OKLAHOMA
State Department
of Health

Delivery via email to: mepperson@baptistvillage.org

March 6, 2024

License Number: AL7221

Ms. Mitzi Epperson, Administrator
Baptist Village Of Owasso
7310 North 127th East Avenue
Owasso, OK 74055

RE: Survey Event ID: TJ2G11

Dear Ms. Epperson:

On **February 29, 2024**, 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 **February 29, 2024**.

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.

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Delivery via email to: mepperson@baptistvillage.org

April 1, 2024

License Number: AL7221

Ms. Mitzi Epperson, Administrator
Baptist Village Of Owasso
7310 North 127th East Avenue
Owasso, OK 74055

RE: Survey Event TJ2G11

Dear Ms. Epperson:

On **February 29, 2024**, 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 1, 2024**.

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,

Lisa Calvin

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

Enclosure

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,

Lisa Calvin

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL7221	A. BUILDING: _____ B. WING _____	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST VILLAGE OF OWASSO	7310 NORTH 127TH EAST AVENUE OWASSO, OK 74055

(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 02/27/24 through 02/29/24. Facility Census: 64	C 000		
C 391 SS=E	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 prepare and serve food in a sanitary manner. The administrator identified 51 residents who resided in the assisted living and ate meal prepared by the kitchen. Findings: A policy, titled "UNIFORM DRESS CODE", documented associates working with food were to wear the approved hair restraint when on duty regardless of length or presence of hair. A policy, titled "DISPOSABLE GLOVE USE", read in part, "...hands must be washed before putting on and after removing disposable gloves when working in the kitchen...Disposable gloves must be changed, and hands washed when the gloves are dirty or ripped and when moving from one task to another..." On 02/27/24 at 11:10 a.m., dietary aide #1 was observed preparing to serve the noon meal. The	C 391		

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C 391	Continued From page 1 aide's hair restraint had falled to the back of their head to their ponytail leaving their hair uncovered. The aide entered the serving area from a resident hallway pushing a cart. The aide opened the cart and placed pans of prepared food on the steam table. The aide donned a pair of gloves. The aide did not wash their hand before donning gloves. The aide handled a stack of plates and opened a cabinet door and obtained two bowls from a cabinet. The aide handled three different serving spoons/scoops placing the food on the plate and picked up a piece of cornbread with their gloved hand placing it on the plate. The aide continued to serve the meal for five residents using this process and the same gloved hands. The aide did not change their gloves or wash their hands between tasks. On 02/27/24 at 11:45 a.m., the dietary manager stated dietary aide #1 did not remove their gloves and wash their hands between clean and dirty tasks. The dietary manager stated the aide should have changed their gloves and washed their hands between tasks.	C 391		

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Delivery via email to: mepperson@baptistvillage.org

April 18, 2024

License Number: AL7221

Ms. Mitzi Epperson, Administrator
Baptist Village Of Owasso
7310 North 127th East Avenue
Owasso, OK 74055

RE: Survey Event TJ2G12

Dear Ms. Epperson:

On **April 17, 2024,** an offsite/paper revisit was conducted for your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **February 29, 2024,** have now been corrected effective **April 1, 2024.**

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

Respectfully,

Lisa Calvin

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

Enclosure

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.	performance improvement plan by utilizing a surveillance form to measure and document performance. The Vice-President of Quality or the Director Of Quality will review the procedure for compliance monthly Enter methods to incorporate into QA system: The corrective action along with the surveillance documentation will be monitored through the regulatory QAPI meeting each quarter.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	4/1/2024
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature Administrator signature required. OAC 310:663-25-4(F)	**Date** Enter a date of signature. 3/14/2024

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.

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RE: Survey Event TJ2G12

Dear Ms. Epperson:

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Respectfully,

Lisa Calvin

Lisa Calvin, Enforcement Analyst II
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{C 000}	INITIAL COMMENTS On 04/17/24, an offsite/revisit was conducted. The deficiency was cleared.	{C 000}		

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