

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366051	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/14/2026
NAME OF PROVIDER OR SUPPLIER The Oaks Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3291 Northpointe Drive Zanesville, OH 43701	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on medical record review, staff interview, and facility policy the facility failed to administer medication as prescribed. This affected one resident (Resident #73) of three residents reviewed for medication administration. The facility census was 71. Findings include: Review of the closed medical record for Resident #73 revealed an admission date of 05/13/25 with diagnoses including, but not limited to, myocardial infarction, pulmonary fibrosis, and type two diabetes. The resident was discharged from the facility on 02/07/26. Review of the Quarterly Minimum Data Set (MDS) for Resident #73, dated 11/07/25, revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. Review of the physician orders for Resident #73 revealed an order dated 11/24/25 for Meclizine (an antihistamine also used to prevent and treat vertigo, nausea, and vomiting) 12.5 milligrams (mg), give 12.5mg by mouth three times a day for vertigo. The order was discontinued on 02/09/26. Review of Resident #73's Medication Administration Record (MAR) for the month of January 2026 revealed the resident was not administered Meclizine 12.5 mg on 01/02/26 (7:00 P.M. dose), 01/08/26 (7:00 A.M. and 11:00 A.M. dose), 01/09/26 (7:00 A.M. and 11:00 A.M. dose), 01/11/26 (11:00 A.M. dose), 01/16/26 (7:00 A.M. and 11:00 A.M. dose), 01/20/26 (11:00 A.M. dose), 01/22/26 (7:00 A.M. and 11:00 A.M. dose), and 01/25/26 (7:00 A.M. and 11:00 A.M. dose). Review of Resident #73's corresponding progress notes revealed medication administration notes associated with the missed medication doses, all of which noted the medication was not on hand or was not available. Interview on 04/14/26 at 2:45 P.M. with the Regional Nurse #200 revealed Resident #73 was receiving Meclizine through a different pharmacy until 01/15/26, when the medication became an in-house medication the facility would maintain. Regional Nurse #200 reported that if a medication was deemed unavailable, the nurses have the expectation of notifying the Director of Nursing (DON). Regional Nurse #200 confirmed Resident #73 was not given their prescribed Meclizine on the dates identified in the MAR for January 2026 and believed this was related to nurses looking for a medication card instead of the now bottle of medication due to the change in supplier source. Interview on 04/14/26 at 5:20 P.M. with the DON revealed the facility maintained their stock of medications in their medication rooms. The DON reported Meclizine had been in stock and confirmed it was in stock in January of 2026. The DON confirmed Resident #73 was not given their prescribed Meclizine on the dates identified in the MAR for January 2026 and identified a nurse employed by the facility who had a history of not looking for medication if they could not be located and would instead deem the medication as being out of stock. The DON further confirmed that during the medication passes on 01/08/26, 01/16/26, 01/22/26, and 01/25/26 were by that nurse. The DON revealed the nurse had been spoken to previously about not looking for medications and marking them as not in stock, but this was done informally and no documentation of the conversation could be provided. Review of the facility policy titled Administering Medications, not dated, revealed medications must be administered in accordance with the orders. This deficiency represents non-compliance investigated under Complaint Number 2980094.</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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