OKLAHOMA
State Department
of Health

Delivery via email to: Scott Slemp <sslemp@omegasrliving.com>

November 13, 2024

License Number: AL5541

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

RE: Survey Event ID: DKH711

Dear Mr. Slemp:

Enclosed is a report of the inspection with complaint investigations conducted at your Assisted Living Center on **October 26, 2024.** No deficiencies were cited. Oklahoma Statutes 63-1-1910 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
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INVESTIGATIVE REPORT

Facility: Teal Creek Assisted Living
Address:13501 N. Bryant
City, State, Zip: Edmond, Oklahoma, 73013, Oklahoma
Provider #: AL5541
Complaint #: OK00065858
Investigation Date(s): 10/22/24 through 10/26/24

ALLEGATION(S)
The center failed to have and/or implement pharmacy policy and procedure to ensure medications were administered according to the physicians' orders.

An unannounced on-site investigation was initiated 10/22/2024 at 3:00p.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 the facility was conducted at entrance and at various times through the survey.

Residents' records such as physician orders', care plans, incident reports, and state reportable' s. Company policy and procedures were reviewed. Resident contracts were reviewed along resident council minutes. Resident assessments, medication times and administration records were reviewed. Resident nursing notes, grievances and staffing schedules were also reviewed.

Staff were observed assisting residents with medication administration according to company policy and physician orders.

Residents were interviewed in relation to medication policy and procedures.

Staff was also interviewed in relation to company policy and procedures for medication.

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: 11/04/2024

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: Teal Creek Assisted Living
Address:13501 N. Bryant
City, State, Zip: Edmond, Oklahoma, 73013, Oklahoma
Provider #: AL5541
Complaint #: OK00065989
Investigation Date(s): 10/22/24 through 10/26/24

ALLEGATION(S)
The center failed to ensure assistance with eating was provided according to the contract and the plan of care.
The center failed to ensure adequate staff to meet the needs of the residents.

An unannounced on-site investigation was initiated 10/22/2024 at 3:00p.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 the facility was conducted at entrance and at various times through the survey.

Residents' records such as physician orders', care plans, incident reports, and state reportable' s. Company policy and procedures were reviewed. Resident contracts were reviewed along resident council minutes.

Staff were observed assisting residents with meals according to plan of care and physicians' order. Staff were Also observed providing care and assisting residents according to resident assessments.

Residents were interviewed in relation to the provision of care with assistance with meals and adequate staffing.

Staff was also interviewed in relation to company policy and procedures. Staff were interviewed in the care areas of meals and adequate 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: 11/04/2024

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: Teal Creek Assisted Living
Address:13501 N. Bryant
City, State, Zip: Edmond, Oklahoma, 73013, Oklahoma
Provider #: AL5541
Complaint #: OK00066275
Investigation Date(s): 10/22/24 through 10/26/24

ALLEGATION(S)
The center failed to have and/or implement an effective pharmacy policy and procedure to ensure medications were administered in a timely manner and according to the physicians' orders.
The center failed to ensure adequate staff to meet the needs of the residents.
The center failed to ensure adequate staff to meet the needs of the residents and failed to ensure call lights were answered in a timely manner.

An unannounced on-site investigation was initiated 10/22/2024 at 3:00p.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 the facility was conducted at entrance and at various times through the survey.

Residents' records such as physician orders', care plans, incident reports, and state reportable' s. Company policy and procedures were reviewed. Resident contracts were reviewed along resident council minutes. Resident assessments, medication times and administration records were reviewed. Resident nursing notes, grievances and staffing schedules were also reviewed.

Staff were observed assisting residents with medication administration according to company policy and physician orders. Laundry attendants were observed rounding floors and properly performing work duties Housekeeping was observed cleaning bedrooms and emptying trash bins and replacing lining.

Residents were interviewed in relation to the provision of care with assistance housekeeping, laundry medications.

Staff was also interviewed in relation to company policy and procedures. Staff were interviewed concerning the care areas of medication, housekeeping and laundry.

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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: 11/04/2024

OKLAHOMA
State Department
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INVESTIGATIVE REPORT

Facility: Teal Creek Assisted Living
Address:13501 N. Bryant
City, State, Zip: Edmond, Oklahoma, 73013, Oklahoma
Provider #: AL5541
Complaint #: OK00067286
Investigation Date(s): 10/22/24 through 10/26/24

ALLEGATION(S)
The facility failed to provide supervision for a resident to prevent falls.
The facility failed to ensure resident assessments were completed accurately and in a timely manner.
The facility failed to provide medical records to the resident or representative upon request

An unannounced on-site investigation was initiated 10/22/2024 at 3:00p.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 the facility was conducted at entrance and at various times through the survey.

Residents' records such as physician orders', assessments, care plans, incident reports, and state reportable' s. Company policy and procedures were reviewed. Resident contracts were reviewed along resident council minutes. Reviewed nursing notes and staffing schedules. Reviewed care plans for fall prevention program.

Staff were observed providing care for activities of daily living.

Residents were interviewed in relation to the provision of care activities of daily living, falls related to transfers and two-person assisted care.

Staff was also interviewed in relation to company policy and procedures. Staff were interviewed in the care areas of activities of daily living and resident request/care.

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: 11/04/2024

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
	AL5541	A. BUILDING: _____ B. WING _____	C 10/26/2024

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 from 10/22/24 through 10/26/24. Complaint investigations (#OK00065858, OK00065989, OK00066275, and #OK00067286) were conducted in conjunction with the survey. No deficiencies were cited. Facility Census: 76	C 000		

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