



Oklahoma State Department of Health
Creating a State of Health

December 23, 2019

License Number: AL5511

Ms. Regina Herring, Administrator
Glade Avenue Assisted Living
2500 North Glade Avenue
Bethany, OK 73008

Survey Event ID: LRD811

Dear Ms. Herring:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **December 11, 2019**. 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) 271-6868.

Sincerely,

Lisa Calvin
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

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INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00054416
Investigation Date(s): 12/10/16 through 12/11/19

ALLEGATION(S)	S = SUBSTANTIATED
	US = UNSUBSTANTIATED
1. The center failed to ensure residents had a safe environment and that medications were administered as ordered.	US

☐ Violation (s) unrelated to this complaint were also cited during the investigation.

An unannounced on-site investigation was initiated on Tuesday, December 10, 2019 at 1:45 p.m.

A sample of five residents was selected for the investigation based on the concerns relevant to the allegation.

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 residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

The assisted living center did not have a resident by the named resident identified in the complaint allegation.

A Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to the incident identified in the complaint allegation on 09/21/19 with an unauthorized visitor was investigated; in addition to resident's medications being administered on the evening of 09/21/19.

On 09/21/19 the employee who had a visitor at the center after business hours was no longer employed at the center at the time of the investigation. The police were called to the center on the evening of 09/21/19. The employee who was assaulted by the other employee's visitor had the option of filing charges and he too was no longer employed at the center at the time of the investigation. The employee and the employee's visitor left the center on the evening of 09/21/19 and the employee had never returned to the center and was therefore terminated. It was determined in the video footage the incident occurred behind the nurse's station in the medication room not within residents view. The resident's interviewed denied any encounters with disruptive

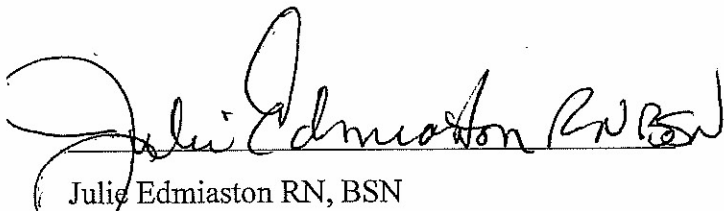
staff or witnessed any staff fighting. The medication administration records on the evening of 09/21/19 indicated medications had been administered to the residents by other staff members.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1. No further action is required.

A determination that an allegation was unsubstantiated (US) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the federal/state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

A handwritten signature in black ink, reading "Julie Edmiaston RN, BSN". The signature is written in a cursive style with a large initial "J".

Julie Edmiaston RN, BSN

Date report completed: 12/16/2019

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL5511	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/11/2019
NAME OF PROVIDER OR SUPPLIER GLADE AVENUE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH GLADE AVENUE BETHANY, OK 73008		
(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 On 12/10/19 through 12/11/19 complaint #OK00054416 was investigated. Census was 52. No deficient practice was cited.	C 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE

STATE WORKLOAD REPORT

Provider/Supplier Number AL5511	Provider/Supplier Name GLADE AVENUE ASSISTED LIVING
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Type of Survey (select all that apply)

3				
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|---------------------------|-------------------------|---------------------|
| A Complaint Investigation | E Initial Certification | I Recertification |
| B Dumping Investigation | F Inspection of Care | J Sanctions/Hearing |
| C Federal Monitoring | G Validation | K State License |
| D Follow-up Visit | H Life Safety Code | L CHOW |
| M Other | | |

Extent of Survey (select all that apply)

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- A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHA)
 D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 30875	12/10/2019	12/11/2019	0.25	0.00	6.00	0.00	2.00	2.50
2.								
3.								
4.								
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11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....	0.00	Total RO Supervisory Review Hours....	0.00
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Total SA Clerical/Data Entry Hours....	0.00	Total RO Clerical/Data Entry Hours....	0.00
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Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No

DEC 23 2019

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