
Delivery via email to: williwgladeavenueassistedliving.com

October 29, 2025

License Number: AL5511

Ms. Willie Ferguson, Administrator
Glade Avenue Assisted Living
2500 North Glade Avenue
Bethany, OK 73008

Survey Event ID: Q1GF11

Dear Ms. Ferguson:

On **October 10, 2025**, 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.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written 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

Delivery via email to: Willie@gladevenueassistedliving.com

November 26, 2025

License Number: AL5511

Ms. Willena Ferguson, Administrator
Glade Avenue Assisted Living
2500 North Glade Avenue
Bethany, OK 73008

RE: Survey Event Q1GF11

Dear Ms. Ferguson:

On **October 10, 2025**, agents from our office completed an Assisted Living Center survey at your facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. The plan of correction you submitted is not acceptable for the following reasons:

- **C341-** this pertains to the inability of Resident #1 to speak and understand English. The resident is unable to make their needs known to staff due to a language barrier. Will Resident #1 have a translator available 24/7 for the ability to meet their needs? This citation is not for age.
- **C1512-** how often are safety checks? This resident was on every three-hour safety checks when the incident happened. The plan of removal stated Resident #1 would be with staff one on one at all times. What guarantees this resident will not reoffend?

Please provide a new plan of correction with amendments as soon as possible.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

 Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE	
	Current Date: 11/20/2025	
	Facility Name: GLADE AVENUE ASSISTED LIVING	
	License Number: AL5511	
	Survey Event ID: Q1GF11	
Date Survey Completed: 10/10/2025		
SUMMARY OF DEFICIENCY CITED BY OSDH		
ID Prefix Tag: C341	Based on: Record review and interview, it was determined the center failed to deny admission to 1 (#1) of 1 sampled resident who did not meet the center's admission criteria as outlined in the resident care and service agreement.	
ASSISTED LIVING CENTER'S PLAN OF CORRECTION		
Assisted Living Center's Comments: Submission of this response and plan of correction is NOT legal admission that a deficiency exists or, that this statement of deficiencies was correctly cited, and is also Not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or plan of correction. In addition, the preparation and submission of this plan of correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections or conclusions set forth in this allegation by the survey agency.		
REQUIRED ELEMENTS OF A PLAN		ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?		The facility has contacted the resident's Advantage case manager for assistance identifying placement in a residence more appropriate for her age group and care needs, including the availability for a translator for her communication needs.
OSDH Response: Element accepted Yes ☐ No ☐		
2. How will other residents having the potential to be affected by the same deficient practice be identified?		All residents contracts will be reviewed by the ED and those not considered appropriate as the age indicated by the care and service agreement will be notified and/or their POA and case manager will be notified of the deficient practice.
OSDH Response: Element accepted Yes ☐ No ☐		
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?		The current Glade Avenue Assisted Living Residence and Care Agreement has been updated, eliminating the age restriction.
OSDH Response: Element accepted Yes ☐ No ☐		
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		A QA was held with all managers to advise of the change in the Agreement and emphasis placed on denying admission to anyone who doesn't meet the Agreement's criteria: a. The ED and Sales and Marketing Director will review potential admits with the DON prior to recommending admittance to the community, including the need of an appropriate translator if the potential resident requires communication assistance. b. All new admits will be addressed in monthly QA meetings to insure the Care Plans for those

		individuals can be met in accordance with the revised care and service agreement. c. The ED will review all contracts to insure the updated care and service agreement is being used.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		12/10/2025	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Willena Ferguson OAC 310:663-25-4(F)		Date 11/24/2025	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text. Facility in Compliance by: Click here to enter a date.			

 Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE	
	Current Date: 11/10/2025	
	Facility Name: GLADE AVENUE ASSISTED LIVING	
	License Number: AL5511	
	Survey Event ID: Q1GF11	
Date Survey Completed: 10/10/2025		
SUMMARY OF DEFICIENCY CITED BY OSDH		
ID Prefix Tag: C1304	Based on: Record review and interview, the center failed to ensure residents admitted to the center met the age requirement of admission for 1 (Resident #1) of 3 sampled residents reviewed for age requirements.	
ASSISTED LIVING CENTER'S PLAN OF CORRECTION		
Assisted Living Center's Comments: Submission of this response and plan of correction is NOT legal admission that a deficiency exists or, that this statement of deficiencies was correctly cited, and is also Not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or plan of correction. In addition, the preparation and submission of this plan of correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections or conclusions set forth in this allegation by the survey agency.		
REQUIRED ELEMENTS OF A PLAN		ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?		In the event a resident does not meet the age requirement, an addendum noting a change to the the service agreement will be sent to the resident, Advantage Case Manager, POA and/or guardian to inform of the change to the agreement.
OSDH Response: Element accepted Yes ☐ No ☐		
2. How will other residents having the potential to be affected by the same deficient practice be identified?		All residents contracts will be reviewed by the ED and those not considered appropriate as the age indicated by the care and service agreement will be notified and/or their POA and case manager will be notified of the deficient practice. The signed updated addendum will be added to Harmony once the document is signed.
OSDH Response: Element accepted Yes ☐ No ☐		
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?		The current Glade Avenue Assisted Living Residence and Care Agreement has been updated, eliminating the age restriction.
OSDH Response: Element accepted Yes ☐ No ☐		
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		A QA was held with all managers to advise of the change in the Agreement and emphasis placed on denying admission to anyone who doesn't meet the Agreement's criteria: a. The ED and Sales and Marketing Director will review potential admits with the DON prior to recommending admittance to the community. b. All new admits will be addressed in monthly QA meetings to insure the Care Plans for those individuals can be met in accordance with the revised care and service agreement.

		c. The ED will review all contracts to insure the updated care and service agreement is being used and those needing the signed addendums have been completed.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		12/10/2025	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Willena Ferguson		Date 11/24/2025	
OAC 310:663-25-4(F)			
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Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
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 OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE	
	Current Date: 11/10/2025	
	Facility Name: GLADE AVENUE ASSISTED LIVING	
	License Number: AL5511	
	Survey Event ID: Q1GF11	
	Date Survey Completed: 10/10/2025	
SUMMARY OF DEFICIENCY CITED BY OSDH		
ID Prefix Tag: C1505	Based on: Observation, record review, and interview, the center failed to ensure a home-like environment.	
ASSISTED LIVING CENTER'S PLAN OF CORRECTION		
Assisted Living Center's Comments: Submission of this response and plan of correction is NOT legal admission that a deficiency exists or, that this statement of deficiencies was correctly cited, and is also Not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or plan of correction. In addition, the preparation and submission of this plan of correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections or conclusions set forth in this allegation by the survey agency.		
REQUIRED ELEMENTS OF A PLAN		ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?		To create a more home-like environment, the facility will have multiple inspections of flooring, multiple bids and a signed contract to begin work by the POC date.
OSDH Response: Element accepted Yes ☐ No ☐		
2. How will other residents having the potential to be affected by the same deficient practice be identified?		All residents living in the community will have new flooring placed in the hallways and the common areas where the flooring is chipped and showing white. Additionally all handrails are being sanded and will be repainted. The addition of new flooring in the common area and freshly painted handrails will positively impact residents living in the community's home-like environment.
OSDH Response: Element accepted Yes ☐ No ☐		
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?		Currently ,Glade Avenue Assisted Living Residence and Care Agreement is taking bids for floor replacement in the common areas and hallways including sanding and repainting the handrails. The planned updates will create a more home-like environment for current and future residents.
OSDH Response: Element accepted Yes ☐ No ☐		
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:		A QA was held with all managers has advised all leadership and departments of the pending updates in the community.
a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		a. Once the updates are completed a survey will be made available to residents and family members for their comments on the changes. b. The ongoing updates and schedules for completion by hallway will be addressed at each monthly QA meeting with a completion date of the new flooring will be approximaately 3/1/2026.

		c. All records of inspections, final bids and ongoing progress will become a permanent record of the monthly QA process.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		12/10/2025	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Willena Ferguson OAC 310:663-25-4(F)		Date 11/24/2025	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
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 OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE	
	Current Date: 11/10/2025	
	Facility Name: GLADE AVENUE ASSISTED LIVING	
	License Number: AL5511	
	Survey Event ID: Q1GF11	
	Date Survey Completed: 10/10/2025	
SUMMARY OF DEFICIENCY CITED BY OSDH		
ID Prefix Tag: C1512	Based on: Observation, record review, and interview, the facility failed to insure residents were free from sexual abuse for 1 (#2) of 3 sampled residents reviewed for sexual abuse.	
ASSISTED LIVING CENTER'S PLAN OF CORRECTION		
Assisted Living Center's Comments: Submission of this response and plan of correction is NOT legal admission that a deficiency exists or, that this statement of deficiencies was correctly cited, and is also Not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or plan of correction. In addition, the preparation and submission of this plan of correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections or conclusions set forth in this allegation by the survey agency.		
REQUIRED ELEMENTS OF A PLAN		ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?		The residence provided immediate one-on-one care for resident #1 due to her age and language barrier and notified her Advantage Case Manager for assistance in locating resident to a more age appropriate residence. Additionally, all staff have been in-serviced to continue safety checks on this resident due to her inability to communicate (language barrier) with the staff and other residents, including resident #2.
OSDH Response: Element accepted Yes ☐ No ☐		
2. How will other residents having the potential to be affected by the same deficient practice be identified?		The staff have been in-serviced on sexual abuse and the issue with resident #1 being infatuated with other residents and her inability to communicate. Staff have been instructed to watch and report inappropriate behaviour by resident #1 and continue with safety checks until she is placed in another community.
OSDH Response: Element accepted Yes ☐ No ☐		
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?		Continued safety checks until resident #1 is placed in a more appropriate community and/or she is provided a tansalator.
OSDH Response: Element accepted Yes ☐ No ☐		
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		A QA was held with all leadership managers and advised of the allegations made and the safety checks put in place for residents #1 and the other residents. a. Through continued safety monitoring of resident #1 due to her language barrier, and staff reporting policy in place to report any potential incident between resident #1 and any other resident to the DON and/or ED.

		b. Ongoing updates at the QA meetings regarding progress of relocation of resident #1 and the safety checks in place. c. The QA minutes, including updates on the sexual abuse allegations will become part of the permanent 5-year documents maintained by the community.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		12/10/2025	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Willena Ferguson OAC 310:663-25-4(F)		Date 11/24/2025	
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Addendum Date	Enter a date of addendum.	Submitted by	Enter name of person submitting addendum.
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Facility in Compliance by: Click here to enter a date.			

 OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE	
	Current Date: 11/20/2025	
	Facility Name: GLADE AVENUE ASSISTED LIVING	
	License Number: AL5511	
	Survey Event ID: Q1GF11	
Date Survey Completed: 10/10/2025		
SUMMARY OF DEFICIENCY CITED BY OSDH		
ID Prefix Tag: C341	Based on: Record review and interview, it was determined the center failed to deny admission to 1 (#1) of 1 sampled resident who did not meet the center's admission criteria as outlined in the resident care and service agreement.	
ASSISTED LIVING CENTER'S PLAN OF CORRECTION		
Assisted Living Center's Comments: Submission of this response and plan of correction is NOT legal admission that a deficiency exists or, that this statement of deficiencies was correctly cited, and is also Not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or plan of correction. In addition, the preparation and submission of this plan of correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections or conclusions set forth in this allegation by the survey agency.		
REQUIRED ELEMENTS OF A PLAN		ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?		The facility has contacted the resident's Advantage case manager for assistance identifying placement in a residence more appropriate for her age group and care needs, including the availability for a translator for her communication needs. Until she can be transferred to a more appropriate residence, The Glade has purchase a set of translation ear buds called Talkie AI Buds 144L which allows a person to converse with another person in up to 144 languages.
OSDH Response: Element accepted Yes ☐ No ☐		
2. How will other residents having the potential to be affected by the same deficient practice be identified?		Should we have the opportunity to have someone join the Glade with a language barrier who doesn't have a family member who can interpret for them, i.e. Spanish speaking, we will rely on the Talkie AI Buds to communicate unless they have a personal translator. Currently, there are no other residents at the residence with a language barrier.
OSDH Response: Element accepted Yes ☐ No ☐		
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?		Through the purchase of the translating Talkie AI Buds 144L.
OSDH Response: Element accepted Yes ☐ No ☐		
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		A QA was held with all managers to advise of the change in the Agreement and emphasis placed on denying admission to anyone who doesn't meet the Agreement's criteria: a. The ED and Sales and Marketing Director will review potential admits with the DON prior to recommending admittance to the community, including the need of an appropriate translator if

		the potential resident requires communication assistance, including AI if necessary. b. All language impaired admits will be addressed in monthly QA meetings to insure the Care Plans for those individuals can be met in accordance with the revised care and service agreement, including the use of AI Buds 144L c. The ED will review all potential admits to insure we can meet their communication needs	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		12/10/2025	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Willena Ferguson OAC 310:663-25-4(F)		Date 11/24/2025	
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	12/2/2025	Submitted by	Willena Ferguson
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			

 OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	OPTIONAL PLAN OF CORRECTION TEMPLATE	
	Current Date: 11/10/2025	
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	License Number: AL5511	
	Survey Event ID: Q1GF11	
Date Survey Completed: 10/10/2025		
SUMMARY OF DEFICIENCY CITED BY OSDH		
ID Prefix Tag: C1512	Based on: Observation, record review, and interview, the facility failed to insure residents were free from sexual abuse for 1 (#2) of 3 sampled residents reviewed for sexual abuse.	
ASSISTED LIVING CENTER'S PLAN OF CORRECTION		
Assisted Living Center's Comments: Submission of this response and plan of correction is NOT legal admission that a deficiency exists or, that this statement of deficiencies was correctly cited, and is also Not to be construed as an admission against interest by the residence, or any employees, agents, or other individuals who drafted or may be discussed in the response or plan of correction. In addition, the preparation and submission of this plan of correction does NOT constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections or conclusions set forth in this allegation by the survey agency.		
REQUIRED ELEMENTS OF A PLAN		ASSISTED LIVING CENTER'S PLAN ELEMENTS
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?		The residence provided immediate one-on-one care for resident #1 due to her age and language barrier and notified her Advantage Case Manager for assistance in locating resident to a more age appropriate residence. Safety checks on resident #1 are continuous throughout the day with all aides and leadership staff keeping her occupied and in site at all times. She is entertained by the activities director, front desk personnel, Wellness Director and Executive Director to insure she has no contact with a resident of the opposite sex. She is monitored hourly once in bed where she has to use her call pendant for assistance to get out of bed and into her motorized wheel chair. Once she is dressed and back in the general population, she is again on continuous monitoring and distraction by the leadership team.
OSDH Response: Element accepted Yes ☐ No ☐		
2. How will other residents having the potential to be affected by the same deficient practice be identified?		The staff have been in-serviced on sexual abuse and to be alert for signs of immaturity and infatuation with other residents. Should another resident with communication issues or immature behaviours due to neurological issues be identified; the same practice of continuous monitoring will be put in place until the communication issues or assertiveness be resolved, up to and including removal of the resident from the community.
OSDH Response: Element accepted Yes ☐ No ☐		
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?		Continuous monitoring of a resident who may have been inappropriately placed in the community and insuring there are no communications barriers.
OSDH Response: Element accepted Yes ☐ No ☐		

4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.		A QA was held with all leadership managers and advised of the allegations made and the safety checks put in place for residents #1 and the other residents. a. Through continued safety monitoring of all residents including resident #1 due to her language barrier. Once a method of communication is in place, i.e. Talkie AI Buds 144L resident #1 may understand when her actions are inappropriate. Staff will continue to report the appearance of inappropriate behaviors of any resident to the DON and/or ED. b. Ongoing updates at the QA meetings regarding progress of relocation of resident #1 and continuance of abuse monitoring by all staff. c. The QA minutes, including updates on the communication needs of residents and sexual abuse allegations will become part of the permanent 5-year documents maintained by the community.	
OSDH Response: Element accepted Yes ☐ No ☐			
5. On what date will corrective action be completed?		12/10/2025	
OSDH Response: Element accepted Yes ☐ No ☐			
Administrator's Signature Willena Ferguson		Date 11/24/2025	
OAC 310:663-25-4(F)			
If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.			
Addendum Date	12/2/2025	Submitted by	Willena Ferguson, Executive Director
Items Below Are For OSDH Use Only			
Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor			
If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.			
Facility in Compliance by: Click here to enter a date.			

Delivery via email to: Willie@gladeavenueassistedliving.com

December 11, 2025

License Number: AL5511

Ms. Willena Ferguson, Administrator
Glade Avenue Assisted Living
2500 North Glade Avenue
Bethany, OK 73008

Survey Event ID: Q1GF11

Dear Ms. Ferguson:

On **October 10, 2025**, a complaint investigation was conducted at your Assisted Living Center. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and in a timely manner. **Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.**

You have alleged that the deficiencies cited on that survey have been corrected and you were in substantial compliance by **December 10, 2025**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

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 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: IDRCoordinator@health.ok.gov

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 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,

Tempal Killman

Tempal Killman, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00085315
Investigation Date(s): 10/09/25-10/10/25

ALLEGATION(S)
The facility failed to ensure resident's were free from abuse
enter text
enter text

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observation of residents, ADL assistance, staff, resident and staff interactions, and the center's environment were made. Records of residents' health charts, physician orders, physician progress notes, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center was cited for allegations related to the complaint.

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: 10/13/2025

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00086057
Investigation Date(s): 10/09/25-10/10/25

ALLEGATION(S)
The facility failed to provide care according to the resident's service plan
The facility failed to serve nutritious and palatable meals
The facility failed to maintain a clean, homelike environment
enter text

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observation of residents, ADL assistance, staff, resident and staff interactions, and the center's environment were made. Records of residents' health charts, physician orders, physician progress notes, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center was cited for allegations related to the complaint.

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: 10/13/2025

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00086792
Investigation Date(s): 10/09/25-10/10/25

ALLEGATION(S)
The facility failed to ensure adequate supervision to prevent accidents
enter text
enter text

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observation of residents, ADL assistance, staff, resident and staff interactions, and the center's environment were made. Records of residents' health charts, physician orders, physician progress notes, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center was in compliance with regulations.

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: 10/13/2025

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00086924
Investigation Date(s): 10/09/25-10/10/25

ALLEGATION(S)
The center failed to ensure residents were free from abuse/neglect
The center failed to ensure adequate staff to meet the needs of the residents
The center failed to ensure call lights were answered in a timely manner
enter text

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observation of residents, ADL assistance, staff, resident and staff interactions, and the center's environment were made. Records of residents' health charts, physician orders, physician progress notes, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center was cited in relation to the complaint.

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: 10/13/2025

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living North

Address: 2500 North Glade Avenue

City, State, Zip: Bethany, OK 73008

Provider #: AL5511

Complaint #: OK00086962

Investigation Date(s): 10/09/25-10/10-25

ALLEGATION(S)
The facility failed to protect residents from abuse by staff
enter text
enter text
enter text
enter text

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observations of residents, staff and ADL care were made. Records of resident medical records and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations.

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: 10/10/2025

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00086899
Investigation Date(s): 10/09/25-10/10/25

ALLEGATION(S)
The center failed to ensure residents were free from sexual abuse
enter text
enter text

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observation of residents, ADL assistance, staff, resident and staff interactions, and the center's environment were made. Records of residents' health charts, physician orders, physician progress notes, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center was cited in relation to the complaint.

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: 10/13/2025

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living

Address: 2500 North Glade Avenue

City, State, Zip: Bethany, OK 73008

Provider #: AL5511

Complaint #: OK00074596

Investigation Date(s): 10/09/25-10/10/25

ALLEGATION(S)
The facility failed to ensure care was provided for residents who were dependent on staff for ADL's
The facility failed to implement pressure ulcer prevention measures
enter text
enter text
enter text

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observation of residents, ADL assistance, staff, resident and staff interactions, and the center's environment were made. Records of residents' health charts, physician orders, physician progress notes, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations.

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: 10/13/2025

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00079030
Investigation Date(s): 10/09/25-10/10/25

ALLEGATION(S)
The center failed to ensure requests for transfer/discharge were honored in a timely manner
The center failed to ensure care and treatment was provided in a timely manner
The center failed to ensure residents' representatives were involved in the plan of care
The center failed to ensure medications were reviewed to ensure optimal effects
The center failed to have and/or implement an effective pest control program
The center failed to ensure adequate staffing to meet the needs of the residents and failed to ensure call lights were answered in a timely manner
The center failed to ensure assistance with bathing was provided according to residents' preference

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observation of residents, ADL assistance, staff, resident and staff interactions, and the center's environment were made. Records of residents' health charts, physician orders, physician progress notes, and center policies and pest control invoices were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations.

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: 10/13/2025

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00079968
Investigation Date(s): 10/09/25-10/10/25

ALLEGATION(S)
The center failed to ensure medications were administered according to the physicians' orders
enter text
enter text
enter text

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observation of residents, ADL assistance, staff, resident and staff interactions, and the center's environment were made. Records of residents' health charts, physician orders, physician progress notes, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center is in compliance with state regulations.

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: 10/13/2025

INVESTIGATIVE REPORT

Facility: Glade Avenue Assisted Living
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00083314
Investigation Date(s): 10/09/25-10/10/25

ALLEGATION(S)
The facility failed to ensure adequate supervision for transports to outside physician appointments
The facility failed to ensure residents were free from injuries of unknown origin
enter text
enter text

An unannounced on-site investigation was initiated 10/09/2025 at 8:30 a.m.

A sample of 10 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: Observation of residents, ADL assistance, staff, resident and staff interactions, and the center's environment were made. Records of residents' health charts, physician orders, physician progress notes, and center policies were reviewed. Interviews with residents, families, and staff were conducted. Based on observation, record review, and interview, the center was cited for allegations related to the complaint.

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: 10/13/2025

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 10/10/2025
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 Complaint investigations (#OK00074596, OK00079030, OK00079968, OK00083314, OK00085315, OK00086057, OK00086792, OK00086899, OK00086924, and #OK00086962) were conducted on 10/09/25 through 10/10/25. Deficiencies were cited as a result of the survey. Facility Census: 67 Listed below are abbreviations that will be used throughout this document. ADON- assistant director of nursing CMA- certified medication aide CNA- certified nurse aide DON- director of nursing IJ- immediate jeopardy OSDH- Oklahoma State Department of Health QA- quality assurance	C 000		
C 341 SS=D	310.663-3-4(b)(1) APPROPRIATE PLACEMENT (b) The resident shall not be eligible for placement in the assisted living center under one (1) or more of the following circumstances: (1) The resident needs care or services that exceed the care or services available in the assisted living center; Based on record review and interview, it was determined the center failed to deny admission to 1 (#1) of 1 sampled resident who did not meet the center's admission criteria as outlined in the resident care and service agreement. The administrator identified 67 residents resided in the center.	C 341		

Oklahoma State Department of Health

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

TITLE

(X6) DATE

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 10/10/2025
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 341	Continued From page 1 Findings: A "Neuro Medicine and Medicine Specialist Note," dated 11/08/22, read in part, "[Resident #1] can communicate and listen to instructions and comprehend them with assistance. [They] struggle with social involvement and interpersonal communication." A "Primary Care Office/Clinic Note," dated 12/09/24, read in part, "Language barrier (speaks Rohingya). Mental delay. Developmental delay." A "Comprehensive Assessment," dated 12/18/24, showed Resident #1 was admitted to the center on 12/18/24 with diagnoses to include cerebral palsy and language barrier. The comprehensive assessment showed Resident #1 had a poor ability to communicate and was not interviewable. A "Service Checkoff List," dated 10/2025, read in part, "Resident has broken English. Use Google translator for translation of Rohingya and Bengali. Resident has difficulty making needs known." On 10/09/25 at 8:34 a.m., Resident #1 was asked what their name was. The resident replied in an unfamiliar language. Resident #1 was asked what it was like living in the center. They replied in an unfamiliar language. Resident #1 was asked if they spoke English. They replied in an unfamiliar language. On 10/09/25 at 8:47 a.m., CNA #1 was asked if Resident #1 spoke English. They stated, "Very, very little." CNA #1 was asked how they communicated with staff. They stated, "Those who have worked with [Resident #1] long enough are able to figure out [their] wants or needs or	C 341		

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 10/10/2025
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 341	Continued From page 2 [they] get their phone out and show us pictures." On 10/09/25 at 11:30 a.m., housekeeper #1 was asked what they knew about Resident #1. They stated, "[Resident #1] doesn't speak English." Housekeeper #1 was asked how they communicated with Resident #1. They stated, "I don't really. I can't." On 10/09/25 at 2:00 p.m., Resident #2 was asked how they communicated with Resident #1. They stated, "You can't. [Resident #1] knows fuck you, fuck off, and no. That's about it." On 10/09/25 at 2:07 p.m., CMA #1 was asked how they communicated with Resident #1. They stated, "[Resident #1] points to things and you can kind of figure it out or I'll show [them] pictures on my phone." CMA #1 was asked if Resident #1 spoke English. They stated, "Not enough to understand." On 10/09/25 at 2:39 p.m., the administrator stated, "We really don't have a way to communicate with [Resident #1]. At times it seems [they] have intellectual disabilities, but I wonder if it's a language barrier making it seem that way." On 10/09/25 at 4:28 p.m., the administrator asked if the surveyor interviewed Resident #1. They were informed there were no translation app's or software the surveyor found to translate the Rohingya or Bengali language. The administrator was asked what app or software they used to translate Resident #1's native language to English. They stated, "AI Translate." Both the administrator and the DON attempted to find a resource to translate either language into English. The DON stated, "I can't find anything." The	C 341		

Oklahoma State Department of Health
STATE FORM

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 10/10/2025
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
C1304	Continued From page 4 The administrator identified 67 residents resided in the center. Findings: A "Resident and Care Agreement," dated 12/17/24, read in part, "Individuals 65 years of age or older shall be eligible for move-in." A "14-day Comprehensive Assessment," dated 12/18/24, showed Resident #1 was admitted to the center on 12/18/24 with diagnoses to include cerebral palsy and language barrier. The comprehensive assessment showed Resident #1's date of birth as 01/01/1999. A "Physician's Progress Note," dated 04/15/25, read in part, "The patient is a 26-year-old who is undergoing assisted living care." On 10/09/25 at 2:39 p.m., the administrator stated, "[Resident #1] is so young we think [they] would be better suited for a group home or something like that. They (immigration officials) aren't even sure how old [Resident #1] is. Some paperwork says 23, others say 25, some say 29 years old." On 10/09/25 at 4:10 p.m., the administrator was asked, what the age requirement was for admission. They stated, "We don't have one anymore." The administrator was shown Resident #1's contract stating residents must be 65 years of age or older for admission. They stated, "The new contracts don't have that." The administrator was asked if they had Resident #1 sign the new contract and they stated, "No."	C1304		

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 10/10/2025
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
C1505	Continued From page 5	C1505		
C1505 SS=F	310:663-15-1 & 63 OS 1-1918(B)(5) RESIDENT RIGHTS - Medical Care 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)(5) (5) Every resident shall have the right to receive adequate and appropriate medical care consistent with established and recognized medical practice standards within the community. Every resident, unless adjudged to be mentally incapacitated, shall be fully informed by the resident's attending physician of the resident's medical condition and advised in advance of proposed treatment or changes in treatment in terms and language that the resident can understand, unless medically contraindicated, and to participate in the planning of care and treatment or changes in care and treatment. Every resident shall have the right to refuse medication and treatment after being fully informed of and understanding the consequences of such actions unless adjudged to be mentally incapacitated.	C1505		

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 10/10/2025
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
C1505	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the center failed to ensure a home-like environment. The administrator identified 67 residents resided in the center. Findings: On 10/09/25 at 8:40 a.m., observation of carpet throughout the center showed multiple small and large, dark to black stains. The carpet on the North hall showed carpet threads separating from the carpet and the seams were separating. White paint was observed to be on the vinyl and carpet flooring throughout the building. The handrails throughout the center showed white paint chipping and peeling, exposing wood, in large sections. A "Residence and Care Agreement," dated 12/17/24, read in part, "It is our intent to provide a safe and well-maintained building." On 10/09/25 at 11:39 a.m., Resident #6 was asked how they liked their environment at the center. They stated, "I think it could be nicer. The carpet and handrails need refinished." On 10/09/25 at 1:05 p.m., Resident #3 stated, "The carpets are disgusting with all the stains, the handrails are all chipped and gross, and there's paint all over the floor and windows. It also smells musty sometimes. They could do better." On 10/09/25 at 4:01 p.m., the maintenance supervisor was asked if residents had mentioned	C1505		

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 10/10/2025
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
C1505	Continued From page 7 any needed improvements within the center. They stated, "Yes and I have a bid for carpet and vinyl flooring replacement. I've talked with the owner and we are pricing the paint next for the chipped railings. I know there's also threads coming up in front of the resident rooms that we are trimming back as we see the threads coming up. The carpet is absolutely horrible and the chipping paint looks bad. I told the owner this isn't going to fly." The maintenance supervisor was asked how long the carpets and handrails had needed replaced. They stated, "I've only been here 30 days, but definitely a long time."	C1505		
C1512 SS=J	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 Statutes, corporal punishment, involuntary seclusion, and from any physical and 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	C1512		

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 10/10/2025
NAME OF PROVIDER OR SUPPLIER GLADE AVENUE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH GLADE AVENUE BETHANY, OK 73008		
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C1512	Continued From page 8 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; This REQUIREMENT is not met as evidenced by: On 10/09/25, an immediate jeopardy situation was determined to exist when the center failed to ensure residents (Resident #2) were free from	C1512		

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C1512	Continued From page 9 being groped on their genitals. On 10/09/25 at 4:18 p.m., the OSDH was notified and verified the existence of the IJ situation. On 10/09/25 at 4:28 p.m., the administrator, DON, and ADON were notified of the IJ situation related to the sexual abuse of Resident #2. On 10/09/25 at 10:06 p.m., the administrator submitted an acceptable plan of removal. The plan of removal, read in part, "Immediate Plan of Correction-Safety Plan: effective today 10/09/25 at 5pm" 1. One on one staff at all times for [Resident #1] 2. The center will train all staff in person, or by phone by 2:30pm 10/10/25 on Abuse & Neglect, Sexual Harassment, Incident Reporting, and Safety Measures to Protect residents 3. The center will hold a meeting with [Resident #1], their case manager, DON, and administrator to discuss the allegations and investigation by 2pm on 10/10/25 4. The center will contact [Resident #1's] physician to discuss a possible placement for Behavior Health if deemed necessary. 5. The center's administrator will hold a QA meeting tomorrow by 2:30pm with all managers to discuss the allegation and document the efforts and outcomes." The IJ was removed on 10/10/25 at 2:30 p.m., when all components of the plan of removal had been verified as completed. Observations on 10/10/25 verified Resident #1 had a one-on-one sitter in place at all times. Interviews conducted with staff verified Resident #1 had a one-on-one sitter start on 10/09/25 and was ongoing. A document titled "Abuse and Neglect Training and	C1512		

Oklahoma State Department of Health

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C1512	Continued From page 10 Incident Report Documentation," dated 10/10/25 showed all staff had been educated on abuse and neglect and incident reporting. Interviews conducted with staff verified they had received the training. Interviews with staff and a document titled, "QA Meeting," verified the center held a meeting with Resident #1 and their case manager as well as held a QA meeting. The deficiency remained at an isolated level with the potential for more than minimal harm. Based on observation, record review, and interview, the facility failed to ensure residents were free from sexual abuse for 1 (#2) of 3 sampled residents reviewed for sexual abuse. The administrator identified 67 residents resided in the center. Findings: A "Resident and Care Agreement," dated 12/17/24, read in part, "Harassment by residents, including sexual, racial, and ethic harassment, is forbidden by law and strictly prohibited by [company name withheld]. Residents who violate this policy will be held accountable for their actions, including possible termination of their residency." 1. On 10/09/25 at 8:34 a.m., Resident #1 was observed lying in their bed with no staff near their room. On 10/09/25 at 11:51 a.m., Resident #1 was observed sitting in their electric wheelchair outside in the front of the center with no staff nearby. On 10/09/25 at 3:56 p.m., Resident #1 was	C1512		

Oklahoma State Department of Health

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C1512	Continued From page 11 observed outside in the front of the center with no staff nearby. On 10/10/25 at 8:17 a.m., Resident #1 was observed utilizing their electric wheelchair to ambulate through the center with the concierge. On 10/10/25 at 3:11 p.m., Resident #1 was observed sitting outside in the front of the center with the concierge. An undated document titled "Resident Safety Check," showed every three hour safety checks were implemented on 09/29/25 and continued to be provided. A "14-day Comprehensive Assessment," dated 12/18/24, showed Resident #1 was admitted to the center on 12/18/24 with diagnoses to include cerebral palsy and a language barrier. The comprehensive assessment showed Resident #1 was alert and oriented to person and place, but confused at times. On 10/06/25 at 4:08 p.m., OSDH received an incident report. The incident report, dated 10/06/25, read in part, "[Resident #1] came to [Resident #2] and touched [their] leg and proceeded to grope [their genitals]. Investigation in process." On 10/09/25 at 8:34 a.m., Resident #1 was asked how they were doing. They replied in an unknown language. Resident #1 was asked if they spoke English. They replied in an unknown language. Multiple attempts were made to interview Resident #1, but the language barrier could not be overcome. On 10/09/25 at 8:47 a.m., CNA #1 was asked if	C1512		

Oklahoma State Department of Health

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C1512	Continued From page 12 Resident #1 had any behaviors. They stated, "Yes, [Resident #1] is touchy touchy with the male residents and when [they] are outside [they] holler at the men walking by." CNA #1 was asked if they had witnessed any of this behavior from Resident #1. They stated, "Yes, I reported it to the DON." CNA #1 was asked what interventions were in place to prevent Resident #1 from inappropriately touching other residents. They stated, "I'm not sure, but the men are always ok with it." On 10/09/25 at 2:07 p.m., CMA #1 was asked if Resident #1 had any behaviors. They stated, "[Resident #1] grabs the men between their legs sometimes. I think [they're] flirting." CMA #1 did not know what interventions were in place to prevent Resident #1 from exhibiting these behaviors. On 10/09/25 at 2:26 p.m., the DON was asked what interventions were in place following the sexual abuse allegation against Resident #1. They stated, "We're doing safety checks on [Residents #1 and #2]. I just had a meeting with [Resident #1's] case manager today and had them translate about boundaries. We talked about possible eviction if that happens again." The DON was asked how often safety checks were being conducted. They stated, "Every two hours on [Resident #1]." Documentation was asked to be provided. On 10/09/25 at 2:35 p.m., CMA #2 was asked if there were any frequent checks for Resident #1. They stated, "[They] come and go as [they] want. [Resident #1] uses [their] wheelchair and goes outside or moves around in here." They were asked what they knew about Resident #1's behavior of grabbing men by their private parts. They stated, "I don't know about that."	C1512		