

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056155	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/21/2024
NAME OF PROVIDER OR SUPPLIER  Oakdale Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 275 South Oak Avenue Oakdale, CA 95361	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>48417</p> <p>Based on record reviews, review of the facility policy, and interviews, the facility failed to ensure there was documented evidence to indicate advance directives were discussed during the admission process for 3 (Residents #11, #31, and #89) of 5 sampled residents reviewed for advance directives.</p> <p>Findings included:</p> <p>A review of the facility policy titled, Advance Directives, reviewed in December 2020, revealed, Long Term Care Residents 1. During the admitting process the patient/family and/or surrogate decision maker will be asked if he/she has executed an Advance Healthcare Directive. This information will be recorded on the admission form and forwarded to Social Services.</p> <p>1. A review of Resident #11's Admission Record revealed the facility admitted to the resident on 06/15/2016. Per the Admission Record, Resident #11 was their own responsible party.</p> <p>A review of Resident #11's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 01/09/2024, revealed Resident #11 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact.</p> <p>In an interview on 03/19/2024 at 11:51 AM, the social services (SS) staff person stated she was responsible for offering the advance directive form to the residents and/or their responsible party and for the discussion/education of the details with the resident and/or their responsible party. The SS staff person stated Resident #11 refused to complete the advance directive form and she had no documentation to indicate the resident's refusal.</p> <p>In an interview on 03/20/2024 at 10:22 AM, the Director of Nursing stated she could not speak about the details of the advance directive process.</p> <p>In an interview on 03/20/2024 at 10:40 AM, the Administrator stated he expected SS to offer advance directives information to residents and their responsible party.</p> <p>In an interview on 03/20/2024 at 11:02 AM, Resident #11 stated the facility had not offered information about advance directives.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056155	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/21/2024
NAME OF PROVIDER OR SUPPLIER  Oakdale Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 275 South Oak Avenue Oakdale, CA 95361	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. A review of Resident #31's Admission Record revealed the facility admitted the resident on 03/20/2021. Per the Admission Record, Resident #13 was their own responsible party.</p> <p>A review of Resident #31's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/28/2024, revealed Resident #31 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident was cognitively intact.</p> <p>In an interview on 03/19/2024 at 11:51 AM, the social services (SS) staff person stated she was responsible for offering the advance directive form to the residents and/or their responsible party and for the discussion/education of the details with the resident and/or their responsible party. The SS staff person stated Resident #13 declined to complete the advance directive form and she had no documentation to indicate the resident's refusal.</p> <p>In an interview on 03/20/2024 at 10:22 AM, the Director of Nursing stated she could not speak about the details of the advance directive process.</p> <p>In an interview on 03/20/2024 at 10:40 AM, the Administrator stated he expected SS to offer advance directives information to residents and their responsible party.</p> <p>In an interview on 03/20/2024 at 10:49 AM, Resident #31 stated they had not been offered information about advance directives by the facility.</p> <p>35314</p> <p>3. A review of Resident #89's Admission Record revealed the facility admitted the resident on 10/31/2023. Per the Admission Record, Resident #89 was their own responsible party.</p> <p>A review of Resident #89's quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/06/2024, revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, which indicated the resident was cognitively intact.</p> <p>In an interview on 03/20/2024 at 3:25 PM, Resident #89 stated no one from the facility had talked with them about advance directives.</p> <p>In an interview on 03/21/2024 at 8:13 AM, the Director of Nursing stated she did not have much detail about advance directives.</p> <p>In an interview on 03/21/2024 at 8:58 AM, the Administrator stated advance directives should be discussed during the admission progress.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056155	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/21/2024
NAME OF PROVIDER OR SUPPLIER  Oakdale Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  275 South Oak Avenue Oakdale, CA 95361	
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 0680</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>35314</p> <p>Based on interviews and document review, the facility failed to ensure the activity program was directed by a qualified professional. This deficient practice affected all 99 residents who currently resided in the facility.</p> <p>Findings included:</p> <p>A review of the Job Description &amp; Competency Evaluation, for the Director of Activities, updated 01/16/2019, revealed Position Qualifications: Minimum Education: Completion of a rehabilitation/recreational therapy course work High school graduate or equivalent required.</p> <p>In an interview on 03/19/2024 at 8:24 AM, Activity Assistant (AA) #3 and AA #4 revealed the Administrator was the Activity Director (AD).</p> <p>In an interview on 03/20/2024 at 11:18 AM, the Administrator stated he understood the responsibility for the requirement to be an activity professional. The Administrator acknowledged he was not eligible for certification as a therapeutic recreation specialist or activity professional, he did not possess two years of experience in a social or recreational program within the last five years, he was not a qualified occupational therapist or occupational therapist assistant; and he had not completed a training course approved by the state.</p> <p>In an interview on 03/20/2024 at 12:27 PM, the interim Human Resources Manager stated the facility terminated the employment of the previous AD on 02/02/2024.</p> <p>In an interview on 03/21/2024 at 8:13 AM, the Director of Nursing stated the Administrator was appointed the AD by the chief financial officer and chief executive officer after several employees were laid off.</p> <p>In a follow-up interview on 03/21/2024 at 9:31 AM, the Administrator stated he was aware of the training course since the AD was terminated; however, he had not had time to complete the course.</p>		