STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225328	A. Building B. Wing	03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oaks, The	4525 Acushnet Avenue New Bedford, MA 02745

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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. Based on interviews, record review, and observation, the facility failed to follow the consultant's recommendation to obtain a Bilevel Positive Airway Pressure (BiPAP) machine timely for one Resident (#59), out of a sample of 24 residents. Findings include: Review of the facility's policy titled BiPAP/CPAP (Continuous positive airway pressure) Administration Policy, last revised 9/3/2024, indicated but was not limited to the following:-The facility will ensure that each resident receives necessary respiratory care and services (BiPAP/CPAP) that are in accordance with professional standards of practice, the resident's care plan, federal and state regulations.-BiPAP- Is a noninvasive ventilation machine that can generate two adjustable pressure levels.-When a CPAP or BIPAP is ordered, the following must be included in the written order:a. Mode (i.e. CPAP, BiPAP, CPAP auto set etc.)b. Pressure settingsc. Size and type of mask (i.e. small, nasal, or full mask)d. Liters of oxygen (if ordered)e. Frequency of use (example- at night when sleeping and with naps as tolerated) Review of the facility's policy titled Transportation Coordination and Services, last revised 12/23/25, indicated but was not limited to the following:- The facility will assist residents in making necessary appointments for services not provided in the facility and arranging for transportation to and from such appointments.-The facility will assist the resident and/or resident representative in making necessary appointments, such as but not limited to medical specialists (e.g. ortho, cardiology, neurology, surgical) Resident #59 was admitted to the facility in July 2023 with diagnoses which included obstructive sleep apnea (sleeping breathing disorder), chronic obstructive pulmonary disease (COPD), chronic diastolic congestive heart failure, chronic respiratory failure with hypoxia (low oxygen), and morbid obesity. Review of the Minimum Data Set (MDS) assessment, dated 12/23/25, indicated Resident #59 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), indicating the Resident was cognitively intact. Further review of the MDS indicated the Resident received oxygen therapy. During an interview on 3/4/26 at 11:15 A.M., Resident #59 said he/she was supposed to be using a BiPAP machine due to his/her breathing problems. Resident #59 said his/her pulmonologist ordered the test and hopefully the nurses get it straightened out and he/she gets the machine. Resident #59 said since he/she does not have BiPAP machine he/she uses an oxygen mask while in bed. Review of discontinued Physician's Orders indicated but were not limited to the following:1. Pulmonary function test (PFT- determines how well your lungs are working) 11/19 @ 3:00 see reschedule. CPAP management appointment 11/19 @ 3:45. Do not smoke or drink caffeine for 4 hours prior to the test. Do not use any breathing medications inhalers 4 hours prior to the test. One time only related to chronic obstructive pulmonary disease, order date 11/19/25, Discontinued 11/19/25. 2. Pulmonary function test 12/10 @ 3:00 rescheduled. CPAP management appointment 12/10 @ 3:45. Do not smoke or drink caffeine for 4 hours prior to the test. Do not use any breathing medications inhalers 4 hours prior to the test. One time only related to chronic obstructive pulmonary disease, completed 12/10/2025. Review of Resident #59's Pulmonologist Consultation/Clinic Referral (undated) indicated recommendations for a lab polysomnography (PSG-sleep study) with BiPAP titration, (will schedule). Review of Pulmonologist Consultation/Clinic Referral, dated 12/10/25, indicated Resident #59 was seen in the office for PFT test, copy attached to paperwork. -No attached paperwork for review. -No information on mask issued or BiPAP information. The following three (continued on next page)

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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Pulmonary Consultant's office notes were faxed to the facility on 3/10/26 for surveyor review.1. Review of Consultant Pulmonologist note, dated 10/23/25, indicated but was not limited to the following:-Pulmonologists have not seen Resident #59 in over a year. -Resident apparently was no longer able to care for him/herself at home and is now residing at a local nursing home.-Resident has not been using his/her BiPAP. There has been an issue with getting parts for the machine.-Resident recently had a CT scan of the abdomen which demonstrated coarsened interstitial markings in both lung fields suspicious for Nonspecific interstitial pneumonia (NSIP).-Chronic respiratory failure with hypoxia. -Pulmonologists did tell the resident that it is imperative that he/she uses the BiPAP machine.2. Review of Consultant Pulmonologist Respiratory Therapist note, dated 12/10/25, indicated Resident #59 was seen for CPAP management and fitting.-CPAP Management: Patient is here for mask fitting; Resident did not bring his/her CPAP machine. Resident was fitted for Full face mask in a size large.3. Review of Consultant pulmonologist Nurse Practitioner's note, dated 2/16/26, indicated Resident #59 was seen for a pulmonary follow up. Resident #59 met with the respiratory therapist and was provided with a mask, size large. Resident #59 reported that the nursing home took away the BiPAP device and he/she does not have one any longer at the nursing home. Review of Nursing Health note, dated 10/23/25, indicated Resident #59's transport was scheduled for a PFT and CPAP fitting on 11/19. Review of Behavior Note, dated 3/2/26, indicated Resident #59 has also complained this morning about not having CPAP machine and pending PET scan (imaging test which detects diseases). Resident is followed by pulmonology and had historically refused CPAP, despite previous respiratory nurse having trialed various masks. During an interview on 3/10/26 at 10:34 A.M., Unit Manager (UM) #3 said Resident #59 originally had a scheduled appointment to be seen by pulmonology on 11/19/25 but that appointment was canceled and rescheduled for 12/10/25. UM #3 said Resident #59 did attend the pulmonology appointment on 12/10/25 and she would look for the consultant sheet. UM #3 said she was not aware of any information for a BiPAP machine. During a telephonic interview on 3/10/26 at 10:59 A.M., the Pulmonologist's Office Manager said Resident #59 was seen in the office 12/10/25 and was issued a large mask but not evaluated for CPAP or BiPAP because he/she did not bring in the machine. The Office Manager said they don't supply the machines; they send a referral to a durable medical supply company. During an interview on 3/10/26 at 11:00 A.M., UM #3 said if a Resident went out for a consultation appointment they should return with a consultation report. UM #3 said if they don't return with a report or the report is not clear she would normally call the office and clarify. UM #3 reviewed the consultant report from the 12/10/25 pulmonologist visit and it did not indicate anything about the CPAP or BiPap fitting. UM #3 said she did not follow-up on the BiPAP machine. During an interview on 3/10/26 at 12:50 P.M., Resident #59 said he/she said the mask is in the drawer, but he/she does not have a CPAP or BiPAP machine in his/her room. During an interview on 3/10/26 at 2:30 P.M., the Director of Nurses (DON) said if a resident goes out to a consultant appointment when they return the nurses should review the consultation form. The DON said if they don't come back with a communication form or it's not clear the nurse should follow up with the consultant. The DON said they will follow-up on the BiPAP machine.

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F 0842 Level of Harm - Potential for minimal harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to maintain medical records that are complete, accurate, and systemically organized within accepted professional standards of practice for two Residents (#79 and #104) of 24 sampled residents. Specifically, the facility failed to ensure their Weekly Skin Integrity Data Collection Assessments were documented.Findings include:1. Resident #79 was admitted to the facility in August 2021 with diagnoses which included dementia and peripheral vascular disease (PVD, when blood vessels outside the heart and brain become narrowed or blocked, reducing blood flow, usually to the legs). Review of the Minimum Data Set (MDS) assessment, dated 1/29/26, indicated Resident #79 was at risk for pressure ulcer/injuries. Review of Resident #79's Physician's Orders indicated but was not limited to:-vital signs/progress note/skin check user defined assessment (UDA) to be completed weekly, 7/3/24 Review of Resident #79's January 2026 through March 2026 Treatment Administration Records (TAR) indicated his/her vital signs/progress note/skin check UDAs were signed off as completed on 1/14/26, 1/21/26, 1/28/26, 2/4/26, 2/11/26, 2/18/26, 2/25/26, and 3/4/26. Review of Resident #79's Weekly Skin Integrity Data Collection (UDA), on 3/9/26, indicated the last assessment was completed on 1/12/26. 2. Resident #104 was admitted to the facility in January 2025 with diagnoses which included dementia. Review of the MDS assessment, dated 1/21/26, indicated Resident #104 was at risk for pressure ulcer/injuries. Review of Resident #104's Physician's Orders indicated but was not limited to:-vital signs/progress note/skin check UDA to be completed weekly, 4/26/25 Review of Resident #104's January 2026 through March 2026 TAR indicated his/her vital signs/progress note/skin check UDAs were signed off as completed on 1/25/26, 2/1/26, 2/8/26, 2/15/26, 2/22/26, 3/1/26, and 3/8/26. Review of Resident #104's Weekly Skin Integrity Data Collection (UDA), on 3/9/26, indicated the last assessment was completed on 1/18/26. During an interview 3/9/26 at 3:42 P.M., Nurse #1 said skin checks were completed weekly and documented electronically as a UDA. Nurse #1 reviewed Resident #79 and #104's UDA assessments and said she was not sure why the Weekly Skin Integrity Data Collection assessments were not being completed. During an interview on 3/9/26 at 3:42 P.M., Unit Manager #2 said skin assessments should be completed weekly and the assessment should be documented as a Weekly Skin Integrity Data Collection in the electronic medical record. During an interview on 3/10/26 at 10:04 A.M., Unit Manager #1 said he spoke with the nurses who signed off the skin checks as completed and the skin checks for Residents #79 and #104 had been completed but were not documented. During an interview on 3/10/26 at 10:22 A.M., the Director of Nurses said skin assessments should be completed and documented weekly.