OKLAHOMA
State Department
of Health

Delivery via email to: mbaggett@baptistvillage.org

August 6, 2026

License Number: AL7259

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

RE: Survey Event ID: 6SSC11

Dear Mr. Baggett:

On **July 28, 2026**, 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 **July 28, 2026**.

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

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 _____	07/28/2026

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 A relicensure survey was conducted from 07/22/26 through 07/24/26 and on 07/27/26 through 07/29/26. Deficiencies were cited. Facility Census: 46	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 center failed to ensure: a. expired foods were discarded in 2 (refrigerator #1 and refrigerator #2) of 3 sampled refrigerators; and b. expired foods in the dry storage area were discarded for 3 of 3 kitchen observations. The administrator identified 46 residents received nutrition from the kitchen. Findings: On 07/22/26 at 1:07 p.m., an inital tour of the kitchen was conducted. The contents of refrigerator #1 were observed. The following observations were made: a. an opened one-gallon plastic bottle of lime juice with a discard date of 10/29/25, and b. an opened one-gallon plastic bottle of soy sauce with a discard date of 06/05/26.	C 391		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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C 391	Continued From page 1 On 07/24/26 at 11:03 a.m., a tour of the dry storage area located between refrigerator #2 and #3 was conducted. The following observations were made: a. an opened one-gallon jug of white distilled vinegar with a discard date of 01/29/26, b. an opened 128-fluid ounce jug of canola oil with a discard date of 10/26/25, and c. a 12-pack box of Boost chocolate shakes with a use by date of 03/20/26. On 07/24/26 at 11:05 a.m., the contents of refrigerator #2 were observed. The following observations were made: a. an opened 128-fluid ounce bottle of raspberry vinaigrette salad dressing with a discard date of 03/24/26, and b. a 46-ounce box of prune juice with a discard date of 07/23/26. A facility policy titled "FOOD AND SUPPLY STORAGE," revised 01/2026, read in part, "Foods past the "use by", "sell-by", "best-by", or "enjoy by" date should be discarded." On 07/28/26 at 8:05 a.m., the administrator stated expired food items should have been discarded.	C 391		

OKLAHOMA
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of Health

Delivery via email to: mbaggett@baptistvillage.org

August 14, 2026

License Number: AL7259

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

RE: Survey Event 6SSC11

Dear Mr. Baggett:

On **July 28, 2026**, 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 **August 14, 2026**.

We will conduct a revisit to verify that all violations have been corrected. If you have any questions, please contact this office at (405) 426-8200.

Respectfully,

Clorissa Nubine, Enforcement Analyst
Long Term Care | Enforcement Division
Oklahoma State Department of Health

Enclosure

OKLAHOMA State Department of Health Protective Health Services Long Term Care Service	**OPTIONAL PLAN OF CORRECTION TEMPLATE**
	Current Date: 8/5/2013
	Facility Name: The Neighborhoods at Baptist Village of Broken Arrow
	License Number: AL7259
	Survey Event ID: 6SSC11
	Date Survey Completed: 7/28/2026

SUMMARY OF DEFICIENCY CITED BY OSDH	
ID Prefix Tag: C 391	Based on: Based on observation, record review, and interview, the center failed to ensure:a. expired foods were discarded in 2 (refrigerator #1 and refrigerator #2) of 3 sampled refrigerators; and b. expired foods in the dry storage area were discarded for 3 of 3 kitchen observations.The administrator identified 46 residents received nutrition from the kitchen. Findings: On 07/22/26 at 1:07 p.m., an inital tour of the kitchen was conducted. The contents of refrigerator #1 were observed. The following observations were made:a. an opened one-gallon plastic bottle of lime juice with a discard date of 10/29/25, andb. an opened one-gallon plastic bottle of soy sauce with a discard date of 06/05/26. On 07/24/26 at 11:03 a.m., a tour of the dry storage area located between refrigerator #2 and #3 was conducted. The following observations were made:a. an opened one-gallon jug of white distilled vinegar with a discard date of 01/29/26,b. an opened 128-fluid ounce jug of canola oil with a discard date of 10/26/25, andc. a 12-pack box of Boost chocolate shakes with a use by date of 03/20/26.On 07/24/26 at 11:05 a.m., the contents of refrigerator #2 were observed. The following observations were made:a. an opened 128-fluid ounce bottle of raspberry vinaigrette salad dressing with a discard date of 03/24/26, andb. a 46-ounce box of prune juice with a discard date of 07/23/26. A facility policy titled "FOOD AND SUPPLY STORAGE," revised 01/2026, read in part, "Foods past the "use by", "sell-by", "best-by", or "enjoy by" date should be discarded."On 07/28/26 at 8:05 a.m., the administrator stated expired food items should have been discarde

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?	All expired food products identified during the survey were immediately removed from service and discarded during survey on **7/28/26**. The facility reviewed food storage areas in the main kitchen and all neighborhoods to identify and remove any additional products that exceeded the facility's labeling and dating requirements. No residents were served foods identified as expired following the survey observations.
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 residing in the facility had the potential to be affected by this practice. Therefore, a comprehensive review of all food storage areas, including kitchen and neighborhood inventories, was completed to identify any

	additional expired or non-compliant food products. Any products found to be outside approved labeling and dating guidelines were immediately discarded.
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?	On **August 6, 2026**, all Dining Services staff and other staff responsible for food storage and handling received education regarding: • Facility labeling and dating procedures • Food storage requirements • First In, First Out (FIFO) inventory management practices • Monitoring of use-by dates and approved holding timeframes • Removal and disposal of expired products To further prevent recurrence, neighborhood food storage areas will no longer maintain bulk quantities of food products, apart from milk. Products will be portioned into smaller quantities that can reasonably be consumed within the facility's established labeling and dating guidelines.
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.	Beginning 8-1-26, designated cooks conduct daily rounds of all neighborhood food storage areas 7 days weekly during the hours of 7:00am to 9:00am to verify: Products are properly labeled and dated. Products are within approved use-by dates FIFO practices are maintained Food quantities are appropriately portioned to support compliance with labeling and dating requirements The Director of Dining Services will conduct follow-up audits twice weekly to verify compliance with labeling, dating, FIFO practices, and neighborhood inventory controls. Any findings will be corrected immediately, and additional education will be provided as necessary. monitoring will be done through the QAPI meetings quarterly for 6 months The director of Dining Services will keep a sign-off sheet that cooks will initial during their rounding, with a column

	to note any deficiencies and corrective action. The director of dining services will review the log twice weekly during his audits Also noting any deficiencies and/or corrective action needed. He will sign off under a manager review coloumn to document compliance.
OSDH Response: Element accepted Yes ☐ No ☐	
5. On what date will corrective action be completed?	8/14/2026
OSDH Response: Element accepted Yes ☐ No ☐	

Administrator's Signature OAC 310:663-25-4(F) Monty Baggett	**Campus Director**	**Date 8/10/2026**

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

Delivery via email to: mbaggett@baptistvillage.org

August 28, 2026

License Number: AL7259
Survey Event ID: 6SSC12

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

Dear Mr. Baggett:

On **August 25, 2026**, 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 **July 28, 2026,** have now been corrected and your facility is in compliance with licensure standards effective **August 14, 2026**.

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

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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 _____	R 08/25/2026

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

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{C 000}	INITIAL COMMENTS An offsite/paper revisit was conducted on 08/25/26. All deficiencies from the 07/28/26 survey were cleared.	{C 000}		

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