OKLAHOMA
State Department of Health

**Delivery via email to: sslemp@omegasrliving.com**

February 17, 2026

License Number: AL5541
Survey Event ID: **4CB811**

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

Dear Mr. Slemp:

Enclosed is a report of the complaint investigation conducted at your Adult Day Care facility on **February 4, 2026.** 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
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** Teal Creek Assisted Living & Memory Care
**Address: 13501** N Bryant Ave.
**City, State, Zip**: Edmond, OK., 73013
**Provider #:** AL5541
**Complaint #:** 88347
**Investigation Date(s):** 02/02/26-02/04/26

| ALLEGATION(S) |
|---|
| The facility failed to ensure residents were free from abuse. |
| The facility failed to ensure sufficient supplies were available to provide resident care. |
| The facility failed to maintain a clean, homelike environment. |
| The facility failed to ensure the call light system was functioning. |
| The facility failed to ensure sufficient staff to meet the residents' needs. |

An unannounced on-site investigation was initiated 02/02/2026 at 9:40 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:**

A tour was conducted and provided upon entrance and throughout the survey of the facility. Residents were observed receiving personal care assistance during meals and receiving meals, participating in therapy, activities, also time frame of call lights being answered.

Sampled clinical records were reviewed for physician orders, assessments, care plans, progress notes, hospital records, activities of daily living records, and treatment administration records. Grievances and incident reports were reviewed. Facility policies and procedures were reviewed.

Residents were interviewed regarding concerns related to temperature of food when received, time frame to answer call lights, and concerns related to staff assistance with daily living.

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: 02/10/2026

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** Teal Creek Assisted Living & Memory Care
**Address:** 13501 N Bryant Ave.
**City, State, Zip:** Edmond, OK., 73013
**Provider #:** AL5541
**Complaint #:** 89004
**Investigation Date(s):** 02/02/26 – 02/04/26

| ALLEGATION(S) |
|---|
| The center failed to ensure care and supervision was provided to prevent accidents with injury and failed to assess, monitor and intervene in a timely manner. |
| The center failed to ensure food temperatures were safe. |

An unannounced on-site investigation was initiated 02/02/2026 at 9:40 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:**

A tour was conducted and provided upon entrance and throughout the survey of the facility. Residents were observed receiving personal care assistance during meals and receiving meals, participating in therapy, activities, also time frame of call lights being answered.

Sampled clinical records were reviewed for physician orders, assessments, care plans, progress notes, hospital records, activities of daily living records, and treatment administration records. Grievances and incident reports were reviewed. Facility policies and procedures were reviewed.

Residents were interviewed regarding concerns related to temperature of food when received, time frame to answer call lights, and concerns related to staff assistance with daily living.

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: 02/06/2026

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility:** Teal Creek Assisted Living & Memory Care
**Address:** 13501 N Bryant Ave.
**City, State, Zip:** Edmond, OK., 73013
**Provider #:** AL5541
**Complaint #:** 89141
**Investigation Date(s):** 02/02/26 – 02/04/26

| ALLEGATION(S) |
|---|
| The facility failed to assess, monitor and intervene in a timely manner for a change in condition. |
| The facility failed to ensure meals were served at a safe temperature. |
| The facility failed to ensure medications were ordered for administration in a timely manner. |
| The facility failed to ensure adequate staff to meet the residents' needs. |

An unannounced on-site investigation was initiated 02/02/2026 at 9:40 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:**

A tour was conducted and provided upon entrance and throughout the survey of the facility. Residents were observed receiving personal care assistance during meals and receiving meals, participating in therapy, activities, also time frame of call lights being answered.

Sampled clinical records were reviewed for physician orders, assessments, care plans, progress notes, hospital records, activities of daily living records, and treatment administration records. Grievances and incident reports were reviewed. Facility policies and procedures were reviewed.

Residents were interviewed regarding concerns related to temperature of food when received, time frame to answer call lights, and concerns related to staff assistance with daily living.

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: 02/06/2026

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 02/04/2026 |

| 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<br><br>Complaint investigations (#OK00088347, OK00089004, and #OK00089141) were conducted on 02/02/26 through 02/04/26. No deficiencies were cited.<br><br>Facility Census: 71 | C 000 | | |

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