

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 255261	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2025
NAME OF PROVIDER OR SUPPLIER The Oaks Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3716 Highway 39 North Meridian, MS 39301	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47873</p> <p>Based on interview, record review, and facility statement review the facility failed to ensure sufficient nursing staff was available to meet the needs of residents resulting in a resident being left soiled all night for one (1) of five (5) sampled residents. Resident #2</p> <p>Findings include:</p> <p>Record review of a statement on facility letterhead, submitted by the Director of Nursing (DON), undated and unsigned revealed Facility staffs according to facility acuity.</p> <p>On February 25, 2025, at 2:06 PM, during a telephone interview, Licensed Practical Nurse (LPN) #1 revealed that on the night of February 23, 2025, during the 11:00 PM to 7:00 AM shift, the facility was staffed with three LPNs and one Certified Nurse Aide (CNA). LPN #1 stated that three CNAs had failed to call in absent for the shift. LPN #1 further revealed that the DON was contacted but did not respond. The staffing LPN was then called and provided a list of phone numbers to contact potential replacements. However, none of the staff contacted were available, and no further direction or assistance was provided by the DON or the Scheduler.</p> <p>During a telephone interview on February 25, 2025, at 2:26 PM, CNA # 1 revealed that she was the only CNA in the facility from 11 PM to 7AM and stated she did what she could do with assistance of the three (3) LPNs in the facility. CNA #1 stated that there were two no call/no shows of the two CNAs that the facility knew were already leaving on travel assignments.</p> <p>On February 26 2025 at 2:06 PM, an interview with Resident #2 revealed that on Sunday evening (2/23/2025), the facility had only one CNA on duty for the 11:00 PM to 7:00 AM shift. The resident stated that due to the lack of staff, she was forced to remain in urine the entire night, and I have an overactive bladder, so I go pretty often. She further stated that it was uncomfortable and that she believed the facility should have called in additional staff to address the shortage.</p> <p>Record review of the Admission Record revealed Resident #2 was admitted to the facility on [DATE] with diagnoses that included Overactive bladder, which was present upon admission.</p> <p>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/9/2024, revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Section H indicated the resident was always incontinent of urine.</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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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Staffing Grid revealed that for the overnight shift on 2/23/2025 (11:00 PM to 7:00 AM), only one CNA was scheduled and present in the facility.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>47873</p> <p>Based on observation, staff interviews, and record review, the facility failed to ensure daily nurse staffing information was posted in a visible and accessible location for two (2) of three (3) survey days. This failure limited residents, family members, and the public from accessing required staffing information and impeded transparency regarding facility staffing levels.</p> <p>On February 24, 2025 at 2025 at 2:00 PM, in an interview Licensed Practical Nurse (LPN)# 2, revealed that staffing is normal posted near the copier room in a glass case. LPN # 2 revealed after observation that there was no staffing posted.</p> <p>On February 25, 2025 at 2025 at 10:00 AM, in an interview LPN#3, revealed that staffing is normal posted near the copier room in a glass case. LPN# 3 confirmed after observation there was no staffing posted.</p> <p>On February 25, 2025, at 11:10 AM, an observation of the facility's designated staffing information posting area revealed that required daily nurse staffing information was not posted. No alternative posting location was identified.</p> <p>On February 26, 2025, at 9:30 AM, a follow-up observation confirmed there were no staffing postings available for February 24 or 25, 2025. Further observation at 11:00 AM revealed the required staffing information had not been posted.</p> <p>On February 26, 2025, at 11:15 AM, in an interview the Administrator stated that staffing postings were typically placed on the wall near the nurse's station but acknowledged that no postings were present for the previous two days. The Administrator further stated, We may have forgotten to put them up, but we do track our staffing internally.</p> <p>On February 26, 2025, at 2:00 PM, in an interview, the DON revealed that staffing is normal posted near the copier room in a glass case. The DON stated that staffing not getting posted was in error and confirmed that this failure limited residents, family members, and the public from accessing required staffing information and impeded transparency regarding facility staffing levels.</p> <p>A record review of the facility staffing postings revealed staffing information was not posted for February 24 or 25, 2025.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47873</p> <p>Based on staff and resident interviews and review of the Facility Assessment, the facility failed to ensure all required elements were included in the Facility Assessment, including specific staffing needs by shift, a plan for recruitment and retention of staff, and contingency planning that does not require activation of the facility's emergency plan for three (3) of three (3) days of a complaint survey.</p> <p>Findings Include:</p> <p>A review of the document titled Facility Assessment Tool revealed that 8-10 Licensed Practical Nurses (LPNs), 16-18 Nurse Aides, 5 non-nursing administrative employees, 2 Social Services workers, 1 contracted Dietitians, and 10 contracted dietary workers with zero respiratory workers were identified as sufficient to meet the facility's staffing needs in a 24-hour period. However, the assessment failed to specify staffing requirements for each eight-hour shift or account for changes in the resident population. Further review revealed the Facility Assessment did not include information regarding staff recruitment and retention plans or contingency planning for situations that do not require activation of the facility's emergency operations plan.</p> <p>On February 26, 2025, at 1:05 PM, an interview with the Administrator revealed that he was unaware that federal regulations required the facility's assessment plan to address staffing by shift based on changes in resident population. Upon review of the facility's document, he acknowledged that the plan addressed staffing over a 24-hour period but did not specify staffing needs by shift.</p> <p>On February 26, 2025, at 2:06 PM, a resident interview with Resident# 2 revealed that on the evening of February 23, 2025, the facility had only one Certified Nurse Aide (CNA) on duty. The resident stated, I was forced to sit in urine the entire night, and I have an overactive bladder, so I go pretty often. The resident expressed discomfort and stated that the facility should have had contingency plans in place for staffing shortages.</p> <p>A record review of the Admission Record revealed Resident #2 was admitted on [DATE], with a diagnoses that included Overactive bladder.</p> <p>Record review of the Order Listing Report revealed the resident had an active physician ' s order, dated February 22, 2025, for Detrol LA 2 mg (Tolterodine Tartrate) to be administered once daily for overactive bladder.</p> <p>Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/9/2024, revealed a Brief Interview for Mental Status (BIMS) score of 15, demonstrating no cognitive impairment. Section H indicated the resident was always incontinent of urine.</p> <p>Record review of the Staffing Grid revealed that for the overnight shift on 2/23/2025 (11:00 PM to 7:00 AM), only one CNA was scheduled and present in the facility.</p>		