OKLAHOMA
State Department
of Health

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

September 9, 2024

License Number: AL5541

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

Survey Event ID: OQDX11

Dear Mr. Slemp:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **August 30, 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: **Teal Creek Assisted Living and Memory Care**
Address: **13501 N Bryant Ave.**
City, State, Zip: **Edmond, Okla. 73013**
Provider #: **AL5541**
Complaint #: **#OK00066727**
Investigation Date: **08/30/24**

ALLEGATIONS
The facility failed to have hot water.

An unannounced on-site investigation was initiated 08/30/2024 at 08:05 a.m.

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

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 brief observation and tour of the facility was conducted upon entrance. Residents observed was clean and well groomed. Resident rooms were checked for hot water. A community bathroom/shower was checked for hot water and was available.

Records reviewed included maintenance records for hot water temperatures, plumber invoices, resident assessments, progress notes, kitchen sanitization records, shower sheets, and CNA/CMA shift report sheets.

Residents were interviewed regarding the lack of hot water, dining services with paper plates or regular plates, staff providing showers, and facility response to hot water shortage.

Staff were interviewed regarding measures to ensure residents received showers, the maintenance director was interviewed regarding corrective measures to ensure hot water was available and what areas had been affected.

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

OKLAHOMA
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of Health

Date report completed: 08/30/2024

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 08/30/2024

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 complaint investigation (#OK00066727) was conducted on 08/30/24. No deficiencies were cited. Facility Census: 66	C 000		

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