

**Delivery via email to:** Mitzi Epperson <mepperson@BAPTISTVILLAGE.ORG>

January 7, 2025

License Number: AL7221

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

**Survey Event ID: YEYQ11**

Dear Ms. Epperson:

Enclosed is a report of the complaint investigation conducted at your Assisted Living facility on **January 2, 2025**. 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) 426-8200.

Respectfully,



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

Enclosure

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## INVESTIGATIVE REPORT

**Facility:** Baptist Village of Owasso AL  
**Address:** 7310 North 127 East Ave  
**City, State, Zip:** Owasso, Ok 74055  
**Provider #:** AL7221  
**Complaint #:** OK00073707  
**Investigation Dates:** 12/31/24 and 01/02/25

ALLEGATIONS
The center failed to provide adequate care and supervision to prevent falls and failed to ensure call lights were in reach.
The center failed to ensure medications were administered according to the physicians' orders.
The center failed to ensure care was provided according to the contract.
The center failed to ensure residents' representatives were notified of a change in condition.

An unannounced on-site investigation was initiated 12/30/2024 at 10:24 a.m.

A sample of three residents, including any identified residents, was selected for the investigation based on the concerns relevant to the allegations.

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:

Throughout the survey, the staff and resident interactions were observed. Residents and staff were interviewed regarding level of care of residents. Staff were interviewed regarding facility policies. Policies, resident records, incident reports, staffing records, grievances, and were reviewed.

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: [Click to Enter a Date](#)



OKLAHOMA  
State Department  
of Health

Oklahoma State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>AL7221</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/02/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BAPTIST VILLAGE OF OWASSO</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7310 NORTH 127TH EAST AVENUE OWASSO, OK 74055</b>
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(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	<p><b>INITIAL COMMENTS</b></p> <p>A complaint investigation (#OK00073707) was conducted from 12/31/24 and 01/02/25. No deficiencies were cited.</p> <p>Facility Census: 52</p>	C 000		

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