OKLAHOMA
State Department
of Health

**Delivery via email to:** chenderson@baptistvillage.org

May 7, 2025

License Number: AL0502

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

**Survey Event ID: HDNP11**

Dear Ms. Henderson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **April 11, 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,

Clorissa Nubine

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

Enclosure

OKLAHOMA
State Department
of Health

# INVESTIGATIVE REPORT

**Facility: The Neighborhoods at Baptist Village Elk City**
**Address: 1500 Country Club rd**
**City, State, Zip: Elk City, Ok**
**Provider #: AL 0502**
**Complaint #: OK00068934**
**Investigation Date(s): 04/10/25 through 04/11/25**

| ALLEGATION(S) |
|---|
| 1. The facility failed to ensure medications were ordered and available for administration according to physicians' orders. |
| |

An unannounced on-site investigation was initiated 04/10/2025 at 9:45 a.m.
A sample of six 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:** A tour of the facility was conducted upon entrance into the facility. Residents were observed for abuse and neglect, and privacy concerns. Staff were observed interacting with residents, as well as during medication passes, and mealtimes.
The environment was observed for safety, and cleanliness.
Records reviewed included: Residents health records, facility reported incidents, grievances, and contracts.
Residents and staff were asked questions regarding abuse and abuse training, choices, food, medication administration, and housekeeping.

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: 04/11/2025

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 |
|---|---|---|---|
| | AL0502 | A. BUILDING: _____ B. WING _____ | C 04/11/2025 |

| 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<br><br>A complaint survey (#OK00068934 and #OK00073949) was conducted on 04/10/25 through 04/11/25. No deficiencies were cited.<br><br>Facility Census: 55 | C 000 | | |

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