OKLAHOMA
State Department
of Health

Delivery via email to: cwall@omegaseniorliving.com

October 23, 2026

License Number: AL5541

Courtney Wall, Administrator
Teal Creek Assisted Living & Memory Care
13501 N Bryant Ave
Edmond, OK 73013

Survey Event ID: BFFI11

Dear Ms. Wall:

On **September 17, 2026,** 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 Services**, then **click on Long Term Care**. 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 calendar days from receipt of the State Form deficiency statement. 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, conducted in a face to face, or a virtual 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 OSDH.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.

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 Senior Living
Address: 13501 N Bryant Ave
City, State, Zip: Edmond, Ok 73013
Provider #: Al5541
Complaint #: OK00091315
Investigation Date(s):09/16/26 to 09/17/26

ALLEGATION(S)
The center failed to ensure residents were assessed for safe use of mechanical lifts

An unannounced on-site investigation was initiated "09/16/26 at "10:40 a.m."

A sample of "9" 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:

Throughout the survey observations were conducted for assistance with residents and were assessed for safe use of mechanical lifts. Interviews were conducted with staff and residents for assistance with safe use of mechanical lifts being provided. Record reviews consisted of resident records, grievance logs, resident council meeting minutes, policy, inservices, staff training on mechanical lifts and facility documentation.

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: 09/17/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Teal Creek Senior Living
Address: 13501 N Bryant Ave
City, State, Zip: Edmond, Ok 73013
Provider #: Al5541
Complaint #: OK00092214
Investigation Date(s): 09/16/26 to 09/17/26

ALLEGATION(S)

An unannounced on-site investigation was initiated "09/16/26" at 10:40 a.m.

A sample of "9" 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.

Al5541
A Summary of Complaint Investigation:
Throughout the survey observations were conducted for assistance with activities of daily living for dependent residents and resident to staff interactions. Interviews were conducted with staff and residents for assistance with activities of daily living, that adequate staff were available for resident's needs being provided. Record reviews consisted of resident records, grievance logs, resident council meeting minutes, policy and facility documentation.

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: 09/17/2026

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 #: **OK00092962**
Investigation Date(s): **09/17/26**

ALLEGATION(S)
The facility failed to ensure ADL care was provided according to contracted services.
The facility failed to have adequate staff to meet the needs of the residents.
The facility failed to ensure medication was administered as ordered by the physician and/or according to the standards of practice.
The facility failed to ensure a resident was notified of the right to appeal an involuntary discharge.

An unannounced on-site investigation was initiated 09/16/2026 at 10:00 a.m.

A sample of 9 clients, including any identified clients, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with clients, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

Throughout the survey observations were conducted for residents' safety, dignity and respect. Interviews were conducted with staff and residents that safety, dignity, respect and freedom from abuse were being provided. Record reviews consisted of resident records, grievance logs, resident council meeting minutes, policy, in-service, staff training on abuse and resident rights and facility documentation.

Interviews were conducted with staff and residents for assistance with activities of daily living, that adequate staff were available for resident's needs being provided. Record reviews consisted of resident records, grievance logs, resident council meeting minutes, policy and facility documentation.

Interviews were conducted with staff for assistance in processes for medication orders and how they confirm that the medication administration record and the orders are exact. Record reviews consisted of resident records, physician orders, policy and facility documentation.

Interviews were conducted with staff and residents for assistance with involuntary termination, that residents were provided with resident rights and processes. Record reviews consisted of resident records, contracts, policy and facility documentation.

The attached CMS 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: 09/17/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Teal Creek Senior Living
Address: 13501 N Bryant Ave
City, State, Zip: Edmond, Ok 73013
Provider #: Al5541
Complaint #: OK00092964
Investigation Date(s): 09/16/26 to 09/17/26

ALLEGATION(S)

An unannounced on-site investigation was initiated **09/16/26** at 10:40 a.m.

A sample of "9" 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.

Al5541
A Summary of Complaint Investigation:

Throughout the survey observations were conducted for assistance with activities of daily living for dependent residents. Interviews were conducted with staff and residents for assistance with activities of daily living, assessing, monitoring and intervening in a timely manner being provided. Record reviews consisted of resident records, grievance logs, resident council meeting minutes, policy and facility documentation.

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: 09/17/2026

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 #: **OK00092970**
Investigation Date(s): **09/17/26**

ALLEGATION(S)
The facility failed to protect residents from abuse.

An unannounced on-site investigation was initiated 09/16/2026 at 10:00 a.m.

A sample of 9 clients, including any identified clients, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the Centers for Medicare and Medicaid Services (CMS) utilizing Investigative Protocols. Evidence was obtained through observations; interviews with clients, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation:

Throughout the survey observations were conducted for signs and symptoms of abuse. Interviews were conducted with staff and residents regarding abuse. Record reviews included resident records, state reports with investigations, grievances, resident council meeting minutes, and policies.

The attached CMS 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: 09/17/2026

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Teal Creek Senior Living
Address: 13501 N Bryant Ave
City, State, Zip: Edmond, OK 73013
Provider #: Al5541
Complaint #: OK00093073
Investigation Date(s): 09/16/26 to 09/17/26

ALLEGATION(S)
The center failed to ensure fluids were provided according to the physician orders

An unannounced on-site investigation was initiated **09/16/2026** at 10:40 a.m.

A sample of 9 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:

Throughout the survey observations were conducted for residents' safety, dignity and respect. Interviews were conducted with staff and residents that they were receiving fluids according to the physician orders being provided. Record reviews consisted of resident records, grievance logs, resident council meeting minutes, policy, in-service, staff training on fluids to be provided and facility documentation.

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: 09/17/2026

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 09/17/2026

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 Complaint investigations (#OK00091315, OK00092214, OK00092962, OK00092964, OK00092970 and #OK00093073) were conducted from 09/16/26 through 09/17/26. Deficiencies were cited. Facility Census: 94 Listed below are the abbreviations that will be used throughout this document. CNA - certified nurse aide mg - milligrams	C 000		
C 360 SS=D	310:663-3-5(c)(1-3) INVOLUNTARY TERMINATION (c) Procedures for involuntary termination of residency for reasons other than inappropriate placement, by an assisted living center, are as follows: (1) Written notice shall be provided to the resident, the resident's representative, the person responsible for payment of charges for the resident's care, if different from any of the foregoing, and the Department, at least thirty (30) days in advance of the termination of residency date. (2) The written notice shall include: (A) A full explanation of the reasons for the termination of residency; (B) The date of the notice; (C) The date notice was given to the resident and the resident's representative; (D) The date by which the resident must leave the assisted living center;	C 360		

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 09/17/2026

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 360	Continued From page 1 (E) Notice that the resident, the resident's representative or person responsible for payment of the resident's care may request a hearing with the Department; (F) Notice that the request for hearing with the Department must be filed within ten (10) Department business days of receipt of the facility notice; and (G) Notice that a written or verbal request for a hearing with the Department should be directed to the Hearing Clerk, Oklahoma State Department of Health, 1000 NE Tenth Street, Oklahoma City, OK 73117, telephone (405) 271-1269. (3) An assisted living center shall not involuntarily terminate a residency agreement for reasons other than inappropriate placement without following the procedures in this section. This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure provision of all components of the 30-Day Notice of Discharge. The center failed to: a. provide notice of the resident/representative's right to request a hearing with the department; and b. provide the timeframe by which a hearing must be filed for for 1(#7) of 9 sampled residents reviewed for involuntary discharge. The executive director identified 94 residents resided in the center. Findings:	C 360		

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 09/17/2026

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 360	Continued From page 2 A "30-Day Notice of Discharge" for Resident #7, dated 08/26/26, showed the center determined the resident required a level of care which exceeded the services, staffing, and resources the facility could safely provide. The notice did not include information regarding the resident's right to request a hearing with the department or the timeframe for filing a request. A undated policy titled "Admission, Transfer, and Discharge Policy," read in part, "the written notice will include the reason for termination, notice dates, the date by which the notice dates, the date by which the resident must leave, and the resident's right to request a hearing with the department within ten (10) department business days of receipt of the facility notice." On 09/17/26 at 4:00 p.m., the executive director stated they were aware the "30-Day Notice of Discharge" letter did not include all the appropriate information for Resident #7 to request a hearing with the department.	C 360		
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		

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 09/17/2026

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
C1512	Continued From page 3 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		

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 09/17/2026

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
C1512	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the center failed to protect the resident's right to be free from verbal abuse for 2 (#6 and #8) of 2 sampled residents reviewed for abuse. The executive director identified 94 residents resided in the center. Findings: An undated policy titled "Abuse Policy," read in part, "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, healthcare, 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." A final incident report form, dated 09/02/26, read in part, "CNA was observed by another employee mistreating two different residents. [Resident #8] being told that CNA would not turn [their] air up, they were too fat and they would stink if it was hot in their room. CNA told [Resident #6] that CNA wished they could throw an axe at the back of [Resident #6] head. CNA also called [Resident #6] a devil and flipped off [Resident #6]. CNA told [Resident #6] that [Resident #6] looked like a leprechaun in the hood." On 09/17/26 at 1:00 p.m., the executive director stated the abuse allegation was fully investigated through witness interviews, surveillance video, and was substantiated. They stated law	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 _____	C 09/17/2026

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
C1512	Continued From page 5 enforcement was notified, the nurse aide registry was notified, and CNA#3 was suspended and terminated on 09/03/26. On 09/17/26 at 4:00 p.m., Resident #8 stated CNA #3 told the resident they would not increase the temperature of the air conditioner because the resident was "fat" and would make the resident "stink." Resident #8 stated CNA #3's statement made the resident feel "fat." On 09/17/26 at 4:15 p.m., Resident #6 stated CNA #3 told the resident if the CNA had an axe, CNA #3 would have hit the resident in the back of the head with the axe. Resident #6 stated CNA #3 made an obscene gesture with the CNA's middle finger directed at the resident. Resident #6 stated CNA #3 was hateful.	C1512		
C1920 SS=E	310:663-19-2(a) MEDICATION ADMINISTRATION (a) Each assisted living center shall adopt written procedures to ensure safe administration of medications. This Rule is not met as evidenced by: Based on observation, record review, and interview, the center failed to implement written procedures to ensure safe administration of medication for 1 of 1 medication cart observation. The director of nurses identified 94 residents received medication administration from the center. Findings:	C1920		

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 09/17/2026

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
C1920	Continued From page 6 On 09/16/26 at 3:15 p.m., an unattended, unlocked medication cart and a set of keys were observed lying on top of the medication cart for ten minutes in the hallway in front of the executive director's office. An undated policy titled "Medication Key Control Process: Access to Medication Cart/ Storage and Controlled Substances Keys," read in part, "Once the medication cart and cabinets are locked by the nurse or medtech at the end of the work shift." On 09/16/26 at 3:25 p.m., the director of nurses with the executive director present stated, "yep that is my cart, and yes those are my keys and yes the cart was unlocked." On 09/16/26 at 3:40 p.m.., the executive director stated, "the unattended and unlocked cart was just a treatment cart but yes it should have been locked per policy and procedures."	C1920		
C1921 SS=D	310:663-19-2(a)(1) MEDICATION ADMINISTRATION (1) Medications shall be administered only on a physician's order This Rule is not met as evidenced by: Based on record review and interview, the center failed to ensure prescribed medication was administered per physician orders for 1 (#7) of 9 sampled residents reviewed for medication administration. The executive director identified 94 residents	C1921		

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 09/17/2026

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
C1921	Continued From page 7 received medications. Findings: An undated policy titled "Medication Management and Administration," read in part, "Safely manage, store, and administer all medications under OAC 310:663-17. Maintain an accurate, up-to-date medication administration record for every resident." A hospital discharge summary for Resident #7, dated 08/22/26, showed to administer cephalexin (antibiotic) 500 mg by mouth four times daily for seven days. A document titled "Controlled Drug Receipt / Record / Disposition," dated 08/24/26, showed Resident #7 to administer cephalexin 500 mg by mouth four times a day at 12:00 a.m., 8:00 a.m., 2:00 p.m., and 8:00 p.m.. The document showed: a. on 08/24/26, the medication had been administered two times at 12:00 a.m. and 6:00 p.m., omitting two required doses; b. on 08/25/26, the medication had been administered three times at 8:00 a.m., 2:00 p.m., and 8:00 p.m., omitting one required dose; c. on 08/26/26, the medication had been administered three times at 8:00 a.m., 2:00 p.m., and 8:00 p.m., omitting one required dose; and d. on 08/27/26 through 08/29/26, the record did not show the medication had been administered at the following times: 1. 08/27/26 at 7:00 p.m., 2. 08/28/26 at 8:00 a.m., and 3. 08/29/26 at 7:00 a.m. A medication administration record for Resident #7, dated 08/2026, showed the resident missed	C1921		

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 09/17/2026

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
C1921	Continued From page 8 seven doses of cephalexin 500 mg from 08/24/26 through 08/27/26. On 09/17/26 at 4:45 p.m., the executive director stated a failure in care coordination for Resident #7 had occurred.	C1921		