STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235660	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Oaks at Woodfield	5370 East Baldwin Road Grand Blanc, MI 48439

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake Number 2743538.Based on interview and record review, the facility failed to ensure that licensed nursing staff possessed an active Cardiopulmonary Resuscitation (CPR) certification, resulting in the potential to not meet the needs of residents requiring CPR.Findings include:On [DATE] at 03:10PM, a list of staff that were terminated in the last 90 days was requested. On [DATE] at 08:45AM, the list of terminated staff was reviewed.On [DATE] at 08:46AM, the Cardiopulmonary Resuscitation (CPR) card was requested for Licensed Practical Nurse (LPN) F. On [DATE] at 12:16PM, the Executive Director (ED) A approached this surveyor and stated that they could not provide a copy of the CPR card for LPN F. ED A: was asked if they request CPR cards for nurses upon hire? ED A stated, yes, we do. We identified a break in the hiring process, and we ensure that the CPR cards get uploaded in the system now. We go over this every month in a staff meeting. We do have sufficient staff present to perform CPR at all times. ED A was asked how this was missed? ED A stated, our tracking system wasn't what it needed to be. ED A was asked if they have a policy for CPR requirements? ED A stated, not necessarily, we just follow the regulation and that states that the facility must have an adequate amount of trained staff present. ED A was asked if they found any negative outcomes during the auditing process. ED A stated, no, we did not identify any negative outcomes. A request was made for the job descriptions for licensed nurses. At this time ED A provided a Past Non-Compliance (PNC) for CPR cards.On [DATE] at 01:05PM, ED A provided the job descriptions for licensed nurses.Record review of the job description for Licensed Practical Nurse (LPN) revealed: Qualifications:-Must possess, at a minimum, a nursing degree or diploma from an accredited college or university. Must have and maintain a current, valid, LPN license and current, valid CPR certification required.On [DATE] at 02:16PM, an interview was conducted with Employee Services (ES) G. ES G was asked if they were aware at the time of hire that this nurse did not possess an active CPR certification? ES G stated, no, I was not aware. ES G was asked if LPN F notified her that she did not possess an active CPR card.? ES G stated, no, she did not make us aware. ES G was asked if that is part of the hiring process to ensure they have the correct items needed for the role? ES G stated, yes, I check to make sure they have the necessary items to be eligible for hire. ES G was asked how did this get missed? ES G stated, I don't have an answer, it was just missed. ES G was asked what they are doing as a facility to ensure this doesn't happen again? ES G stated, we have a new checklist system that will help make sure things don't get missed again.On [DATE] at 12:16PM, during the onsite survey, Past Non-Compliance (PNC) was cited after the facility implemented actions to correct the non-compliance which included: 1. All current nurses were audited to ensure CPR cards are on record and current. No residents were affected.2. All current nurses were audited to ensure CPR cards are on record and current. No residents were affected.3. The facility reviewed their onboarding process for new hires to ensure compliance with CPR certification. 4. The employee services staff member is auditing weekly x4 and monthly x3 to ensure compliance.5. Date of compliance: [DATE].

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