OKLAHOMA
State Department of Health

Delivery via email to: jennifer@gladeavenueassistedliving.com

May 12, 2026

License Number: AL5511

Ms. Jennifer Beagle, Administrator
Glade Avenue Assisted Living
2500 North Glade Avenue
Bethany, OK 73008

Survey Event ID: V86T11

Dear Ms. Beagle:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **May 8, 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,

Tempal Killman

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: Glade Avenue North
Address: 2500 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5511
Complaint #: OK00091071
Investigation Date(s): 05/08/26

ALLEGATION(S)
The facility failed to protect residents from abuse
The facility failed to store, prepare, and serve food in accordance with Chapter 257
The facility failed to report an allegation of sexual abuse to the OSDH
enter text
enter text

An unannounced on-site investigation was initiated 05/08/2026 at 8:20 a.m.

A sample of 3 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegation(s).

The investigation was conducted following standards set by the statutes, rules and regulations of the State of Oklahoma utilizing Investigative Protocols. Evidence was obtained through observations; interviews with residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

A Summary of Complaint Investigation: Observations of residents' physical and behavioral well-being, resident to resident interaction, staff to resident interaction, and the center's kitchen were made. Records of food temperature logs, freezer and refrigerator logs, invoices, employee statements that were submitted, residents' health charts, assessments, care plans, nurse's notes, and center policies were reviewed. Interviews with residents and staff were conducted.

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: 05/08/2026

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5511	A. BUILDING: _____ B. WING _____	C 05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLADE AVENUE ASSISTED LIVING	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 A complaint investigation (#OK00091071) was conducted on 05/08/26. No deficiencies were cited. Facility Census: 66	C 000		

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