OKLAHOMA
State Department
of Health

Delivery via email to: mjwood@baptistvillage.org

November 6, 2025

License Number: AL5602

Mr. Matthew Wood, Administrator
The Neighborhoods At Baptist Village Of Okmulgee
1500 West 6th Street
Okmulgee, OK 74447

RE: Survey Event ID: P2Y511

Dear Mr. Wood:

On **October 30, 2025**, 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 **October 30, 2025**.

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 Okmulgee
Address: 1500 West 6th Street
City, State, Zip: Okmulgee, OK, 74447
Provider #: AL5602
Complaint #: OK00082250
Investigation Date(s): 10/28/25, 10/29/25, and 10/30/25

ALLEGATION(S)

The center failed to have and/or implement an effective pest control program.
The center failed to ensure residents were free from exploitation.

An unannounced on-site investigation was initiated 10/28/2025 at 1:15 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 Centers for Medicare and Medicaid Services (CMS) 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: An environmental tour was completed upon entrance and throughout the survey. No pests/bedbugs were observed in resident rooms or common areas. The staff were observed assisting residents with activities of daily living in a pleasant manner.

The residents stated they had not seen pests/bedbugs in the facility. The staff stated monthly pest control was provided and as needed. The residents stated they never been asked or given money/gifts to staff members.

Policies and procedures, resident assessments, incident reports, investigative documentation, grievances, pest control logs, and employee records were reviewed.

The attached CMS 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: 11/02/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5602	A. BUILDING: _____ B. WING _____	C 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEIGHBORHOODS AT BAPTIST VILLAGE	1500 WEST 6TH STREET OKMULGEE, OK 74447

(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 complaint (#OK00082250) was conducted from 10/28/25 through 10/30/25. Deficiencies were cited as a result of the survey. Facility Census: 17 Listed below are abbreviations that will be used throughout this document. DM - dietary manager	C 000		
C 391 SS=D	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to clean and sanitize dishes used to prepare and serve meals for the residents. The administrator identified 17 residents ate meals prepared by the kitchen. Findings: On 10/28/25 at 2:10 p.m., dietary cook #1 was observed washing dishes using the three compartment method. The DM was asked to check the chemical sanitizer solution in the three	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5602	A. BUILDING: _____ B. WING _____	C 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEIGHBORHOODS AT BAPTIST VILLAGE	1500 WEST 6TH STREET OKMULGEE, OK 74447

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C 391	Continued From page 1 compartment sink. The DM used a test strip and the strip did not register sanitizer was being used. The DM checked the dishwasher for the chemical sanitizer level. The test strip did not register sanitizer was being used. The facility could not provide a policy regarding the instructions, monitoring, or use of sanitizer when cleaning dishes/equipment used to prepare food for the residents. A document titled "CHEMICAL DISHWASHER DIPSTICK READING," dated October 2025, showed the chemical was to be checked once a day. The document showed the chemical had not been checked for 10/28/25. On 10/28/25 at 2:12 p.m., the DM stated the cook must have forgotten to add sanitizer to the water in the three compartment sink. On 10/28/25 at 2:21 p.m., the DM stated the chemical sanitizer for the dishwasher was checked twice a day. The DM stated cook #1 must have forgotten the check the chemical sanitizer this morning. On 10/28/25 at 2:32 p.m., the DM states the dishwasher container for the chemical sanitizer was empty and needed to be changed.	C 391		

OKLAHOMA
State Department
of Health

Delivery via email to: mjwood@baptistvillage.org

December 22, 2025

License Number: AL5602

Mr. Matthew Wood, Administrator
The Neighborhoods At Baptist Village Of Okmulgee
1500 West 6th Street
Okmulgee, OK 74447

RE: Survey Event P2Y511

Dear Mr. Wood:

On **October 30, 2025**, 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 **November 17, 2025**.

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 Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 11/14/2025** **Facility Name:** THE NEIGHBORHOODS AT BAPTIST VILLAGE OKMULGEE **License Number:** AL5602 **Survey Event ID:** P2Y511 **Date Survey Completed: 10/30/2025**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: 310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE(a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements.	Based on: This STANDARD is not met as evidenced by: C 391Based on observation, record review, and interview the facility failed to clean and sanitize dishes used to prepare and serve meals for the residents. The administrator identified 17 residents ate meals prepared by the kitchen.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is being submitted in accordance with 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?	a. On 10-28-2025, the sanitizer drum was replaced and the dish machine was primed. Dining team verified the machine reached the required chemical sanitizing parameters and that wash and rinse water were within manufacturer guidance for our system. b. Any cookware and utensils handled on 10-28-25 during the affected period were rewashed and sanitized before reuse. c. All Dining Team received education on correct sanitizer testing and documentation on 10-28-25 and documented on the Dish Machine Sanitizer Inservice sheet. d. The daily chemical log was restarted and completed 10-28-25.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	Residents consuming meals prepared in the kitchen could be affected. For this event the residents potentially affected were 17. Nursing monitored for gastrointestinal symptoms during routine daily

	observation. Any infections added to Infection Control Log. None observed.
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?	Procedure and responsibility • A written procedure was created and defines the process for chemical sanitizing and three-compartment sink sanitizing. It clarifies the dish machine chemical is checked at least once daily and documented on the Chemical Dishwasher Dip Stick Reading Log. If the three-compartment sink is used, its sanitizer is checked when set up and as needed during use and documented on Chemical Dishwasher Dip Stick Reading Log. • The cook assigned to the main cook station performs the daily dish machine chemical check between 1 pm and 3 pm, after the first meal is out of the kitchen (the 12 pm lunch), and initials the log. • Dining team manager will Maintain spare sealed sanitizer drums, and test strips on hand and within date. • Campus Director posted a one-page quick-reference guide with the steps to test and the acceptable test result range on 10-28-25. (per the product label and dish machine vendor.) • Education will be provided in orientation for all new team members hired in dining services. a. Alternate approved sanitizing method • If the dish machine is not meeting chemical parameters or is out of service, team will use the approved three-compartment sink method: wash, rinse, then sanitize in a properly prepared sanitizing compartment per the manufacturer's test strip directions, then air-dry on racks. b. Escalation if chemical does not test appropriately:

	• Dining team was educated if a test does not meet the acceptable result, team members will stop and re-test after verifying drum connection and priming. If still not acceptable, team members will hold dish machine sanitizing, use the alternate method above, and immediately notify the Campus Director and the dish machine vendor (Auto-Chlor) for service. c. Documentation • Dining team will continue temperature checks at each meal period. • Dining team will continue one documented chemical check daily for the dish machine and document on Chemical Dishwasher Dip Stick Reading Log. Dining team will do a visual check of drum level each day and document on Chemical Dishwasher Dip Stick Reading Log. • If the three-compartment sink is put into service, document the sanitizer check upon set up on Chemical Dishwasher Dip Stick Reading Log.
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.	. a. Campus Director will monitor all above documentation every week for 8 weeks and monthly for 6 months. Dining manager will review chemical logs three times weekly for four weeks, weekly for the next eight weeks, then monthly ongoing. Any miss or out-of-range result triggers immediate coaching and recheck. b. Results and any corrective coaching were reviewed in the QA meeting on 11/14/2025 1:30 pm. Patterns were addressed with targeted re-training documented on Dish Machine Sanitizer Inservice sheet. Compliance will be monitored in the quarterly QA meetings for 1 year. c. All records are kept in the Dining QA Binder in the Admin office for at least 12 months: Chemical Dishwasher Dip Stick Reading Log, daily visual drum check initials, spot-check

	forms, corrective coaching notes, the written procedure and posted quick reference, in-service rosters, and QA meeting minutes.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	11/17/2025
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Matthew J. Wood** OAC 310:663-25-4(F)	**Date 11/14/2025**

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL5602	A. BUILDING: _____ B. WING _____	C 10/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEIGHBORHOODS AT BAPTIST VILLAGE	1500 WEST 6TH STREET OKMULGEE, OK 74447

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C 391 SS=D	310-663-3-8(a) FOOD STORAGE, PREPARATION AND SERVICE (a) Food shall be stored, prepared and served in accordance with Chapter 257 of this Title (relating to food service establishments) with the following additional requirements. This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to clean and sanitize dishes used to prepare and serve meals for the residents. The administrator identified 17 residents ate meals prepared by the kitchen. Findings: On 10/28/25 at 2:10 p.m., dietary cook #1 was observed washing dishes using the three compartment method. The DM was asked to check the chemical sanitizer solution in the three	C 391		

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

Matthew Wood — Administrator — 11/14/25

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
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEIGHBORHOODS AT BAPTIST VILLAGE	1500 WEST 6TH STREET OKMULGEE, OK 74447

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OKLAHOMA
State Department of Health

Delivery via email to: mjwood@baptistvillage.org

December 26, 2025

License Number: AL5602
Survey Event ID: P2Y512

Mr. Matthew Wood, Administrator
The Neighborhoods At Baptist Village Of Okmulgee
1500 West 6th Street
Okmulgee, OK 74447

Dear Mr. Wood:

On **December 23, 2025**, 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 **October 30, 2025,** have now been corrected and your facility is in compliance with licensure standards effective **November 17, 2025**.

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

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
	AL5602	A. BUILDING: _____ B. WING _____	R-C 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEIGHBORHOODS AT BAPTIST VILLAGE	1500 WEST 6TH STREET OKMULGEE, OK 74447

(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 12/23/25. The facility was in substantial compliance.	{C 000}		

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