OKLAHOMA
State Department
of Health

Delivery via email to: thendricks@baptistvillage.org

April 21, 2026

License Number: AL0502

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

RE: Survey Event ID: SFNN11

Dear Ms. Hendricks:

On **March 20, 2026**, agents from our office concluded a State Licensure survey at your facility. The deficiencies found during the survey are identified on the enclosed STATE FORM.

These deficiencies represented the potential for more than minimal harm. Your facility will be given an opportunity to correct deficiencies prior to assessing penalties, however, if upon revisit your facility has not corrected the deficiencies penalties will be applied starting on **March 20, 2026**.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written plan of correction (POC). The first method is to type the plan of correction and anticipated date of completion in the space provided on the right half of the STATE FORM. If additional space is needed, supplemental sheets may be attached.

The second method is to prepare your plan on the Optional Plan of Correction Template (attached). Use of the template is voluntary. It is intended to help you submit a complete and acceptable plan of correction. If you choose to use the optional template, complete one template for each deficiency cited on the STATE FORM. In the space provided on the right half of the STATE FORM, type a notation that the plan of correction is being submitted using the optional template. Copies of the form and instructions are available at: **http://www.ok.gov/health**. This link opens the OSDH home page. To find the optional POC, **click on Services**, then **click on Long Term Care.** The link to the forms can be found by selecting **Long Term Care Forms** on the left menu column.

To be found acceptable by the OSDH, the plan of correction must:

(1) Address how corrective action will be accomplished for affected residents;
(2) Address how other residents with the potential to be affected will be identified;
(3) Address measures or systemic changes to ensure the deficiency will not recur;
(4) Indicate how the center plans to monitor performance to ensure corrections are sustained;
(5) Include dates when corrective action and monitoring will be completed for each violation;
(6) Be signed by the administrator.

Your development of the evidence referenced in item 4, above, is very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under

the Continuum of Care and Assisted Living Act. If the required evidence is available when the OSDH conducts a revisit, then the earliest date of compliance shown in the evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.

Avoid naming individuals, business firms or brand names on the enclosed form and any attachments. The document will be a public record and any such names will be available for disclosure.

Please sign, date and return the completed form, along with any attachments, supplements and templates, to this office within ten (10) OSDH business days of your receipt of this letter. OSDH business days are Monday through Friday, excluding state holidays. Failure to submit a Plan of Correction will not delay the subsequent revisit or any other phase of the enforcement process. Please retain a copy of the completed form for your files.

In accordance with O.S. 63-1-895, you have one opportunity to dispute citations of deficient practice through an informal dispute resolution (IDR) process. *The IDR in no way is to be construed as a formal evidentiary hearing; it is an informal administrative process to discuss deficiencies.* If you choose to contest a cited deficiency, the facility must complete an IDR Request Form (ODH Form 833AL). An explanation must be listed for each disputed deficiency. An attachment is acceptable if additional space is required for the dispute explanation. The IDR Coordinator may be contacted at (405) 426-8200 or at the address below to acquire a copy of the ODH Form 833AL and the Oklahoma IDR Process for Assisted Living Centers.

The IDR request must be submitted within 10 calendar days from receipt of the State Form deficiency statement. Failure to submit a completed IDR Request form and supporting documentation within this timeframe waives your right to the IDR. Failure to complete the IDR timely will not delay the effective date of any enforcement action against the facility. A designee of the Department shall conduct the IDR. The IDR may be accomplished by a desk review, conducted in a face-to-face, or virtual meeting. The facility shall receive written confirmation of the IDR results.

The facility must submit the completed IDR Request Form and supporting documentation under separate cover to:

IDR Coordinator
IDRCoordinator@health.ok.gov
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

Facilities may not use the IDR process to delay the formal imposition of remedies or to challenge any other aspect of the survey process, including the:

- Remedy(ies) imposed by the Department,
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; or
- Alleged inadequacy or inaccuracy of the informal dispute resolution process

If you have any questions regarding the IDR process, please contact the IDR Coordinator via email at IDRCoordinator@health.ok.gov, or telephone at (405) 426-8200.

If you have questions or need assistance, please feel free to send an email to LTCEnforcement@health.ok.gov or call (405) 426-8200. When writing or calling, indicate whether you are asking about the enforcement process, or about the survey process and deficiencies, and your inquiry will be directed to the appropriate available staff members.

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 of Elk City**
Address: **1500 West Country Club Blvd.**
City, State, Zip: **Elk City, OK, 73644**
Provider #: **AL0502**
Complaint #: **OK00088327**
Investigation Date(s): **03/17/26 through 03/20/26**

ALLEGATION(S)

The facility failed to provide an environment with comfortable temperatures.

An unannounced on-site investigation was initiated 03/17/2026 at 12:00 p.m.

A sample of eight 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: Upon entrance and throughout the survey residents were observed in common areas and in their rooms. Some residents were wearing long sleeve shirts or jackets. One resident was standing outside their room and stating who took my space heater.

The residents stated they had used space heaters for years and their rooms would be cold sometimes without their space heaters. The staff stated they knew the residents were not to have space heater in their rooms.

Policies and procedures, resident agreements, resident assessments, care plans, progress notes, incident reports, grievances, and resident council minutes were reviewed.

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: 03/24/2026

OKLAHOMA
State Department
of Health

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 #: **OK00090098**
Investigation Date(s): **03/17/26 through 03/20/26**

ALLEGATION(S)

The center failed to protect residents from abuse by staff.

An unannounced on-site investigation was initiated 03/17/2026 at 12:00 p.m.

A sample of eight 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: Upon entrance and throughout the survey resident and staff interaction was observed. The staff assisted residents in a calm and pleasant manner. No visible bruising or wounds were noted for the residents.

The residents denied staff abuse. The staff stated abuse was not allowed and if seen they would report the abuse immediately to their supervisor.

Policies and procedures, resident assessments, care plan, progress notes, incident reports, grievances, and resident council minutes were reviewed.

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: 03/25/2026

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 03/20/2026

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 with complaints (#OK00088327 and #OK00090098) was conducted from 03/17/26 through 03/20/26. Deficiencies were cited as a result of the survey. Facility Census: 47	C 000		
C 726 SS=E	310:663-7-2(6) PRIVACY AND INDEPENDENCE Each assisted living center shall ensure privacy and independence for its residents, to include the following: (6) provisions shall be made for each resident to control the temperature in the individual living unit through the use of a damper, register, thermostat, or other reasonable means that is under the control of the resident and that preserves resident privacy, independence and safety, provided that the Department may approve an alternate means based on documentation that the design of the temperature control is appropriate to the special needs of each resident who has an alternate temperature control; and This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure resident room temperature control in each individual living unit for 3 (#3, 4, and #5) of 3 sampled residents reviewed for individual living unit temperatures. The administrator identified 47 residents resided in the facility. Findings: On 03/17/26 at 1:24 p.m., Resident #4 was	C 726		

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 03/20/2026

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

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C 726	Continued From page 1 observed to enter their room and stated their space heater was gone. There was a heating pad plugged in and lying on the resident's couch. On 03/17/26 at 2:25 p.m., a space heater was sitting on the floor in Resident #3's bathroom. The heater was plugged into the electricity, but not running at the time. An undated agreement attachment letter titled "Baptist Village Communities Assistance to Living," read in part, "Along with medications, residents may not have the following items in their apartments: Toasters, Space Heaters, Electric Blankets, Plug in air fresheners,"..."Wax Melters, Oil diffusers, Irons, extension cords, Heating Pads," On 03/17/26 at 1:35 p.m., Resident #5 stated their room was cold and they used a space heater until the facility removed the space heater this morning. The family of Resident #5 stated in 02/2026 when it was cold outside, the facility heater stopped working. The family of Resident #5 stated they were told it was the maintenance staff's day off. On 03/17/26 at 1:50 p.m., hospitality aide #1 stated they had worked at the facility since 11/2025 and knew residents were not to use space heaters. Hospitality Aide #1 stated the facility had an inservice two weeks ago which included no in room space heaters. Hospitality aide #1 stated they were told by facility leadership this morning to remove space heaters from resident rooms. On 03/19/26 at 3:47 p.m., the heat and air company stated more than half of the rooms in the facility had a shared unit. The heat and air	C 726		

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 03/20/2026

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 726	Continued From page 2 company stated the units were out dated and the rooms with a shared unit did not allow each room to control its own temperature mode.	C 726		

OKLAHOMA
State Department
of Health

Delivery via email to: thendricks@baptistvillage.org

May 11, 2026

License Number: AL0502

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

RE: Survey Event SFNN11

Dear Ms. Hendricks:

On **March 20, 2026**, a Licensure inspection was conducted at your Assisted Living Center facility. Deficiencies were identified and we have received your plan of correction for these deficiencies. Your plan of correction is acceptable.

This acceptance acknowledges that your facility has indicated a willingness and ability to make corrections adequately and timely. Our acceptance does not absolve the facility's responsibility for compliance should the implementation not result in correction and compliance.

You have alleged that the deficiencies cited on that survey will be corrected and you will be in substantial compliance by **April 30, 2026**.

We will conduct a revisit at your facility to verify that all violations have been corrected. If you have any questions, please contact this office 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 Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE**
	Current Date: 4/30/2026
	Facility Name: The Neighborhoods at Baptist Village of Elk City
	License Number: AL0502
	Survey Event ID: SFNN11
	Date Survey Completed: 3/20/2026

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C726	Based on: This Rule is not met as evidenced by: C 726Based on observation, record review, and interview, the facility failed to ensure resident room temperature control in each individual living unit for 3 (#3, 4, and #5) of 3 sampled residents reviewed for individual living unit temperatures.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: **This plan of correction is being submitted pursuant to applicable state and federal regulations. Nothing contained herein shall be construed as an admission that the facility violated any state or federal regulation or failed to follow any applicable standard of care.**

REQUIRED ELEMENTS OF A PLAN	**ASSISTED LIVING CENTER'S PLAN ELEMENTS**
1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice?	Agreement finalized on 4/30/26 for replacement of 12 HVAC units, with work estimated to begin on 5/20/26 with projected completion date up to 4 weeks from start time. Replacement of HVAC units will allow individual room temperature control. Replacement units include residents #3, #4, #5. All portable heaters, heating pads, and electric blankets have been removed from the resident rooms.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Weekly room temperature checks have been implemented to monitor all rooms in the affected area of the village and are reviewed by the administrator or designee and will continue until the 12 HVAC units are replaced.
OSDH Response: Element accepted Yes ☐ No ☐	
3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?	The environmental services director or designee completes weekly room temperature checks (documented on the Room Temperature Checks Log) in the affected areas of the village. These are reviewed by the Administrator or designee each week, to ensure that the deficient practice will not recur weekly until the 12 HVAC units are replaced. The environmental services director or designee, along with the weekly room temperature checks, will also check all rooms for portable heaters, heating pads, and electric blankets and immediately remove if they are found.

	All BVC team were educated on the protocols related to no portable heaters, electric blankets allowed in the residents apartments on 4/29/2026.
OSDH Response: Element accepted Yes ☐ No ☐	
4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include: a. How the correction will be evaluated for effectiveness; b. How the correction will be incorporated into the center's quality assurance system; and c. How monitoring records will be kept to evidence the correction.	Weekly room temperature and portable heater checks (documented on the Room Temperature Checks Log)in the affected areas of the village will be reviewed by the Administrator or designee each week until the 12 HVAC units are replaced. Weekly the Administrator or designee will complete a resident satisfaction survey with 1 random resident inquiring about room temperature comfort in their individual apartment until HVAC units are replaced and monthly thereafter for 6 months. All logs and satisfaction surveys will be reviewed and kept in the POC book to evidence correction. All interventions will be reviewed monthly in the QAPI meeting for 6 months. All records will be kept in the POC book for review.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/30/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Mason Beaver** Mason Beaver OAC 310:663-25-4(F)	**Date 4/30/2026**

If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted.

Addendum Date	Enter a date of addendum.	**Submitted by**	Enter name of person submitting addendum.

Items Below Are For OSDH Use Only

Plan of Correction: ☐ Acceptable ☐ Unacceptable Date: Click here to enter a date. Surveyor: Surveyor

If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.
Facility in Compliance by: Click here to enter a date.

OKLAHOMA
State Department of Health

Delivery via email to: mbeaver@baptistvillage.org

May 19, 2026

License Number: AL0502
Survey Event ID: SFNN12

Mr. Mason Beaver, Administrator
The Neighborhoods At Baptist Village Of Elk City
1500 West Country Club Blvd
Elk City, OK 73644

Dear Mr. Beaver:

On **May 15, 2026**, an offsite/paper revisit was conducted at your facility by this agency to verify that the facility had achieved substantial compliance with the requirements for licensure as a Long Term Care Facility. The findings of that visit indicate that the deficiencies cited during your survey on **March 20, 2026,** have now been corrected and your facility is in compliance with licensure standards effective **April 30, 2026**.

If you have any questions concerning the information in this letter, please contact this office at (405) 426-8200.

Respectfully,

Clorissa Nubine

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

Enclosure

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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 _____	R-C 05/15/2026

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 An offsite/paper revisit was conducted on 05/15/26. All deficiencies from the 03/20/26 survey were cleared.	{C 000}		

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