OKLAHOMA
State Department
of Health

Delivery via email to: roxanne@mlcconsult.com

July 28, 2022

License Number: AL5512

Ms. Roxanne Fanning, Administrator
Glade Avenue South
2480 North Glade Avenue
Bethany, OK 73008

Survey Event ID: DBJJ11

Dear Ms. Fanning:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **July 26, 2022**. 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.

Sincerely,

Lisa Calvin

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

Oklahoma State
Department of Health

INVESTIGATIVE REPORT

Facility: **Glade Avenue South**
Address: **2480 North Glade Avenue**
City, State, Zip: **Bethany, OK 73008**
Provider #: **AL5512**
Complaint #: **OK00059180**
Investigation Date(s): **07/25/22 and 07/26/22**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to have and/or implement a pest control program.	**US**
2. The center failed to have and/or implement infection control procedures for prevention of urinary tract infections.	**US**

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

An unannounced on-site investigation was initiated 07/25/2022 at 11:20 a.m.

A sample of seven residents including any identified resident(s), 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 residents, family members, staff members and others as indicated; and review of pertinent written and electronic records.

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

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

An investigation related to the center's pest control program was conducted.

Records were reviewed to include exterminator receipts, nursing notes, physician progress notes, incident reports, shower sheets, skin assessments, comprehensive assessments, care plans, physician orders, medication administration records, treatment administration records, hospital records, service contracts and bed bug policy.

There were no live bedbugs observed in occupied resident rooms during the survey.

No resident complained about bedbugs during the survey.

At the time of the survey, there was no deficient practice in relation to the center's pest control program.

Allegation #2: Deficient practice was unsubstantiated related to this allegation.

An investigation related to urinary tract infections was conducted.

Records were reviewed to include nursing notes, physician progress notes, incident reports, comprehensive assessments, care plans, physician orders, medication administration records, treatment administration records, lab results, hospital records and service contracts.

There were large insulated water containers and large, white Styrofoam cups observed in resident rooms full of fluids.

No resident complained about not receiving fluids throughout the survey.

At the time of the survey, there was no deficient practice in relation to urinary tract infections.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation #1 and #2. 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.

Melissa Swaim RN

Melissa Swaim RN

Date report completed: 07/27/2022

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
	AL5512	A. BUILDING: _____ B. WING _____	C 07/26/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLADE AVENUE SOUTH	2480 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 (#OK00059180) was conducted 07/25/22 and 07/26/22. No deficiencies were cited.	C 000		

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