OKLAHOMA
State Department of Health

Delivery via email to: williewferguson@gladeavenueassistedliving.com

October 28, 2025

License Number: AL5512

Ms. Willie Ferguson, Administrator
Glade Avenue Assisted Living South
2480 North Glade Avenue
Bethany, OK 73008

Survey Event ID: D9R111

Dear Ms. Ferguson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **October 13, 2025**. 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 Assisted Living South
Address: 2480 North Glade Avenue
City, State, Zip: Bethany, OK 73008
Provider #: AL5512
Complaint #: OK00084738
Investigation Date(s): 10/13/25

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

An unannounced on-site investigation was initiated 10/13/2025 at 8:15 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 staff and residents were made. Records of staff education, resident supervision, center policies, and resident medical charts were reviewed. Interviews with residents, staff, and families 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

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 10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLADE AVENUE ASSISTED LIVING 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 (#OK00084738) was conducted on 10/13/25. No deficiencies were cited. Facility Census: 34	C 000		

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