

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  375406	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/06/2026
NAME OF PROVIDER OR SUPPLIER  Baptist Village of Enid		STREET ADDRESS, CITY, STATE, ZIP CODE  5801 North Oakwood Road Enid, OK 73703	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on record review and interview, the facility failed to complete quarterly fall risk evaluations for 1 (#3) of 5 sampled residents reviewed for falls. The ADON identified 70 residents resided in the facility. Findings: A Fall Prevention Policy and Procedure policy, revised 02/2014, read in part, A fall risk evaluation will be completed quarterly, annually, on re-admission and with significant change in condition. A FALL RISK EVALUATION for Resident #3, dated 08/22/24, showed the resident had a fall risk score of 11, indicating a high risk for falls. There was no documentation a fall risk evaluation was completed for Resident #3 between September 2024 through February 2025. A quarterly resident assessment for Resident #3, dated 02/11/25, showed the resident had diagnoses which included heart failure and hypertension. It showed the resident's cognition was severely impaired, with a BIMS of 06. A care plan for Resident #3, revised 02/12/25, showed the resident was at risk for falls related to weakness, knee buckling, and hypertension. A Fall Investigation Form for Resident #3, dated 02/12/25, showed the resident had a fall during transfer. On 03/05/26 at 10:39 a.m., the DON stated the process for fall risk evaluations was to evaluate the resident at admission, quarterly, and upon any significant change. They stated fall risk evaluations could be completed by the charge nurse or the MDS coordinator. On 03/05/26 at 12:21 p.m., the ADON and vice president were interviewed. The ADON stated a quarterly fall risk evaluation was completed for Resident #3 on 8/22/24. The vice president stated the resident should have had the next evaluation completed in 11/2024.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>Based on record review and interview, the facility failed to obtain lab as ordered for 1 (#5) of 5 sampled residents reviewed for falls. The ADON identified 70 residents resided in the facility. Findings: Resident #5's physician's order, dated 09/01/25, showed a. Dilantin 100 mg (an anticonvulsant medication) one capsule one time daily in the morning for seizure prevention. b. Dilantin 100 mg two capsules one time daily in the evening for seizure prevention. Resident #5's nursing note, dated 11/24/25, read in part, Dilantin level 44.4. Notified PCP new order to hold Dilantin and redraw labs on Wednesday. Resident #5's laboratory results were reviewed for November 2025, there was no documentation the lab was obtained. On 03/04/26 at 10:39 a.m., LPN #1 stated the lab should have been obtained on 11/26/25. They stated there was no record the lab was obtained. On 03/04/26 at 10:50 a.m., the DON stated the lab should have been obtained on 11/26/25.</p>		