OKLAHOMA
State Department
of Health

Delivery via email to: chenderson@baptistvillage.org

March 6, 2024

License Number:

AL0502

Ms. Cathy Henderson, Administrator
The Neighborhoods At Baptist Village Of Elk City
1500 West Country Club Blvd
Elk City, OK 73644

RE: Survey Event ID: BXQW11

Dear Ms. Henderson:

Enclosed is a report of the Relicensure with Complaint inspection conducted at your Assisted Living Center on **February 28, 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,

Clorissa Nubine

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA
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INVESTIGATIVE REPORT

Facility: **The Neighborhoods at Baptist Village of Elk City**
Address: **1500 West Country Club Blvd**
City, State, Zip: **Elk City, OK 73644**
Provider #: **AL0502**
Complaint #: **OK00061276**
Investigation Date(s): **02/26/24- 02/28/24**

ALLEGATION(S)
The center failed to ensure residents were admitted who were above the level of care the center could provide.
The center failed to ensure dishwasher soap was monitored and changed according to policy and procedure.
The center failed to ensure unqualified staff were not performing duties outside their scope of practice.

An unannounced on-site investigation was initiated 02/26/2024 at 10:15 a.m.

A sample of 10 residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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:

On 02/26/24 a tour was conducted from 10:15 a.m., through 10:45 a.m., the facility was clean and free of odors. Staff were observed assisting residents with activities of daily living and treating residents with dignity and respect. Residents were provided a choice of breakfast items to be served when they arrived at the individualized dining areas located on each unit. Staff were observed serving breakfast and was observed cleaning and air-drying dishes on the unit after breakfast. A certified staff member was observed administering a breathing treatment to a resident while observing a medication pass. Gait belts were observed on the units.

Resident records, including sampled residents' assessments, care plans, and the plan of accommodations were reviewed. A sample of staff were reviewed for certifications to administer respiratory treatments. Resident council minute meetings were reviewed. Logs were reviewed for dishwasher sanitation, temperatures, and included corrective action to take for abnormal findings. Knowledge test and in-service training for dishwasher sanitation was reviewed. Sampled residents' contracts were reviewed for admission and discharge criteria and hospice services.

Staff were interviewed related to gait belts and the use of gait belts. Residents were interviewed related to care

and satisfaction of care related issues. The dietary manager was interviewed related to monitoring of dishwasher temperature and sanitation monitoring.

The attached Statement of Deficiencies, Form 2567 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: 02/29/2024

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
	AL0502	A. BUILDING: _____ B. WING _____	C 02/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEIGHBORHOODS AT BAPTIST VILLAGE	1500 WEST COUNTRY CLUB BLVD ELK CITY, OK 73644

(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 relicensure survey was conducted from 02/26/24 through 02/28/24. A complaint investigation (#OK00061276) was conducted in conjunction with the survey. No deficiencies were cited. Census: 55	C 000		

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