Oklahoma State Department of Health
Creating a State of Health

January 14, 2020

License Number: AL7259

Mr. Monty Baggett, Administrator
The Neighborhoods At Baptist Village Of Broken Arrow
2801 N Birch
Broken Arrow, OK 74012

Survey Event ID: 0D6F11

Dear Mr. Baggett:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on January 3, 2020. 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) 271-6868.

Sincerely,

Katie Stagner

Katie Stagner
Long Term Care Enforcement Reviewer
Oklahoma State Department of Health

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **The Neighborhoods At Baptist Village of Broken Arrow**
Address: **2801 N. Birch**
City, State, Zip: **Broken Arrow, OK, 74012**
Provider #: **AL7259**
Complaint #: **OK#54679**
Investigation Date(s): **01/03/20**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. The center failed to ensure resident rights to choose and be informed of medical care were not violated.	US

☐ **Violation (s) unrelated to this complaint were also cited during the investigation.**

An unannounced on-site investigation was initiated on Friday, January 3, 2020 at 10:00 a.m.

A sample of 5 residents including any identified resident, was selected for the investigation based on the concerns relevant to the allegation.

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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was unsubstantiated related to this allegation.

An investigation specific to resident rights and choice in medical care was conducted.
On 01/03/20 at 10:00 a.m. a tour of the center was conducted. Medical records of residents identified in the allegation were reviewed along with physician orders, diets and the residents' power of attorney (POA). Documentation of a mechanical soft and nectar thickened liquids diet was ordered in October 2019, for one resident identified in the allegation from results of a swallow study. Documentation in the residents' medical record documented the POA was aware and the resident refused, and was later changed to a gluten free diet. The other resident identified in the allegation was oriented times 1 (person) and was on a mechanical soft diet related to issues with chewing. When interviewed the resident on the gluten free diet stated awareness of gluten free breads and noodles the center offered. Both residents were observed eating lunch without any difficulty.

Multiple residents were interviewed and asked if they were aware they could order off the alternate menu if they preferred. All acknowledged awareness of options offered to them and stated food was good at the center and the staff were accommodating to residents. Staff were interviewed and asked about other choices/alternate menu offered to residents and were knowledgeable of menus.

Determination Summary and Follow-Up Action:

Deficient practice was unsubstantiated for allegation 1. No further action is required.

A determination that an allegation was unsubstantiated (**US**) is not a judgment, or any reflection of the accuracy of the allegation, nor is it a dismissal of your concern. It means the survey team did not find sufficient evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred in relation to the allegation.

Thank you for bringing these concerns to our attention.

Lisa McAlister, Survey Manager for

Justina Leach RN/CHFS

Date report completed: 01/07/2020

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
	AL7259	A. BUILDING: _____ B. WING _____	01/03/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE NEIGHBORHOODS AT BAPTIST VILLAGE	2801 N BIRCH BROKEN ARROW, OK 74012

(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 abbreviated survey was conducted on 01/03/20, to investigate complaint #OK54679. The census was 33. No deficient practice was cited.	C 000		

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

FORM APPROVED

STATE WORKLOAD REPORT

Provider/Supplier Number	Provider/Supplier Name
AL7259	THE NEIGHBORHOODS AT BAPTIST VILLAGE OF BROKEN ARR

Type of Survey (select all that apply)

3								

A Complaint Investigation
B Dumping Investigation
C Federal Monitoring
D Follow-up Visit
E Initial Certification
F Inspection of Care
G Validation
H Life Safety Code
I Recertification
J Sanctions/Hearing
K State License
L CHOW
M Other

Extent of Survey (select all that apply)

A								

A Routine/Standard Survey (all providers/suppliers)
B Extended Survey (HHA or Long Term Care Facility)
C Partial Extended Survey (HHA)
D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID 1. 32388	01/03/2020	01/03/2020	0.50	0.00	4.00	0.00	3.25	5.00
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3.								
4.								
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10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours..... 0.00

Total RO Supervisory Review Hours.... 0.00

Total SA Clerical/Data Entry Hours.... 0.00

Total RO Clerical/Data Entry Hours..... 0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... **No**

JAN 16 2020