
Delivery via email to: executivedirector@tealridge.com

January 29, 2026

License Number: AL5535

Ms. Shekita Anderson, Administrator/Executive Director
Tealridge Assisted Living
2200 N E 140th
Edmond, OK 73013

Survey Event ID: BE5X11

Dear Ms. Anderson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 22, 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, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: Tealridge Assisted Living
Address: 2200 NE 140th
City, State, Zip: Edmond, OK, 73013
Provider #: enter text
Complaint #: 85411
Investigation Date(s): 1/21/26 to 1/22/26

ALLEGATION
The center failed to ensure adequate care and supervision to prevent accidents with major injury.

An unannounced on-site investigation was initiated 01/21/2026 at 8:50 a.m.

A sample of five 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 tour of the center was completed at entrance and other various times during survey. Staff were observed responding to residents.

Resident records were reviewed for assessments, service plans, and nursing notes. Incident reports and policies and procedures were reviewed.

Residents were interviewed regarding falls and staff response time when they require assistance. Staff were interviewed regarding procedures after falls.

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: 01/23/2026

INVESTIGATIVE REPORT

Facility: Tealridge Assisted Living
Address: 2200 NE 140th
City, State, Zip: Edmond, OK, 73013
Provider #: enter text
Complaint #: 86355
Investigation Date(s): 1/21/26 to 1/22/26

ALLEGATION
The center failed to provide adequate supervision to prevent resident elopements.

An unannounced on-site investigation was initiated 01/21/2026 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.

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 was conducted upon entrance and at other various times throughout the survey. Doors were checked for locks where appropriate and sign in/out book by exit door.

Resident records were reviewed including assessments, care plans, and nursing notes,
A paper was signed by the POA on 4-17-25 that stated the expectations if resident became too much for the facility to handle.

Facility policy and procedures were reviewed. Incident records were reviewed.

Residents were interviewed related to the procedures to leave the building.
Staff members were interviewed regarding the facility policy on elopements.

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: 01/23/2026

INVESTIGATIVE REPORT

Facility: Tealridge Assisted Living
Address: 2200 NE 140th
City, State, Zip: Edmond, OK, 73013
Provider #: enter text
Complaint #: 88622
Investigation Date(s): 1/21/26 to 1/22/26

ALLEGATION(S)
The center failed to protect residents from verbal and physical abuse.

An unannounced on-site investigation was initiated 01/21/2026 at 8:50 a.m.

A sample of six 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 tour of the facility was conducted at entrance and throughout survey. Staff were observed for interactions with residents.

Resident records were reviewed for assessments, service plans, and nursing notes. Incident records were reviewed. Policies and procedures were reviewed.

Residents were interviewed regarding if they liked being in the facility, if they felt safe, and if any staff or other had been mean to them. Staff were interviewed regarding policies and trainings on abuse.

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: 01/23/2026

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5535	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/22/2026
NAME OF PROVIDER OR SUPPLIER TEALRIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 N E 140TH 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	<p>INITIAL COMMENTS</p> <p>Complaint investigations (#85411, 86355, and #88622) were conducted on 01/21/26 through 01/22/26. No deficiencies were cited.</p> <p>Facility Census: 61</p>	C 000		

Oklahoma State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE