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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345443 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 02/12/2025 |
| NAME OF PROVIDER OR SUPPLIER Oak Forest Health and Rehabilitation | | STREET ADDRESS, CITY, STATE, ZIP CODE 5680 Windy Hill Drive Winston Salem, NC 27105 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33778</p> <p>Based on observation, record review, and staff and resident interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area of the use of continuous positive airway pressure (CPAP) machine for 2 of 3 residents whose MDS assessments were reviewed (Residents #1 and #2).</p> <p>The findings included:</p> <p>1. Resident #1 was admitted to the facility on [DATE] with diagnoses including obstructive sleep apnea and acute respiratory failure with hypoxia.</p> <p>Resident 1's plan of care, dated 1/9/25, indicated oxygen therapy related to continuous positive airway pressure (CPAP) for obstructive sleep apnea with an intervention to encourage to wear the CPAP as ordered by the physician.</p> <p>Resident #1 had an active physician's order, dated 9/2/24, for CPAP machine to apply at bedtime and remove when awake for sleep apnea.</p> <p>Review of the Medication Administration Record (MAR) for September 2024 - January 2025 revealed Resident #1 used the CPAP machine as ordered with often refusal episodes.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment, dated 1/14/25, revealed Resident #1 was cognitively intact and was not coded for use of a CPAP machine or non-invasive mechanical ventilator.</p> <p>On 2/12/25 at 8:35 AM, during the observation and interview, Resident #1 had a CPAP machine located on the nightstand near bed. Resident #1 indicated she had the CPAP machine for a long time and used it at night while sleeping.</p> <p>On 2/12/25 at 1:55 PM, during the phone interview, MDS Nurse #1 indicated that if Resident #1 used the CPAP, it should have been coded as non-invasive mechanical ventilator on the Quarterly MDS assessment. MDS Nurse #1 continued she was not aware she had to answer the mechanical ventilation area in order to accurately code Resident #1 for use of the CPAP.</p> <p>On 2/12/25 at 2:10 PM, during an interview, the Administrator expected the MDS nurses to be responsible for coding Resident 1's MDS assessment accurately.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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>2. Resident #2 was admitted to the facility on [DATE] with diagnoses including obstructive sleep apnea.</p> <p>Resident 2's plan of care, dated 12/13/24, indicated oxygen therapy related to continuous positive airway pressure (CPAP) for obstructive sleep apnea with an intervention to encourage to wear the CPAP as ordered by the physician.</p> <p>Resident #2 had an active physician's order, dated 8/2/24, for CPAP machine to apply at bedtime and remove when awake for sleep apnea.</p> <p>Review of the MAR for December 2024 - January 2025 revealed Resident #2 used the CPAP machine as ordered.</p> <p>Review of the Significant Change Minimum Data Set (MDS) assessment, dated 11/15/24, revealed Resident #2 was moderately cognitively impaired and was not coded for use of a CPAP machine or non-invasive mechanical ventilator.</p> <p>On 2/12/25 at 11:20 AM, during the observation and interview, Resident #2 had a CPAP machine located on the bedside table. Resident #2 indicated he had the CPAP machine for years and used it at night while sleeping.</p> <p>On 2/12/25 at 1:55 PM, during the phone interview, MDS Nurse #1 indicated that if Resident #2 used add the CPAP, it should have been coded as non-invasive mechanical ventilator on the Significant Change MDS assessment. MDS Nurse #1 continued she was not aware she had to answer the mechanical ventilation area in order to accurately code Resident #2 for use of the CPAP.</p> <p>On 2/12/25 at 2:10 PM, during an interview, the Administrator expected the MDS nurses to be responsible for coding Resident 2's MDS assessment accurately.</p> | | |