

Delivery via email to: lmeacham@beehivehomes.com

September 17, 2024

License Number: AL7243

Ms. Lisa Meacham, Administrator
Beehive Homes Of Glenpool #2
12570 S Vancouver Ave
Glenpool, OK 74033

RE: Survey Event ID: K5S011

Dear Ms. Meacham:

Enclosed is a report of the initial inspection conducted at your Assisted Living Center on **August 15, 2024**. No deficiencies were cited. Oklahoma Statutes 63-1-1910 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,



Lisa Calvin, Enforcement Analyst II
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL7243	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER BEEHIVE HOMES OF GLENPOOL #2		STREET ADDRESS, CITY, STATE, ZIP CODE 12570 S VANCOUVER AVE GLENPOOL, OK 74033		
(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 An initial licensure survey was conducted on 08/14/24 through 08/15/24. No deficiencies were cited. Facility Census: 22	C 000		

Oklahoma State Department of Health

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

TITLE

(X6) DATE