OKLAHOMA
State Department
of Health

Delivery via email to: bhanna@okc.baptistvillage.org

July 27, 2021

License Number: NH5520AL

Ms. Barbara Hanna, Administrator
Baptist Village of Oklahoma City
9700 Mashburn Boulevard
Oklahoma City, OK 73162

Survey Event ID: L9IN11

Dear Ms. Hanna:

On **July 13, 2021,** representatives from the Oklahoma State Department of Health (OSDH) concluded a complaint survey at your center. The deficiencies found during the survey are identified on the enclosed STATE FORM.

The deficiencies cited resulted in deficiencies representing the potential for more than minimal harm. Based on no actual harm being identified, we will not recommend to the Office of General Counsel of OSDH that remedies be imposed at this time. Your facility will be given an opportunity to correct deficiencies. If upon revisit your facility has not corrected the deficiencies, imposition of remedies will be recommended to the Office of General Counsel of OSDH.

Please note the items listed in the deficiency column of the STATE FORM. You have two choices of methods to prepare the written the 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. 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 Protective Health** on the left side of the home page, then **click on Long Term Care** on the right side of the page. 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 will be completed for each violation; and
(6) Be signed by the administrator.

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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 business days from receipt of the State Form deficiency statement. This is the same requirement for submitting an acceptable Plan of Correction (PoC). 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 or conducted in a face-to-face 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
Long Term Care
Protective Health Services
Oklahoma State Department of Health
123 Robert S. Kerr Ave, Ste. 1702
Oklahoma City, OK 73102-6406

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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.

Sincerely,

Katie Stagner Digitally signed by Katie Stagner
Date: 2021.07.27 09:40:48 -05'00'

Katie Stagner, Enforcement Reviewer/Analyst
Long Term Care
Protective Health Services

Enclosure

Oklahoma State
Department of Health

INVESTIGATIVE REPORT
LICENSURE

Facility: **Baptist Village of Oklahoma City Assisted Living**
Address: **9700 Mashburn Boulevard**
City, State, Zip: **Oklahoma City, Okla. 73162**
Provider #: **CC5520AL**
Complaint #: **OK00057300**
Investigation Date(s): **July 12, 13, 2021**

ALLEGATION(S)	S = SUBSTANTIATED US = UNSUBSTANTIATED
1. Failed to ensure residents' visitation was not restricted and ensure residents had unrestricted rights to leave the center.	S

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

An unannounced on-site investigation was initiated on 07/12/2021 at 12:15 p.m.

A sample of 4 residents including any identified resident(s), 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 Description of Significant Findings Related to Each Allegation is Provided Below:

Allegation #1: Deficient practice was substantiated related to this allegation. See the Statement of Deficiencies, Form 2567, Tag C1507 for details.

Determination Summary and Follow-Up Action:

Deficient practice was substantiated for allegation #1. The facility will be required to submit a plan of correction (POC). The surveyor team will review the POC to ensure it is sufficient for compliance and a follow-up investigation will be conducted.

A determination that an allegation was substantiated (**S**) means the survey team found evidence at the time of the investigation to confirm a deficient practice or violation of the state regulations had occurred. The deficient findings would be detailed in the Statement of Deficiencies.

Thank you for bringing these concerns to our attention.

Mary Cooper By Pam Anderson

Mary Cooper RN/CHFS

Date report completed: 07/14/2021

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
	NH5520AL	A. BUILDING: _____ B. WING _____	07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST VILLAGE OF OKLAHOMA CITY	9700 MASHBURN BOULEVARD OKLAHOMA CITY, OK 73162

(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 July 12 and 13, 2021 to investigate complaint #OK00057300. Deficient practice was cited. Census was 30.	C 000		
C1507 SS=F	310:663-15-1 & 63 OS 1-1918(B)(7) RESIDENT RIGHTS - Reasonable Accommodation Each assisted living center and its staff shall be familiar with and shall observe all resident rights and responsibilities enumerated under Title 63 O.S. Supp. 1997, Section 1-1918.B 63 O.S. 1-1918.(B)(7) (7) Every resident shall have the right to reside and to receive services with reasonable accommodation of individual needs and preferences, except where the health or safety of the individual or other residents would be endangered; This REQUIREMENT is not met as evidenced by: Based on interview and record review it was determined the center failed to ensure residents rights for accommodation of preferences regarding visitation for four (#1, 2, 3 and #4) of	C1507		

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	NH5520AL	A. BUILDING: _____ B. WING _____	07/13/2021

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C1507	Continued From page 1	C1507		

four sampled residents for visitation.

The facility identified 30 residents who resided in the facility.

Findings:

The facilities visitation policy titled "Baptist Village Communities In-Person Visitation Guidelines-Health Center/Assisted Living Center" dated June 23, 2021 documented, "...Patient room visits can be accommodated anytime during regular visiting hours..." "Indoor visitation is generally limited to three visitors, unless there are extenuating circumstances..."

Resident #1

1. Resident #1 was admitted with diagnosis which included, high cholesterol and high blood pressure, depressive disorder and anxiety.

A Resident Assessment form, dated 02/17/2021 documented, "...Mental/Cognitive Functional Status...alert, orientation to person, place and time with good judgement..."

At 2:45 p.m., resident #1 was asked if she had visitors in her room and if there was a time limit. She stated there was, you can only have two people visit. She was again asked if there was a time limit and if visitors could come every day of the week. She replied, I'm not sure about that.

The resident said she did not know about the new visitation policy and was unaware that three people could come and visit. She stated, "They are not informing us of changes." She was asked if the center gave her a copy of the policy, she replied, they don't give me pages like that, I wish

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH5520AL	A. BUILDING: _____ B. WING _____	07/13/2021

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BAPTIST VILLAGE OF OKLAHOMA CITY	9700 MASHBURN BOULEVARD OKLAHOMA CITY, OK 73162

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C1507	Continued From page 2	C1507		

they would.

On 07/13/21 at 10:38 a.m., the administrator was asked why resident #1 was unable to have visitors in her room, she replied, if a resident is unvaccinated they can't have visitors in their room.

2. Resident #2 was admitted with diagnosis which included, Type 2 diabetes mellitus, high blood pressure, heart failure, and anxiety disorder.

A Resident Assessment form, dated 03/08/2021 documented, "...Mental/Cognitive Functional Status...alert, orientation to person place and time, and good judgement..."

On 07/12/2021 at 3:12 p.m., the resident was asked if he had visitors, he replied yes, they can come twice a week for 30 minutes. Visitation is allowed in his room. He stated, "I can go out anytime I want."

On 07/13/2021 at 10:18 a.m., the resident was asked if he was aware the center had changed the visitation policy on 06/23/21, he replied, no I wasn't. He was asked how the facility notifies him about visitation changes. He stated, "Usually come in and let me know about changes."

3. Resident #3 was admitted with diagnosis which included, hypothyroidism, hypertension and vitamin d deficiency.

A Resident assessment form, dated 06/28/2021 documented, "...Mental/Cognitive Functional Status...alert, orientation to person and place, forgetful and good judgement..."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NH5520AL	A. BUILDING: _____ B. WING _____	07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST VILLAGE OF OKLAHOMA CITY	9700 MASHBURN BOULEVARD OKLAHOMA CITY, OK 73162

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C1507	Continued From page 3 On 07/13/2021, the resident was asked if she was able to have visitors in her room, she replied if we have been vaccinated, otherwise there are restrictions. We have a special activities room assigned and a time. She was asked if she would like to be able to visit in her room. She stated, "Sometimes... sometimes it doesn't matter." 4. Resident #4 was admitted with diagnosis which included, muscle weakness, depressive disorder, Type 2 diabetes mellitus and hypothyroidism. On 7/13/2021 at 08:15 a.m., the residen's family member was interviewed regarding visitation. The family member was unaware about the new visitation changes that were implemented on 6/23/21. On 07/12/21 at 2:00 p.m., employee #3 was asked what the visitation process was for residents who had not received the covid-19 vaccination. She replied, they can't have visitation in their rooms, it has to be supervised in the chapel or dining room. On 07/13/21 at 10:38 a.m., RN #2 (Registered Nurse) was asked how the center informed families about visitation changes. She replied life enrichment or human resources would call families with changes, and residents who had no power of attorney that the health and wellness coordinator would inform them in person. RN #2 was unable to provide documentation where the policy change on 06/23/21 were posted to the company website or where family members were notified via email.	C1507		

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Delivery via email to: bhanna@okc.baptistvillage.org

August 4, 2021

License Number: NH5520AL

Ms. Barbara Hanna, Administrator
Baptist Village Of Oklahoma City
9700 Mashburn Boulevard
Oklahoma City, OK 73162

Survey Event ID: L9IN11

Dear Ms. Hanna:

On **July 13, 2021,** a complaint investigation was conducted at your Assisted Living Center. 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 **August 2, 2021**.

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.

Sincerely,

Tempal Killman Digitally signed by Tempal Killman
Date: 2021.08.04 12:16:29 -05'00'

Tempal Killman, Administrative Assistant
Long Term Care | Enforcement Division
Oklahoma State Department of Health

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Oklahoma State Department of Health Creating a State of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE** **Current Date: 7/28/2021** **Facility Name:** Baptist Village of OKC **License Number:** NH5520AL **Survey Event ID:** L9IN11 **Date Survey Completed: 7/13/2021**

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C1507	Based on: Based on interview and record review it was determined the center failed to ensure residents rights for accommodation of preferences regarding visitation of four (#1, 2, 3, and #4) of four sampled residents for visitation.

ASSISTED LIVING CENTER'S PLAN OF CORRECTION

Assisted Living Center's Comments: This plan of correction is being submitted pursuant to the applicable Federal and State regulations. Nothing contained herein shall be construed as an admission that this facility failed 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?	Residents #1, 2, 3, and 4 will be informed of new policies reguarding visitation by 07/14/2021. Assisted Living Director of Health Services individually educated each resident reguarding new visitation guidelines. Copy of policy was given to every resident. All residents signed that they were informed of policy. Resident #1 will be allowed visitation in private room providing that CDC guidance allows.
OSDH Response: Element accepted Yes ☐ No ☐	
2. How will other residents having the potential to be affected by the same deficient practice be identified?	All residents will be informed of new policy reguarding visitation by 07/14/2021. Director of Health Services individually educated each resident reguarding new visitation guidelines. Copy of policy was given to every resident. All residents signed that they were informed of visitation policy. All residents in private rooms will be allowed in room visitation reguardless of vaccination status providing that CDC guidance allows.
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?	Learning circle was done with Assisted Living Director of Health Services on proper notification of new policies that concern the resident by 07/28/2021. Administrator will periodically check to ensure all residents are notified of new policies concerning visitation.
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 performance improvement plan will be initiated and will be followed up on during quarterly quality assurance meetings. Resident notification binder created. Residents will be informed of new policies concerning visitations and sign off that information has been received. Signiture page will be placed in resident notification binder. Administrator

	will periodically audit binder and sign off that residents are being notified of new policies concerning visitation. Assisted Living Director will sign off and date in the resident notification binder when residents have been informed of policy changes that pertain to the resident. Policy and resident signature page that information had been recieved will be placed in binder. Administrator will periodically audit and sign off that residents are being notified of new policies concerning resident. Resident notification binder was created to track notifications of policies to resident. Assisted living director of health services will sign and date in binder when residents are informed of new policy changes. Residents will sign that information has been received. Administrator will periodicall check and sign off in binder that residents are being informed of visitation policy changes.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/2/2021
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature **Barbara Hanna** OAC 310:663-25-4(F)	**Date 7/28/2021**

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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Delivery via email to: bhanna@okc.baptistvillage.org

December 19, 2022

License Number: NH5520AL

Ms. Barbara Hanna, Administrator
Baptist Village Of Oklahoma City
9700 Mashburn Boulevard
Oklahoma City, OK 73162

RE: Survey Event L9IN12

Dear Ms. Hanna:

On **December 13, 2022,** a revisit was conducted at your facility by this agency. The findings of the revisit indicate that the deficiencies cited during your survey on **July 13, 2021,** have now been corrected effective **August 2 2021.**

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

Sincerely,

Lisa Calvin

Lisa Calvin, Enforcement Analyst
Long Term Care
Protective Health Services

Oklahoma State Department of Health

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	NH5520AL	A. BUILDING: _____ B. WING _____	R 12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAPTIST VILLAGE OF OKLAHOMA CITY	9700 MASHBURN BOULEVARD OKLAHOMA CITY, OK 73162

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{C 000}	INITIAL COMMENTS A revisit was conducted on 12/13/22. 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