

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  115627	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/19/2025
NAME OF PROVIDER OR SUPPLIER  Oaks Nursing Home, Inc, The		STREET ADDRESS, CITY, STATE, ZIP CODE  777 Nursing Home Road Marshallville, GA 31057	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, staff interviews, record review, and review of the Resident Assessment Instrument (RAI) Manual, the facility failed to ensure two of 26 sampled residents (R) (R7 and R25) had an accurate Minimum Data Set (MDS) assessment. Failure to code the MDS correctly could potentially lead to inaccurate assessment and care planning of the residents.</p> <p>Findings include:</p> <p>Review of the RAI Manual dated 10/01/2019 indicated, . information obtained should cover the same observation period as specified by the Minimum Data Set (MDS) items on the assessment and should be validated for accuracy (what the resident's actual status was during that observation period) by the IDT completing the assessment.</p> <p>1. Review of R25's admission Record located in the electronic medical record (EMR) tab titled Profile revealed the resident was admitted to the facility on [DATE] with diagnoses that included anxiety disorder, metabolic encephalopathy, major depressive disorder, and dementia.</p> <p>Review R25's Care Plan, dated 5/13/2025, located in the EMR Care Plans tab, revealed the resident was at risk for falls related to impaired mobility as well as psychotropic drug use. The intervention dated 10/25/2023 indicated the use of a clip alarm to alert the staff if the resident attempted to stand up.</p> <p>Review of R25's Significant Change MDS with an Assessment Reference Date (ARD) of 2/14/2025, located in the EMR MDS tab, revealed that Section P did not reflect the residents' use of the clip alarm.</p> <p>In an interview on 6/19/2025 at 11:12 am, the MDS Coordinator (MDSC) acknowledged that R25's Significant Change MDS, dated [DATE], did not reflect the resident's use of clip alarms. The MDSC stated the resident had been using the clip alarm since 2023.</p> <p>2. R7 was observed in a reclining geriatric chair in the common area with a personal tabs alarm in place on 6/17/2025 at 9:08 am; on 6/18/2025 at 9:03 am and 11:29 am; and on 6/19/2025 at 8:35 am.</p> <p>Review of R7's Significant Change MDS with an ARD of 4/28/2025 and located under the MDS tab in the EMR revealed that the chair alarm section in Section P was coded with a 0 (zero) for the use of a chair alarm (indicating there was no chair alarm used).</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
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NAME OF PROVIDER OR SUPPLIER  Oaks Nursing Home, Inc, The		STREET ADDRESS, CITY, STATE, ZIP CODE  777 Nursing Home Road Marshallville, GA 31057	
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R7's care plan under the care plan tab of the EMR revealed a fall care plan stating she was at risk for falls due to impaired mobility with a revision date of 3/31/2025. The clip alarm was added as an intervention on 3/31/2025.</p> <p>In an interview on 6/19/2025 at 9:52 am, the MDSC verified she had inaccurately coded R7's MDS assessment dated [DATE].</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff interview, and record review, the facility failed to revise the care plan of one of 26 sampled residents (R) (R16) for the use of a bed cradle. This failure had the potential to place R16 at risk of not receiving treatment to prevent skin breakdown.</p> <p>Findings include:</p> <p>Review of R16's admission Record, located in the electronic medical records (EMR) Profile tab, revealed the resident was admitted to the facility on [DATE] with diagnoses that included Parkinsonism, diabetes mellitus type II, dementia, and contracture of other joints.</p> <p>Review of R16's Annual Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/10/2025, located in the EMR MDS tab, revealed the resident had impaired cognition. The resident was assessed to be dependent on staff for all activities of daily living (ADLs). The resident was assessed to be at risk for pressure ulcers.</p> <p>Review of R16's admission Assessment by the wound care nurse (WCN) on 3/16/2024 in the EMR Progress Notes tab revealed the resident was noted to have boggy heels with redness.</p> <p>Review of additional WCN notes dated 5/14/2024 revealed R16 had redness to the great toes. Treatment included skin prep and a bed cradle.</p> <p>Review of R16's Care Plans, with a revision date of 4/30/2025, located in the EMR Care Plans tab, revealed the resident was identified to be at risk for skin breakdown due to limited mobility. The care plan interventions did not reflect the use of the bed cradle to prevent pressure on the residents' feet.</p> <p>Observation on 6/16/2025 at 3:05 pm revealed R16 in bed position on her back with bilateral heel protective dressings and a bed cradle in place.</p> <p>In an interview on 6/18/2025 at 10:30 am, the WCN revealed the resident had boggy heels on admission to the facility, and then a few weeks later, the resident had redness to the big toe on both feet. The WCN stated the interventions included skin prep to the heels and great toes and use of a bed cradle to prevent pressure to the resident's toes. The WCN stated the interventions should be on the resident's care plan. The WCN stated that only the MDS Coordinator (MDSC) could revise the residents' care plans.</p> <p>In an interview on 6/19/2025 at 11:12 am, the MDSC revealed the WCN had asked her this morning about the bed cradle being added to the resident's care plan. The MDSC stated that she reviewed R16's care plan, and the intervention for the bed cradle had been omitted from the care plan. The MDSC confirmed that she was the only person allowed to revise the residents' care plans.</p>		