

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165313	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER Oakwood Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 200 16th Avenue East Albia, IA 52531	

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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>22506</p> <p>Based on observations, staff interview and resident interviews, the facility failed to serve room trays at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care, by delaying room tray delivery for the lunch meal past 1:00 p.m. The facility reported a census of 48.</p> <p>Findings include:</p> <p>In an interview on 5/28/24 at 1:30 p.m. the Director of Nursing stated meal times are scheduled at 8:00 a.m., 12:00 p.m. and 5:45 p.m.</p> <p>During observations on 5/23/24 at 12:15 p.m. staff began serving individual meal plates to residents in the dining room at 12:15 p.m. and completed the serving in the dining room at 12:37 p.m. Room trays observed being prepared at 12:40 p.m. At 12:50 p.m. through 12:52 p.m. room trays delivered to hall 1. Room trays for hall 2 left the kitchen at 1:00 p.m. and the last tray served on hall 2 was at 1:11 p.m.</p> <p>Interviews of residents receiving food trays found some who expressed dissatisfaction with the late serving time.</p> <p>During observations on 5/28/24, staff began serving individual meal plates to residents in the dining room at 12:15 p.m. Room trays were observed being prepared and left the kitchen for hall 1 at 1:00 p.m. Room trays for hall 2 left the kitchen at 1:10 p.m. and the last tray served on hall 2 was at 1:18 p.m.</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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