OKLAHOMA
State Department of Health

Delivery via email to: mepperson@baptistvillage.org

June 12, 2025

License Number: AL7221

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

RE: Survey Event ID: TXHR11

Dear Ms. Epperson:

Enclosed is a report of the inspection with complaint investigation conducted at your Assisted Living Center on **June 5, 2025.** 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,

Lisa Calvin

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

Enclosure

OKLAHOMA
State Department
of Health

INVESTIGATIVE REPORT

Facility: **Baptist Village of Owasso**
Address: **7310 N. 127th E. Ave**
City, State, Zip: **Owasso, OK 74055**
Provider #: **AL 7221**
Complaint #: **OK00082998**
Investigation Date(s): **06-04-2025 and 06-05-2025**

ALLEGATION(S)
Allegations: Accidents. The center failed to ensure adequate supervision to prevent elopement.

An unannounced on-site investigation was initiated 06/04/2025 at 9:20am and completed on 06/05/2025 @ 11:58am.

A sample of three 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:

Resident record review, observation and interview was concluded on 06-05-2025 @ 11:15am. CMA, Director of Health Services, Corporate RN, and the Administrator were interviewed. Resident had a elopement score of "0" on the SPMSQ indicating no risk for elopement, prior to the incident. No previous exit seeking behavior was recorded. The resident was observed walking down the street and she was returned to the facility without harm. The resident was reassessed, appropriate and timely notifications were conducted by the Director of Health Services and recorded in the chart, the door code changed, staff was in-serviced regarding elopement risks, the care plan and service plan were revised, significant change assessment, and the resident was placed on one on one until a wander guard was obtained. A wander guard wrist appliance was obtained and put on the resident. One interview the resident stated she understood she must wear the wander guard on wrist, she could not go outside the facility alone and she understood the wander guard would alarm loudly if she got too close to the exit door.

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: 06/05/2025

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
	AL7221	A. BUILDING: _____ B. WING _____	C 06/05/2025

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 and complaint survey (#OK00082998) was conducted from 06/04/25 through 06/05/25. No deficiencies were cited. Facility Census: 64	C 000		

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