

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425064	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Oakhaven Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 123 Oak Street Darlington, SC 29532	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50788</p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to ensure that the advance directive information kept in the electronic health record (EHR) and hard chart reflected the same advance directive decision for Resident (R)48. This has the potential to allow the facility to not be able to carry out the resident's correct advance directive decision.</p> <p>Findings Include:</p> <p>Review of facility's policy titled, Advance Directive with a revision date of 01/24 revealed, Each resident shall be deemed a Full Code until we have the appropriate DNR documents signed by the resident or responsible party and physician.</p> <p>Review of R48's Facesheet revealed, R48 was admitted into the facility on [DATE] with diagnoses including but not limited to, congestive heart failure, hemiplegia, cerebral ischemic attack, hypertension, depression, edema, anemia, and muscle weakness.</p> <p>Review of R48's Annual Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 09/12/24 revealed, a Brief Interview for Mental Status (BIMS) score of 15, indicating resident is cognitively intact. Further review of the MDS revealed, R48 needs partial assistance from another person to complete any activity.</p> <p>Review of a document titled, Use of Resuscitation Procedures dated 06/07/24 revealed a request that if R48 has a sudden failure of vital function, that no emergency medical measure be used to restore this function.</p> <p>Review of an Emergency Medical Services Do Not Resuscitate Order dated 06/07/24 revealed the document contained R48's and physician signatures.</p> <p>During review of R48's medical record on 10/01/24 at 4:05 PM revealed a discrepancy with the advance directive. The hard chart had an advance directive of Do Not Resuscitate (DNR) and the EHR had a full code status.</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/03/24 at 8:44 AM with Certified Nursing Assistant (CNA)1 revealed, the social worker put the advance directives in the charts and if the advance directives are in the wrong place, the unit secretary will put it in the right place. The unit secretary does packets to send residents out. If there are discrepancies in the EHR and hard chart, the unit secretary will let the unit manager know or the appropriate department.</p> <p>During an interview on 10/03/24 at 8:52 AM with the Unit Manager (UM) revealed, whenever a resident comes in, they are automatically a full code. They are asked and if they desire to become a DNR, they can once the order is signed by a physician. The unit manager writes the telephone order for the physician to sign. The social worker sends a ghost buster and order to the physician for a signature. For discrepancies, they look to make sure the physician has signed the order and if not they are still a full code. In case of an emergency the UM stated, she would go to the chart first and look at face sheet, then have a second person to check other source.</p> <p>During an interview on 10/03/24 at approximately 2:57 PM with the Director of Nursing (DON) revealed, The advance directives are handled by social services. Social services rounds to see if any changes need to be made and carried out.</p>		