harm and harm to others, but came right back from hospital with a depression diagnosis. The DON was asked if the suicide/threat of self harm and harm to others was care planned with interventions. The DON stated, "I guess not." On 06/20/23 at 9:29 a.m., the DON stated they had higher needs than the center could seem to provide. b. Resident #10 had diagnoses to include atrial fibrillation, hypertension, and post stroke dementia. A "Resident Service Agreement," read in part, "...Resident may need...general supervision...assistance with medication...services that require nursing supervision...supervision and coordination of care..."	C1505		

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C1505	Continued From page 11 "Marketing Material," read in part, "...You are assured an outstanding quality of care and peace of mind..." Resident #10 had diagnoses to include atrial fibrillation and dementia. "Coagulation Results," dated 01/24/23, read in part, "...INR 2.7...reference range 0.7-1.3..." "Physician Orders," date June 2023, read in part, "...Warfarin sodium 1 mg tablet, 1 tablet PO four times weekly on Sun, Tue, Thu, Sat **Take with 2.5 mg = 3.5 mg dose**...Warfarin sodium 2.5 mg tablet, 1 tablet PO daily..." A "Hospital Record," dated 06/07/23, read in part, "...Assessment...hematoma...warfarin-induced coagulopathy...presents...with bruising, discoloration to...right arm...history of dementia and basically is nonverbal...unsure whether or not she fell or when it started...circumferential ecchymosis from the proximal humerous down to the fingers on the right side...Firm mass in the right tricep...disoriented...deformity...posterior lateral soft tissue hematoma of the right arm...no evidence of active bleeding...hold Coumadin until INR is rechecked at 2-3...INR 11.2...Reference Range 0.9-1.1...Critical INR..." On 06/15/23 at 11:10 a.m., the DON was asked about therapeutic blood labwork levels. The DON stated, "Generally, when they are on hospice therapeutic levels are not drawn." On 06/20/23 at 9:46 a.m., the DON was asked when the resident had their last PT/INR drawn prior to 06/07/23. The DON stated January 2023 may have been the last time their PT/INR was checked.	C1505		

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C1505	Continued From page 12 c. Resident #3 had diagnoses to include a history of seizures, depression, and bipolar disorder. "Physician Orders," dated September 2022, read in part, "...Cymbalta 60 mg Dx: Depression, 1 capsule PO daily (27 missed doses)...Keppra 750 mg Dx: Seizure, 1 tablet PO twice daily (55 missed doses)...Ativan 0.5 mg Dx: anxiety, 1 tablet PO every 8 hours (65 missed doses)...reason: waiting on delivery pharmacy contacted..." The "MAR," dated September 2022, documented initialled by medication staff and circled (missed mediation doses), read in part, "...Cymbalta 60 mg...1-9, 11, 13-21, and 23-30...Keppra 750 mg...1-2, 3-9, 11, 12, 13-21, 22, 23-30...Ativan 0.5 mg...7-11, 12-18, 19-22, 23-30..." On 06/20/23 at 9:17 a.m., the DON stated the resident did not receive their medications the days staff had initialed and circled their initials. The DON stated the Cymbalta, Keppra, and Ativan (more for agitation) were to treat the resident's behaviors. c. Resident #13 had diagnoses to include Alzheimer's, depression, agitation, and anxiety. "Physician Orders," dated June 2023, read in part, "...Divalproex 250 mg, 1 tablet PO three times daily for Alzheimer's, Dx: Behaviors..." "Medication Card," read in part, "...Divalproex cap 125 mg, take 2 capsules (250 mg) PO three times a day..." On 06/14/23 at 12:20 p.m., CMA #1 was observed punching 1 capsule into a medication	C1505		

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C1505	Continued From page 13 cup for resident #13. CMA #1 was asked if the resident should receive one or two capsules. CMA #1 stated, "One. There needs to be a change in direction." On 06/14/23 at 4:46 p.m., the DON stated Resident #13 should have received 250 mg of Divalproex.	C1505		
C1914 SS=E	310:663-19-1(d) REPORTS TO THE DEPARTMENT (d) Each assisted living center shall report to the Department those incidents specified in 310:663-19-1(b). An assisted living center may use the Department's Long Term Care Incident Report Form. This Rule is not met as evidenced by: Based on record review and interview, the center failed to report to the Department an incident for one (#2) of one sampled resident reviewed for a head injury. The DON identified 74 residents resided at the center. Findings: Resident #2 had diagnoses of dementia and bipolar depression. A "Nurse's Notes," dated 06/24/22, read in part,	C1914		

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C1914	Continued From page 14 "...bathroom...face down...bleeding head laceration...sent to (name-deleted) ER..." An "Incident/Accident Report," dated 06/24/22, read in part, "...dementia...face to floor and pool of blood...head laceration...sent to (name-deleted) ER..." A "Hospital Record," dated 06/24/22, read in part, "...Fall...hematoma on left side of forehead...laceration repair...clinical impression...closed head injury...traumatic hematoma of forehead..." There was no state reportable incident report located for this incident. On 06/20/23 at 11:40 a.m., the DON stated there should have been a state reportable form filled out since the resident had a head injury.	C1914		

OKLAHOMA
State Department
of Health

Delivery via email to: sslemp@omegasrliving.com

October 16, 2023

License Number: AL5541

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

RE: Survey Event 71DF12

Dear Mr. Slemp:

On **October 10, 2023,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **June 20, 2023,** have now been corrected effective **September 22, 2023.**

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
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

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{C 000}	INITIAL COMMENTS A revisit was conducted from 10/09/23 through 10/10/23. All deficiencies from the 06/20/23 survey were cleared.	{C 000}		

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