

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Oak View Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 4th Avenue Conway, SC 29527	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37781</p> <p>Based on review of the facility policy, record reviews and interviews, the facility failed to ensure Resident(R)40 and/or their representative was invited to and allowed to participate in care plan meetings, for 1 of 2 residents reviewed.</p> <p>Finding Include:</p> <p>Review of the facility policy titled Care Planning - Resident Participation - Policy and Signature Forms dated 10/31/22 revealed, our nursing facility supports the residents right to be informed of and participate in a care planning and treatment (implementation of care). Further review revealed, the facility will inform the resident, in a language he or she can understand, of resident rights regarding planning and implementing care, including the right to be informed of his or her total health status. The facility will discuss the plan of care with resident and/or representative at regularly scheduled care plan conferences, and allow them to see the care plan, initially, at routine intervals, and after significant changes. The facility will make an effort to schedule the conference at the best time of the day for the resident/resident's representative. The Facility will obtain a signature from the resident and/or resident representative after discussion or viewing of the care plan if they consent to the request.</p> <p>Record review of R40's Face Sheet revealed R40 was admitted to the facility on [DATE] with diagnoses including but not limited to: severe cognitive impairment, dementia and limited range of motion.</p> <p>Record review of R40's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/07/25, revealed a Brief Interview for Mental Status (BIMS) score of 00 out of 15 indicating R40 was severely cognitively impaired.</p> <p>Record review of a facility document titled Care Plan Review Plan revealed, R40 nor her representative was present during the Care Plan meeting conducted on 01/21/25. The documented Care Plan Participants signature section of the form revealed R40 refused to participate in the care plan meeting and the resident's representative attended via phone, however R40 is severely cognitively impaired.</p> <p>During a phone interview on 02/05/25 at 5:45 PM with R40's Representative (RR) revealed, discussion of a careplan was not offered. RR states no one called or reached out to her concerning her spouse's Care Plan. Resident nor Representative was aware of what a care plan should be or was in place.</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/06/25 at 10:30 AM with MDS Assistant and MDS Coordinator revealed the initial care plan process. During admission, a Baseline Care Plan is initiated. Invitations are printed and given to the resident or mailed to the resident representative by the facility receptionist. MDS Assistant states, Care Plan Meetings are conducted and reviewed every 3 months and completed in the conference room. MDS Coordinator states, They do not have proof the resident or resident representative was informed that care plan meeting was scheduled.</p>		

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49918</p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to assure residents who have authorized the facility to manage any personal funds, have ready and reasonable access to those funds for 4 of 5 residents (R)22, R60, R83, and R100.</p> <p>Findings include:</p> <p>Review of the facility's policy titled Resident Rights, revised date 11/2007, revealed, It is the policy of this facility that our facility manages the personal funds of a resident when such request is made by the resident. 4. The resident may withdraw his/her request for the facility to manage his/her personal funds at any time by submitting a written notice to the administrator.</p> <p>Review of R22's Face Sheet revealed R22 was admitted to the facility on [DATE] with diagnoses including but not limited to: asthma, type 2 diabetes mellitus with diabetic polyneuropathy, and chronic pain syndrome.</p> <p>Review of R22's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 12/26/24 revealed R22 had a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating R22 was cognitively intact.</p> <p>Review of R60's Face Sheet revealed R60 was admitted to the facility on [DATE] with diagnoses including but not limited to: insomnia, generalized anxiety disorder, major depressive disorder, and chronic obstructive pulmonary disease.</p> <p>Review of R60's Admission MDS with an ARD of 11/05/24 revealed R60's BIMS score of 11 out of 15, indicating R60 had moderate, cognitive impairment.</p> <p>Review of R83's Face Sheet revealed R83 was admitted to the facility on [DATE] with diagnoses including but not limited to: polyosteoarthritis, unsteadiness on feet, and muscle weakness.</p> <p>Review of R83's Admission MDS with an ARD of 12/27/24 revealed R83's BIMS score of 13 out of 15, indicating R83 had moderate, cognitive impairment.</p> <p>Review of R100's Face Sheet revealed R100 was admitted to the facility on [DATE] with diagnoses including but not limited to: metabolic encephalopathy, type 2 diabetes mellitus with hyperglycemia, and dementia.</p> <p>Review of R100's Admission MDS with an ARD of 11/13/24 revealed R100 had a BIMS score of 15 out of 15, indicating R22 was cognitively intact.</p> <p>During an interview on 02/11/25 at 12:22 PM, R22 stated, I was unable to get funds on the weekend.</p> <p>During an interview on 02/11/25 at 12:40 PM, R60 stated, No, we are not able to get our money on the weekend.</p> <p>(continued on next page)</p>

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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/11/25 at 12:46 PM, R83 stated, They told me I didn't have any money.</p> <p>During an interview on 02/11/25 at 1:01 PM, R100 stated, I didn't know I had any money I could request.</p> <p>During an interview on 02/11/25 at 01:16 PM, the Administrator stated, Yes, the residents can receive their funds on the weekends. The receptionist distributes the funds that we keep in a lock box.</p> <p>During an interview on 02/11/25 at 01:20 PM, Receptionist stated, We request the resident get their personal funds prior to the weekend, on Friday. Especially, if their family is coming to get them on the weekend. The resident is physically unable to get their money on the weekend. If a family member comes in and want to take them out on the weekend, we will ask them to bring us the receipt, and we can reimburse them the money they spent.</p> <p>During an interview on 02/11/25 at 01:25 PM, Administrator stated, I may have misinformed you. I spoke to our receptionist, and I was informed our receptionist has not been trained on personal funds.</p>

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<p>F 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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** 50087</p> <p>Based on observation, record review, and interviews, the facility failed to ensure Resident (R)424's code status was accurately reflected in the medical record. This involved one (R424) of 32 residents reviewed for advanced directives.</p> <p>On [DATE] at 4:05 PM, the Administrator was notified that the failure constituted Immediate Jeopardy (IJ) at F578.</p> <p>On [DATE] at 7:48 AM, the facility submitted an acceptable plan of removal for the IJ at F578. Implementation of the removal plan was verified on [DATE] at 11:15 AM. The IJ was verified to be removed as of [DATE].</p> <p>Findings Include:</p> <p>Review of the facility's policy titled, Care and Treatment, Subject: Advance Directives, revised ,d+[DATE] revealed Once the advance directive or information regarding resident preferences regarding treatment options is received by the facility, it will be confirmed in the resident medical record and communicated to members of the care plan team. The facility will also notify the attending physician of advance directives so that, if necessary, appropriate orders can be documented in the resident's medical record and plan of care.</p> <p>Review of R424's electronic medical record (EMR) revealed his code status orders were CPR/Full Code- no tube feed effective [DATE]. R424's care plan reflects Full Code status. R424's EMR contained a paper Emergency Medical Services Do Not Resuscitate Order signed by R424's Responsible Party (RP) and a physician on [DATE] requesting DNR status. There was also a Physician order dated [DATE] at 1845 for DNR, which was signed by a Nurse and a Physician.</p> <p>On [DATE] at 12:16 PM, R424, who had a Brief Interview for Mental Status (BIMS) score of 8, which indicated moderate intact cognition stated, I want to die, I don't want them to save me.</p> <p>During a telephone interview on [DATE] at 12:30 PM, R424's RP confirmed R424 wishes to be a DNR.</p> <p>During an interview on [DATE] at 2:15 PM with Licensed Practical Nurse (LPN)1 and Registered Nurse (RN)1, they stated, If there was a code, we would go to PointClickCare (PCC) and verify the code status. We will check vitals and start CPR. We then would call out for a Code Blue and then continue to monitor with CPR until EMS comes and takes over.</p> <p>During an interview with LPN2 on [DATE] at 2:19 PM, she stated in order to verify code status, she would check the EMR. When asked to confirm R424's code status, LPN2 went into the EMR and stated he was a Full Code.</p> <p>During an interview with the Director of Nursing (DON) on [DATE] at 2:30 PM, she stated she would look under the MISC tab in the EMR for the code status and look at the doctor ' s orders. If a resident was not breathing, they would call a code blue .</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview with the Minimum Data Set (MDS) Nurse on [DATE] at 3:20 PM, she stated the care plan should be updated related to the Resident's Physician's orders.</p> <p>During a consecutive interview with the DON on [DATE] at 3:32 PM, she confirmed R424 had conflicting code statuses' and she would need to look into it.</p> <p>Review of the facility plan of removal included the following:</p> <p>The following measures were immediately implemented upon notification of the facility:</p> <p>1. Corrective action for residents found to have been affected by this deficiency:</p> <p>-Resident #424 preferred level intensity was reviewed with responsible party and order was corrected in point click care (PCC).</p> <p>2. Corrective action for residents that may be affected by the deficiency:</p> <p>-The Medical Director was notified of the IJ on [DATE] at 4:39 PM.</p> <p>-All residents have the potential to be affected by the deficient practice.</p> <p>-On [DATE] at 4:30 PM to 8:00 PM, a full house audit of current residents was reviewed by the Director of Nursing and validated that preferred level of intensity and signed DNR order matches the order in PCC and care plan. No other residents were identified to be affected by the alleged deficiency.</p> <p>3. Other Plan of Removal Actions:</p> <p>-On [DATE] at 4:15 PM, an in-service was prepared by the DON and initiated by the Assistant Director of Nursing (RN) for all licensed nurses, medical records personnel, and social services employees. The in-service included the advanced directives policy and how to transcribe orders correctly.</p> <p>-Education will be included as part of the annual skills fair and new hire orientation for licensed nurses, medical records personnel, and social services employees.</p> <p>-An ad hoc meeting regarding the items in the IJ template completed [DATE]. Attendees included the following: Medical Director, Administrator, DON, ADON, Clinical Resource, Clinical Market Lead; and included the Plan of Removal items and interventions.</p> <p>-Changes in advanced directives will be reviewed daily clinical meeting 5x a week x12 weeks and monitored by Director of Nursing or Designee.</p> <p>-DON or Designee will report findings and analysis of reviews to the QA&A committee monthly with additional follow-up and recommendation as needed until substantial compliance is achieved and maintained.</p> <p>Date of Compliance: [DATE]</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31846</p> <p>Based on the facility policy, record reviews and interviews, the facility failed to ensure Resident (R)170 was free from neglect. Specifically R170 sustained a femur fracture on [DATE], and was not sent out for medical treatment for an extended period of time causing prolonged, agonizing pain, and suffering for 1 of 1 resident reviewed for neglect.</p> <p>On [DATE], the State Agency (SA) identified that the facility's failure to ensure R170 was free from neglect instituted Immediate Jeopardy (IJ) at F600. The IJ Template was presented to the Administrator on [DATE] at 3:32 PM.</p> <p>The facility presented an acceptable IJ Removal plan on [DATE] at 4:02 PM. The implementation of the removal plan was verified on [DATE] and confirmed as removed on [DATE]. The facility remained out of compliance at a scope and severity of D</p> <p>Findings Include:</p> <p>Review of the facility policy titled, Resident Rights, Subject, Abuse Prevention and Prohibition, (revised , d+[DATE]), states as the facility Policy: It is the policy of this facility that each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes, but is not limited to, freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Resident's must not be subject to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the resident, resident representatives, families, friends, or other individuals.</p> <p>Definitions:</p> <p>Abuse - willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, mental anguish. This includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental and psychosocial well-being. Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish.</p> <p>Adverse event - is an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof.</p> <p>Neglect - is the failure of the facility, its employees or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress.</p> <p>The facility admitted R170 on [DATE] with diagnoses including, but not limited to, dementia with behaviors, anxiety, depression, and malignant neoplasm of the right kidney.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The quarterly Minimum Data Set (MDS) Assessment with an Assessment Reference Date (ARD) of [DATE] revealed a Brief Interview of Mental Status (BIMS) score of 3 out of 15, which indicated severe cognitive deficits.</p> <p>Review of the progress note dated [DATE] at 07:05 AM revealed a nurse's note that stated:</p> <p>Acetaminophen Tablet 650 milligrams [mg], give 1 tablet by mouth every 6 hours as needed for MILD PAIN, not to exceed 3 grams in 24 hours.</p> <p>Review of the progress note dated [DATE] at 09:05 AM revealed a nurse's note that stated:</p> <p>At 06:45, CNA called nurse to room [ROOM NUMBER]. Myself and the PM nurse entered the room and noted the resident lying on his left side, beside his wheel chair. The resident was complaining of pain to his left leg and hip. His left upper leg noted to be larger than right and with a large knot on the upper front of his leg. Resident unable to move his left leg. Also noted to have a hematoma to head, front of scalp. No open areas noted to head. Neuro checks done. The DON (Director of Nursing), the physician and the personal representative notified. Order received for STAT x-ray left hip and left leg. At 07:05 AM, resident was given Tylenol for pain. Awaiting x-ray.</p> <p>R170 was not sent out to the hospital for treatment immediately after being found on the floor and injured and there was no documentation of the time R170 fell on ly the time he was found on the floor by a CNA.</p> <p>Review of the progress note dated [DATE] at 1406 revealed a nurse's note that stated:</p> <p>X-ray of left hip and left leg obtained earlier. Order received to send to ER for evaluation and treatment. Attempted several times to contact resident's son - left messages to call facility. Son, RP (Responsible Party) did return call and was told of order to send his father to ER. EMS called and here to transport resident to hospital. Report called to ER nurse.</p> <p>Review of the June '24 physician orders revealed that R170 only had Acetaminophen 650 mg ordered for MILD PAIN, and no other pain medications were on the MAR (Medication Administration Record) until R170 returned from the hospital on [DATE] with an order for Hospice.</p> <p>Review of the Comprehensive Plan of Care for R170 revealed, the resident is high risk for falls related to muscle weakness, difficulty in walking, unsteadiness on feet, encephalopathy, cognitive loss and dementia, hyperlipidemia, hypothyroidism, atrial fibrillation, hypertension, gastroesophageal reflux disease and episodes of bladder incontinence. Resident has a colostomy.</p> <p>Resident had an actual fall with poor communication/comprehension. Unsteady gait, and confusion. He is focused on going home and packing his items. He sundown's in the evening. He is noncompliant with safety measures with walking, sit to stand from wheelchair.</p> <p>There is no start date, but the problems were resolved on [DATE], after resident was deceased .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Review of the radiology report dated [DATE], which resulted at 11:55:54 AM, revealed as the results of a Femur 2 views left, states, The study is somewhat limited due to the patient's condition. There is an acute moderately displaced fracture in the mid distal shaft of the left femur with some overriding of the fracture fragments. Angulation deformity is present on the lateral view.</p> <p>Review of a fall risk assessment dated [DATE] revealed a score of 16 which indicated R170 was high risk for falls. Review of a fall risk assessment dated [DATE] revealed a score of 13 ensuring R170 is considered a high fall risk. No other fall risk assessments were provided.</p> <p>Review of a physician's order dated [DATE] at 12:22 PM states, May send to ER for evaluation and treatment.</p> <p>Review of a the ER visit on [DATE] revealed R170 was seen on [DATE] at 13:51 and states: X-rays were obtained later in the day which demonstrated midshaft femur fracture. It is angulated and displaced. There is no evidence that the skin was violated.</p> <p>The hospital course states, Resident was noted to have left midshaft femur fracture and Buck's traction was applied. Orthopedics consulted however patient did have some agitation related to dementia and being unfamiliar setting requiring medications. He was to be taken for surgery however he was noted to have supraglottic tracheal mass and the procedure was canceled. Family ultimately decided for initiation of hospice care at the nursing center.</p> <p>During an interview on [DATE] at 04:58 PM with Certified Nursing Assistant (CNA)2 concerning the fall that R170 sustained, she stated, he laid there hollering and crying in pain for 7 hours before being sent out to the hospital and had only Tylenol for the pain.</p> <p>During an interview on [DATE] at 05:18 PM with the Attending Physician, he stated he remembered this resident well and stated he would expect the nursing staff to send the resident to the hospital immediately if there was any indication of an injury from a fall.</p> <p>During an interview on [DATE] at 10:10 AM with Licensed Practical Nurse (LPN)10 she stated, I arrived at around 06:30 AM for my shift and the resident was still on the floor. I did not hear him hollering, the CNA came and got us. When we entered the room he was leaning against the bed and his left leg was so swollen we had to cut his pants off. He was real drowsy and if you touched his leg he would yell out. We kept calling the Director of Nursing (DON) to inform her that the resident really needed to go out to the hospital. When I called the last time she stated that the doctor had ordered an x-ray to be done here in the facility. The x-ray was ordered STAT and I think they came about 11:00 AM or so. The x-ray tech asked me to look at the film and you could plainly see his femur was fractured. LPN10 stated she called the DON to come and look at the x-ray and she refused. I really have no idea what time he fell , but his leg was so swollen, I believe he had fallen earlier in the morning.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on [DATE] at 11:05 AM with CNA4, she stated, I got here around 06:40 AM for my shift and I heard the night shift nurse on the phone with the CNA, she said she went to check on him, and he was fine and then the CNA went to carry out the linen, and then she saw him on the floor. He was in a low bed, so I am really not sure if he fell from the bed or from his wheel chair. CNA4 stated, I walked down there and he was sitting up leaning against the bed with his eyes closed like he was very drowsy. The DON never came and looked at him. The x-ray tech showed up about 11 or 11:30 AM. When EMS got here they had to give him IV medication because he was hurting so bad. He had 2 knots sticking up on the upper part of his leg. I'm not sure what time he fell , I was not here during the night. I work day shift.</p> <p>The following measures were immediately implemented upon notification of the facility:</p> <p>1. Corrective action for residents found to have been affected by the deficiency:</p> <p>a. R170 was found to be affected by the alleged deficient practice.</p> <p>b. On [DATE] at 6:45 am R170 was assessed by LPN. Provider was notified of findings and STAT x-rays were ordered.</p> <p>c. On [DATE] at 7:05 am, Tylenol was administered for pain by LPN.</p> <p>d. On [DATE] at 8:00 am, follow up Tylenol administration was documented as Resident resting with eyes closed. No facial grimacing noted.</p> <p>e. On [DATE] STAT x-ray results were reported by Trident Mobile 11:55 am</p> <p>f. On [DATE] order was received to send R170 to emergency room for evaluation of fracture at 12:22 pm.</p> <p>g. On [DATE] R170 was assessed by Dr. at 1:51 pm at Conway Medical Center emergency room .</p> <p>2. Corrective action for residents that may be affected by the deficiency:</p> <p>a. The Medical Director was notified of the IJ on [DATE] at 4:30 pm.</p> <p>b. All residents have the potential to be affected by the alleged deficient practice.</p> <p>c. Residents who had a fall in the past 24 hours ([DATE]-[DATE]) were reviewed. One resident was identified. Resident was assessed by Registered Nurse on [DATE] at 5:57 pm with no signs of pain noted.</p> <p>3. Other Plan of Removal Actions:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Oak View Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 4th Avenue Conway, SC 29527	

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>a. All licensed nurses currently working were educated on [DATE] by Director of Nursing Services about pain management.</p> <p>b. All certified nurse aides currently working were educated on [DATE] by Unit Manager (Registered Nurse) on the process of reporting pain to the licensed nurse on duty.</p> <p>c. All licensed nurses will receive education on pain management prior to the start of their next shift.</p> <p>d. All certified nurse aides will receive education on the process of reporting pain to the licensed nurse on duty prior to the start of their next shift.</p> <p>e. Education will be included as part of the annual skills fair and new hire orientation for all nursing staff.</p> <p>f. An adhoc QAPI meeting regarding the items in the IJ template completed on [DATE]. Attendees included the following: Medical Director, Administrator, DON, ADON, Clinical Resource, Clinical Market Lead; and included the Plan of Removal items and interventions.</p> <p>g. The Clinical Interdisciplinary Team will review falls, including pain, 5 days a week in Morning Clinical Meeting.</p> <p>h. Findings will be reported to QAPI committee monthly with additional follow-up and recommendations as needed until substantial compliance is achieved and maintained.</p> <p>Compliance Date: [DATE]</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>50850</p> <p>Based on review of the facility policy, observations, record review, and interviews, the facility failed to provide care and services, specifically heel and ankle protection devices and a wedge cushion for offloading, while in bed per Physician orders, for Resident (R)11.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Physician Orders, revised 11/2024 states:</p> <p>Recording Orders, Treatment Orders - When recording treatment orders, specify the treatment, frequency and duration of the treatment. Example: Apply 4 x 4 duoderm with border to stage 1 ulcer to coccyx; change every 3 days and as needed per wound care protocol.</p> <p>Implementing Orders, 1. Orders should be followed as written. 2. Physician should be notified if order is not followed for any reason.</p> <p>The facility admitted R11 on 06/27/2007 with diagnoses including, but not limited to, Alzheimer's disease, bipolar disorder, chronic kidney disease, acute kidney failure, psychotic disturbance, mood disturbance, anxiety, anemia and hypothyroidism.</p> <p>Review of the medical record on 02/06/2025 at 11:00 AM revealed physician orders for 1) bilateral heel boots while in bed every shift with a start date of 01/29/25 at 07:00 PM and a revision date of 01/30/25 and 2) Wedge cushion while in bed every shift with a start date of 01/03/25 at 07:00 PM and a revision date of 01/03/25.</p> <p>An observations on 02/04/25 at 09:18 AM revealed R11 lying in bed. Bilateral heels were elevated on a pillow, but there are no heel boots present and there was no wedge in the bed as per Physician's orders. An interview was attempted with R11, however, R11 does not speak, but nods yes or no.</p> <p>An observations on 02/04/25 at 02:20 PM revealed R11 lying in bed. Bilateral heels are elevated on a pillow, but there are no heel boots present and there is no wedge in the bed.</p> <p>During an interview on 02/07/25 at 01:35 PM with Certified Nursing Assistant (CNA)6 revealed, R11 did not have her heel booties on 02/04/25 and 02/05/25 because I could not find them. I had to go to the linen closet and get her another pair. I did not know about the wedge. I am glad you told me. I will ask about that.</p> <p>During an interview with Registered Nurse (RN)3 on 02/07/25 at 01:38 PM revealed, My expectation is that the CNAs ensure that the heel booties are found and on the resident. The heel booties should be washed every three days, unless they are visibly soiled.</p> <p>During an interview on 02/11/25 at 10:50 AM, the Director of Nursing (DON) stated, She would expect that staff follow Doctor's orders. If the Doctor's order cannot be followed, the Physician should be notified and I should be made aware.</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>49818</p> <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to ensure Resident (R)103's wound was properly managed, resulting in R103 acquiring maggots inside the wound bed on the resident's right heel.</p> <p>On 02/07/25 at 3:18 PM, the Administrator and the Director of Nursing (DON) was notified that the failure ensure R103's wound was properly managed, constituted Immediate Jeopardy (IJ) at F686.</p> <p>On 02/07/25 at 3:18 PM, the survey team provided the Administrator and the DON with a copy of the Centers for Medicare and Medicaid Services (CMS) IJ Template, informing the facility IJ existed as of 10/03/24. The IJ was related to 42 CFR 483.25 Quality of Care.</p> <p>On 02/11/25, the facility provided an acceptable IJ Removal Plan. On 02/11/25, the survey team validated the facility's corrective actions and determined the facility put forth due diligence in addressing the noncompliance. The IJ is considered at Past Noncompliance as of 10/04/24.</p> <p>An extended survey was conducted in conjunction with the Complaint Survey for noncompliance at F686, constituting substandard quality of care.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Skin Management System revised on 01/2025, documented It is the policy of this facility that any resident .or that residents admitted with wounds will not develop signs and symptoms of infection, unless the resident's clinical condition makes the development unavoidable. 5. A report of all wounds and their progress will be updated by the treatment nurse weekly.</p> <p>Review of R103's Face Sheet revealed R103 was admitted to the facility initially on 06/19/24, with a readmission on 10/28/24, with diagnoses including but not limited to: pressure ulcer of right heel- stage 4, osteomyelitis, ankle and foot, methicillin resistant staphylococcus aureus infection as the cause.</p> <p>Review of R103's Physician Orders dated 09/30/24 revealed, paint right heel with betadine, cover with ABD pad, every day shift for wound healing; cleanse right heel with dakins, apply mesalt and border every day shift for wound healing.</p> <p>Review of Physician Orders dated 10/03/24, revealed, cleanse right hell with Dakins solution and apply Mesalt and border gauze every day shift for wound healing and as needed.</p> <p>Review of R103's Progress Notes dated 10/03/24, documented, During report nurse stated resident has maggots in right heel wound.</p> <p>Review of Nurses Notes dated 10/03/24 at 7:10 PM, revealed, Doctor notified and new orders to send resident out for further evaluation.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Review of pictures and videos provided by staff, of the wound and maggots, revealed a gauze soaked with a wet brown substance and maggots in the wound on the heel of the resident, with the center of the wound dark brown and white surrounding. Maggots were also observed moving on the bed beside the resident's foot.</p> <p>Review of R103's Hospital Discharge Documentation timestamped with a service date/time of 10/28/2024 at 1419 EDT indicated, Patient is an 89 y/o male with Hypertension and carotid artery stenosis was sent from nursing home because the staff there noticed maggots on a right heel wound .</p> <p>During an interview on 02/04/25 at 11:24 AM, R103 revealed that he has wounds on both heels and they were only blisters when he was admitted to the facility. R103 stated that his left heel had maggots in it (later confirmed to be the right heel). R103 explained that he is not sure how the maggots got in the wound, but he knows if a fly lands on it, it lays eggs. R103 further revealed that he went to the hospital and stated, they flushed them out at the hospital.</p> <p>During an interview on 02/06/25 at 10:18 AM, Licensed Practical Nurse (LPN)8, revealed R103 has two pressure ulcers that are on both heels. Wound care rounds are done every week and wound care is done on Mondays, Wednesdays, and Fridays, I think. LPN8 stated, The wound doctor comes once a week. R103 wasn't admitted initially on this unit, so not sure if he was admitted with the wounds. The wounds were present when R103 was transferred to this unit. Maggots were in the wound before he came to this unit. LPN8 further revealed, The treatment for R103's wound is to clean the wound, apply hydrofera blue, and a border gauge, not wrapped with anything. LPN8 further revealed that R103 has an order for heel boots and he only wears them in bed, but when he is in his wheelchair, he likes a pillow under his feet over the foot rest.</p> <p>During a telephone interview on 02/06/25 at 11:14 AM, LPN6 revealed that she is familiar with R103 and confirmed there were maggots in his wound. LPN6 explained that when she came on shift she was informed by the nurse on day shift that the resident had maggots in his wound and she inquired with the nurse of what they were going to do about it. She then stated that the day shift nurse informed her that she had called the Assistant Director of Nursing (ADON) and Registered Nurse (RN)3 and was told to only dress the wound and not to clean it or do anything else. LPN6 stated that her response was that she was not going to allow that, therefore she called the DON, who informed her that she wasn't aware of the situation and advised her to call the doctor. LPN6 states that she called the doctor (whose name she could not recall) and the doctor told her to send the resident out to the ER, since they were not there to look at it. LPN6 stated she called 911. LPN6 further explained that although she had worked with the resident days before the discovery of the maggots, she was not aware that the resident had any wounds because wounds were taken care of during the day and she didn't have to do anything with them. LPN6 revealed that Certified Nursing Assistant (CNA)1 stated that it had been going on.</p> <p>During an interview on 02/06/25 at 1:40 PM, the ADON revealed that she was not aware of maggots in R103's wound. The ADON states I believe we saw him on Wednesday during rounds with the wound doctor and there was nothing unordinary with the wound and he was sent out a day or two later. The ADON continued to explain that a nurse, either the floor nurse or the unit manager called her to inquire if there was a change in the resident's treatment plan and she further explained that she believed that at that time the treatment was Dakins wet to moist. The ADON further states no one told me about maggots.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/06/25 at 3:06 PM, LPN7 revealed she was doing a dressing change with the assistance of a CNA and this was her first time working with the resident and the CNAs. LPN7 explained that when she saw the bugs, that appeared to be maggots in the resident's wound and she took a picture of just the resident's foot and sent it to RN3 via text seeking advice on how to treat. LPN7 stated that she was told that the resident had a history of parasitic infections and to treat the wound with Dakin's and dress it as best she could and that the wound nurse, who is also the ADON would take care of it the next morning when she comes in and for her not to chart it. LPN7 further explained that this incident happened around 6 PM, there was no Dakin's on hand, and she reported the incident to the night nurse when she came in. LPN7 states that she ended her shift at 7 PM and later texted the DON around 9 PM, after arriving home, to inform her of what happened. LPN7 further explains that when she saw the maggots it was only about 3-5, there was no date on the dressing she was removing, so she wasn't sure how long the dressing had been on the resident, and that the resident didn't appear to be in any pain or distress. LPN7 further revealed that she was informed that by the time the night nurse sent the resident out, the wound was swarming with maggots.</p> <p>During an interview on 02/07/25 at 10:53 AM, RN3 revealed that she is unable to recall the exact day but stated it was late in the day because she had already left the building. RN3 stated that she was made aware that R103 had maggots in his wound, when she received a call from LPN7 stating that she was doing a dressing change and saw maggots in the resident's wound. RN3 stated that she received a picture of the wound with maggots from LPN7 and she then sent the photo to the ADON, who is also the wound care nurse, and the ADON confirmed to her that she could see them in the photo. RN3 stated that she was not able to see the maggots at first but then zoomed in and was able to see them. RN3 stated that the ADON advised her to instruct LPN7 to clean the wound with Dakins wet to dry and change the dressing. RN3 further explains that by this time she was communicating back and forth with LPN7 and the ADON, and the ADON was communicating back and forth with the DON.</p> <p>During an interview on 02/07/25 at 11:28 AM, the DON revealed that she could not recall the exact conversation, and she was going by the notes entered, that it was alleged that R103 had maggots in his wound. The DON explained that she received a call from the ADON stating that she was getting an order to change the treatment and then she received a call from the night nurse informing her that she received a report that R103 had maggots in his wound and she had called the physician and was sending him out to the hospital. The DON stated that R103 was sent out the hospital and the hospital never verified there were any maggots in the wound.</p> <p>The following measures were immediately implemented upon notification of the facility:</p> <ol style="list-style-type: none"> 1. Corrective action for residents found to have been affected by this deficiency: <ol style="list-style-type: none"> a. R103 was found to be affected by the alleged deficient practice. b. On 10/3/2024 at 6:50 pm LPN received report on R103. At 7:05 pm LPN notified physician of findings. Order was received to send resident to emergency room for evaluation. At 7:30 pm EMS was called and at 7:50 resident left the facility with EMS. c. On 10/4/2024 Director of Nursing Services reviewed R103 TAR (treatment administration record) for September 2024 and October 2024. Treatment administered per order. 2. Corrective action for residents that may be affected by the deficiency: <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>a. Residents with wounds have the potential to be affected by the alleged deficient practice.</p> <p>b. On 10/4/2024 an audit of all wounds was completed by Assistant Director of Nursing (RN) and Unit Manager (RN). No changes were noted to any of the wounds.</p> <p>c. On 10/4/2024 all direct care licensed nurses received wound care education.</p> <p>d. On 10/4/2024 maintenance director completed facility wide observation for pests, insects, or any related issues. No issues were identified.</p> <p>e. Although no issues were identified during maintenance audit, facility administrator wanted to ensure every intervention was implemented due to the seriousness of the allegation. On 10/4/2024 maintenance director contacted Terminix and requested an additional preventative visit and facility administrator ordered air curtain fans for all high traffic doors.</p> <p>3. Other Plan of removal actions:</p> <p>a. The Medical Director was notified of the IJ on 02/07/2025 at 4:30 pm.</p> <p>b. An adhoc QAPI meeting regarding the items in the IJ template completed on 02/07/2025. Attendees included the following: Medical Director, Administrator, DON, ADON, Clinical Resource, Clinical Market Lead; and included the Plan of Removal items and interventions.</p> <p>c. Wound care education is included as part of the annual skills fair and new hire orientation for all licensed nurses.</p> <p>d. Maintenance Director completed weekly audits x8 weeks (10/10/24-11/29/2024) of facility for presence of insects, pests, or any other related issues.</p> <p>e. Registered nurses on nursing management team completed weekly audits x 8 weeks (10/10/24-11/29/2024) of wounds for any changes in condition.</p> <p>f. Findings were reported to QAPI committee monthly with additional follow-up and recommendation as needed until substantial compliance is achieved and maintained.</p> <p>g. The aforementioned incident was self-reported and subsequently cleared without citation on 12/4/24.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43322</p> <p>Based on observation, interviews, and record review, the facility failed to ensure physician order was in place for the use oxygen for Resident (R)219, for 1 of 3 residents reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy titled Oxygen Administration - Policy, with an approval date of 01/09/19, documented, Policy Explanation and Compliance Guidelines: 1. Oxygen is administered under orders of a physician .</p> <p>Review of R219's Face Sheet revealed R219 was admitted to the facility on [DATE], with diagnoses including but not limited to: cystitis without hematuria.</p> <p>Review of R219's unspecified Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/24/25, revealed R219 had a Brief Interview for Mental Status (BIMS) score of 12 out of 14 indicating R219 had moderate cognitive impairment.</p> <p>Review of R219's Physician Orders did not reveal an order for the use of oxygen.</p> <p>Review of R219's Progress Notes dated 01/20/25, documented, She was comfortably lying in bed with HOB [head of bed] elevated and O2 per nasal cannula.</p> <p>During an observation on 02/04/25 at an unspecified time, revealed R219 laying in bed receiving oxygen at 3 liters per minute (LPM) via nasal cannula.</p> <p>During an interview on 02/10/25 at 11:30 AM, Registered Nurse (RN)7 stated, after reviewing the residents orders, There is no active order for oxygen. She shouldn't be on oxygen unless it was an acute situation and even then, we would still get an order. The providers note from the 4th, showed O2 as needed. It doesn't look like the order was transcribed.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>50788</p> <p>Based on interviews and record review, the facility failed to ensure appropriate Registered Nurse (RN) coverage for 8 consecutive hours, daily 7 days a week as required by regulation.</p> <p>Findings include:</p> <p>Review of Oakview Health and Rehabilitation Daily Staffing Sheets with a date span of 11/04/24-01/31/25 revealed, the facility did not have appropriate coverage of a RN, 8 consecutive hours daily for the dates of 11/09/24, 12/21/24, 12/22/24, 12/25/24, 01/01/25, 01/04/25, and 01/05/25.</p> <p>During an interview on 02/06/25 at 10:05 AM, Certified Nursing Assistant (CNA)8 stated, There is never enough staff. Most the of the time, there is one CNA to 9-11 residents and when the census is low, it's about 8-10 residents to one CNA. CNA8 stated she believes that a RN is on duty during the day, but she is not sure. She stated, Shortages are due to turnovers and sickness.</p> <p>During an interview on 02/06/25 at 11:02 AM, Licensed Practical Nurse (LPN)9 stated, She has no role in staffing, but does try to ensure that staff is here for coverage. LPN9 stated she obtains coverage from the scheduler and if she is unable to obtain coverage, she takes the cart. This happens at least 2-4 times a month. She also stated, sometimes she works as a CNA as well, this happens once every 3 months. LPN9 works 12 hour shifts, all shifts including being on call for weekends. When on call, LPN9 stated, I work wherever the need is. There is usually one LPN and one RN working day shift and two RNs working on the night shift, on alternate days. There has been times when an RN did not work in the Specialty Care Unit during the night or day. It has never been a time that I can recall, when a RN could not be reached. The Assistant Director Of Nursing (ADON) is contacted and comes in on nights and weekends, if needed.</p> <p>During an interview on 02/06/25 at 12:52 PM, the Director of Nursing (DON) revealed she oversees the process for staffing. The DON helps solve problems with issues involving staffing and is aware of call offs and help to post shifts with agencies. In the event that the facility cannot obtain coverage, the CNA scheduler helps cover shifts. Unit Managers work together as floor nurses and as CNAs when needed. The Assistant Director of Nursing (ADON) works at this capacity as well and makes the monthly schedule for CNAs. The DON makes the monthly schedules for the licensed nurses. The facility always has RN coverage, even on the weekends. The DON has not had to cover any medication carts on the floor. The ADON has covered medication carts and has help CNAs as needed.</p> <p>During an interview with the Administrator on 02/06/25 at 2:30 PM, he provided additional documentation of RN coverage, however, was unable to provide documentation to cover the dates of 11/09/24, 12/21/24, 12/22/24, 12/25/24, 01/01/25, 01/04/25, and 01/05/25.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50850</p> <p>Based on review of the facility policy, observations, and interviews, the facility failed to ensure expired medications were removed and not stored with other medications in use for residents in 5 of 6 medication carts and 2 of 4 medication rooms.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Medication Access and Storage, E kit access with a revision date of 7/2022, states under procedures:</p> <p>11. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from stock, disposed of according to the procedures for medication destruction and reordered from pharmacy, if a current order exists.</p> <p>12. Any opened vial without an open date will be discarded immediately and replaced with a new vial. Any medication that cannot be verified as to the expiration date, either due to not being dated when opened, or unclear shelf life, shall be discarded immediately and replaced.</p> <p>Review of the facility policy titled, Administering Medications, with a revision date of 04/2019, states under policy:</p> <p>12. The expiration/beyond use date on the medication label is checked prior to administering. When opening a multi-dose container, the date opened is recorded on the container.</p> <p>An observation and interview on 02/05/25 at 07:40 AM of the Medication Storage Room on the 4th Station revealed the following:</p> <p>Blood collection tubes with blue top, expired on 12/31/24. Blood Collection tubes with the brown top, expired on 07/31/24. Protect IV 22 gauge x 1 inch IV Catheter expired on 08/11/24. Ceftriaxone 2 (grams)Gm/50 ml (milliliter) 2 bags, expired 01/21/25. Ceftriaxone 2 Gm/50 ml, 2 bags expired on 01/24/25.</p> <p>Unit Manager (UM)4, accompanied surveyor during review of 4th station medication room. UM4 verified that the blood collection tubes, IV catheter, and IV bags of Ceftriaxone were expired. UM4 stated, The expired IV bags are stored in the med room refrigerator, because we have no refrigeration to send the IV bags back to pharmacy.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Oak View Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 4th Avenue Conway, SC 29527	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation and interview on 02/05/25 at 07:50 AM of the 2nd station Medication Storage room revealed the following: Tresiba Flextouch 200 unit Insulin pen with an open date of 11/01/24. The label states to discard after 56 days. Blood collection tubes with blue top, expired on 12/31/24. Blood Collection tubes with the striped brown top, expired on 12/31/24. 3M Steri-Strip Reinforced Skin Closures, with an expiration date of 10/24. UM2, accompanied surveyor during review of the 2nd station medication storage room. UM2 verified that the blood collection tubes, the Tresiba Flextouch insulin pen, and the Steri-Strip Reinforced Skin Closures were expired.</p> <p>An observation and interview on 02/05/25 at 09:15 AM of the Medication Cart on 500 hall revealed the following: Vitamin D-3 10 mcg [micrograms] (400 IU) expired 11/24. Lasix 20 mg [milligrams] tablet, expired 02/01/25.</p> <p>UM5 stated, The Lasix just came from the pharmacy yesterday. The medications were confirmed as expired.</p> <p>An observation and interview on 02/06/25 at 11:30 AM of the 4th station, East cart revealed the following:</p> <p>Insulin Lispro 100 Unit/ml opened 12/27/24 and expired 01/17/25. Lispro 100 Unit/ml opened, but no open date and no expiration date on bottle. Insulin Glargine-YFGN U100 opened, but no open date and no expiration date on bottle x 3. Insulin Lispro 100 Unit/ml opened on 01/03/25 and expired 01/31/25. Insulin Lispro 100 Unit/ml opened 01/01/25 and expired 01/29/25. Alendronate Sodium 70 mg tablet, was belonging to an individual resident was stored with stock medication. Kerendia 10 mg tablets, belonging to an individual resident was stored with stock medication. Baclofen 10 mg tablets, belonging to an individual resident, was stored with stock medication. Acidophilus Probiotic was stored in med cart and not refrigerated after opening, as instructed on medication bottle. Amoxicillin 500 mg capsules expired on 01/02/25. Geri-Lanta regular strength antacid and antigas liquid, 12 fluid ounces, expired 07/24. Metronidazole 250 mg, individual pill noted with the stock medication in the cart. Fish Oil 1000 mg softgels, stock medication expired 01/25. Licensed Practical Nurse (LPN)1 confirmed the medications as expired.</p> <p>During an interview with LPN1, on 02/06/25 at 12:07 PM, regarding the 4th station, East medication cart revealed, We refill the insulins in the refrigerator. I understand why they are expired. They run out so fast. I look at them when I think about it. Normally, I placed home meds in the slot in the area with their meds.</p> <p>During an interview on 02/06/25 at 12:10 PM with LPN2 revealed, We put them in the cart, meds brought in from home. They are usually medications that are rare that we do not keep in stock. We have Baclofen, so I don't understand why those medicines were in the cart.</p> <p>During an observation on 02/06/25 at 12:45 PM of 200 hall Medication cart revealed the following,</p> <p>Mirtazapine 15 mg tablets, expired 01/02/25 with 25 pills left in a 30 pill card. Ropinirole 1 mg tablets expired 01/02/25 with 29 pills left in a 30 pill card. Levothyroxine 25 mg tablets expired 01/02/25 with 2 pills left in a 30 pill card.</p> <p>On 02/06/25 at 01:15 PM, Registered Nurse (RN)3 verified the expiration dates.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an observation on 02/06/25 at 01:17 PM of the 100 hall medication cart revealed the following,</p> <p>Potassium CL ER 20 MEQ tablets expired on 01/02/25 with 8 pills left in a 30 pill card.</p> <p>Promethazine 25 mg tablets expired on 01/31/25, with 20 pills left in a 30 pill card.</p> <p>Brilinta 90 mg tablets expired on 01/02/25 , with 11 pills left in a 28 pill card.</p> <p>Potassium CL ER 20 MEQ tablets expired on 01/02/25, with 24 pills left in a 30 pill card.</p> <p>Pantoprazole Sod DR 40 mg tablets expired on 01/02/25 with 25 pills left out of a 30 pill card.</p> <p>Vitamin D-3 10 mcg (400 IU) 100 film-coated tablets ,expired 11/24.</p> <p>Geri Care Gas Relief Simethicone 80 mg chewable tablets, 100 tablets expired 09/24.</p> <p>Ipratropium Bromide 0.5 mg and Albuterol Sulfate 3 mg inhalation solution, 2 packs of 5 vials each expired on 08/24.</p> <p>Calcium 600 dietary supplements, 60 tablets expired 01/25.</p> <p>On 02/06/25 at 01:30 PM, RN2 verified the expiration dates.</p> <p>During an observation on 02/07/25 at 03:46 PM of 4th Station, [NAME] Cart revealed the following,</p> <p>Procure Allergy Relief Loratadine Antihistamine 10 mg, 300 tablets expired 10/24.</p> <p>Bupirone HCL 7.5 mg tablets expired on 01/31/25, with 7 tablets out of a 51 tablets left on card.</p> <p>Eliquis 5 mg tablets expired on 01/02/25, with 20 tablets left out of a 28 tablet card.</p> <p>Dynarex Suction Tubing, expired on 08/28/24.</p> <p>During an interview on 02/07/25 at 03:46 PM, LPN2 revealed, Nurses should check expiration dates before pulling the medication out of the medication cart and again before punching the medication out of the medication card and again before returning the medication card to the medication cart. If the medication is expired, it should be pulled from the cart and the pharmacy should be notified.</p> <p>During an interview on 02/11/25 at 09:50 AM with the Director of Nursing (DON), she revealed there was a problem with the pharmacy. The DON stated, We received the medications after the expiration date noted on the medication cards. We had discussions with the pharmacy. The pharmacy can prove this if need be. My expectation is that the medications are given per the seven rights of medication administration.</p>

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>52180</p> <p>Based on interviews and record review, the facility failed to employ a certified dietary manager.</p> <p>Findings include:</p> <p>Review of the facility policy titled Dietary Services - Staffing Policy, with an approval date of 11/21/22, documented, Policy Explanation and Compliance Guidelines for Staffing: 3. If a qualified dietician or other clinically qualified nutrition professional is not employed full-time, the facility will designate a person to serve as the director of food and nutrition services who: a. For designations prior to Nov. 28, 2016, meets the requirements not later than 5yrs after Nov. 28, 2016 or no later than one year after Nov. 28, 2016 for designations after Nov. 28, 2016 is: i. A certified dietary manager. ii. A certified food service manager. iii. Has similar national certification for food service management and safety from a national certifying body; or .</p> <p>Review of an Order Confirmation-Invoice/Receipt dated 04/19/24, revealed the acting Certified Dietary Manager is enrolled in a course from the University of North Dakota for Pathway III(b) - Dietary Manager Training.</p> <p>During an interview on 02/07/25 at 9:50 AM, the Registered Dietician (RD) stated, that she is aware that the current certified dietary manager is not certified and has voiced concerns regarding food safety. The RD further stated, that she only works part-time, 8 hours per week and is not involved in the day-to-day operations. The RD concluded that she has offered the facility a contract interim travel CDM to provide coverage until the acting CDM becomes certified.</p> <p>During an interview on 02/11/25 at 10:15 AM, the acting Certified Dietary Manager (CDM) stated, I am currently enrolled in an online program and will be a Certified Dietary Manager by no later than April 2025, but I hope to complete the program earlier by March 2025.</p>

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52180</p> <p>Based on review of facility policy, observation, interviews, and record review, the facility failed to (1) properly store food in 1 of 1 kitchen. Additionally, the facility failed to (2) ensure proper sanitization in the three compartment sink and the dishwasher in 1 of 1 kitchen.</p> <p>On [DATE] at 2:00 PM, the State Agency (SA) determined that the facility's non-compliance with one or more federal health, safety, and/or quality regulations has caused or was likely to cause serious injury, serious harm, serious impairment, or death.</p> <p>On [DATE] at 5:44 PM, the Administrator and Director of Nursing were notified that the failure to use sanitizer in the three compartment sink and dishwasher constituted Immediate Jeopardy (IJ) at F812.</p> <p>On [DATE] at 5:44 PM, the survey team provided the Administrator with a copy of the CMS Immediate Jeopardy (IJ) Template and informed the facility IJ existed as of [DATE]. The IJ was related to 42 CFR 483.60 - Food and Nutrition Services.</p> <p>On [DATE], the facility provided an acceptable IJ Removal Plan. On [DATE], the survey team, validated the facility's corrective actions and removed the IJ. The facility remained out of compliance at F812 at a lower scope and severity of F.</p> <p>Findings include:</p> <p>(1) Review of the facility policy titled Food, Dry Storage of, with a reviewed date of ,d+[DATE], documented, It is the policy of the facility that all non-perishable foods shall be stored utilizing methods which maximize nutrient retention, food appearance, and food quality. Procedures: . 5. All food storage bins or containers shall be maintained in clean condition and labeled with the contents.</p> <p>Review of the facility policy titled Food Receiving and Storage with revised date of ,d+[DATE], documented, Policy Interpretation and Implementation: . 8. All foods stored in the refrigerator or freezer will be covered, labeled and dated . 12. Functioning of the refrigeration and food temperatures will be monitored at designated intervals throughout the day .</p> <p>During an interview on [DATE] at 9:50 AM, the Dietician stated that she works part-time 8 hours per week and has more of a clinical based role and is not involved in the day-to-day operations. The Dietician concluded that she was not aware that the kitchen staff was not using sanitizer in the three compartment sink or for dishwasher use.</p> <p>During the initial tour of the kitchen on [DATE] at 9:00 AM, revealed the following:</p> <p>Dry storage:</p> <p>2 - 6 pounds (lbs) cases of corn stored on the floor.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>1 - 9 oz can not label and was also dented.</p> <p>1 - 3 lbs 2 oz Campbell's vegetable soup can was dented.</p> <p>2 cases of [NAME] choice corn stored on the floor. (one case with 6 cans & 1 case with 5 cans)</p> <p>2 packs of hoagie/sub rolls not dated or labeled.</p> <p>1 pack of Wonder dinner rolls expired on [DATE].</p> <p>Freezer:</p> <p>1 box containing eight different unidentified food items.</p> <p>2 bags of unidentified food not labeled and not dated.</p> <p>1 bag of tater tots not tabled and not dated.</p> <p>3 bags of an unknown food, wrapped in cellophane not labeled and not dated.</p> <p>1 bag of breadsticks not labeled and not dated.</p> <p>Refrigerator:</p> <p>1 case of sweet potatoes not labeled or dated and the surface of the sweet potatoes had a white fuzzy substance.</p> <p>1 bag of diced onions not labeled and not dated.</p> <p>1 pack of sharp cheddar cheese not dated.</p> <p>1 honey ham not labeled or dated.</p> <p>On [DATE] at 9:45 AM, the acting Certified Dietary Manager (CDM) confirmed these items and removed them from storage.</p> <p>Review of the Temperature Logs for the refrigerator and freezer for the month of [DATE], revealed missing temperatures on [DATE] and [DATE] - [DATE]. Further review of the Temperature Logs revealed the log had not been started for the month of February 2025.</p> <p>(2) Review of the undated facility policy titled Dishwashing: Machine Operation, documented, Procedure: 1. All dishwashing machines should be operated according to manufacturer recommendations. Tableware, utensils, and pots and pans should be cleaned and sanitized . or a chemical-sanitizing dishwashing machine that uses a chemical sanitizing solution. 4. If the machine is found to be out of the acceptable range for either final rinse temperature or proper chemical sanitizing concentration, do not proceed to wash dishes.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy titled Dishwashing: Manual, documented, All pots and pans shall be cleaned by washing, rinsing, and sanitizing . 4. The pots and pans will be . sanitized by either heat or chemicals in the third compartment.</p> <p>Review of the undated Manufacturer Label titled, NSF Operational Requirements as Manufactured by CMA Dishmachines revealed the following: Wash Temp. - Minimum 120 degrees Fahrenheit, Recommended 140 degrees Fahrenheit ., Rinse Temp. - Minimum 120 degrees Fahrenheit, Recommended 140 degrees Fahrenheit, Required - 50 PPM Available Chlorine.</p> <p>During an observation and interview on [DATE] at approximately 1:00 PM, Kitchen Crew (KC)1 was utilizing the dishwasher to wash dishes. Cook1 proceeded to test the sanitization level of the dishwasher. Cook1 pulled a test strip and dipped it in the overflow of the dishwasher. The test strip did not give a reading of the sanitization level. Cook1 proceeded to check it again and received the same results. Cook1 and Kitchen Manager (KM)1 (who came from a sister property to assist) began troubleshooting and determined that the dishwasher was not receiving sanitizer. On the floor next to the dishwasher were three buckets that provided chemicals to the dishwasher. One bucket contained liquid dish machine detergent, one bucket contained liquid [NAME] metal safe dish machine detergent and the other bucket contained [NAME] Dri rinse aid. Neither of the buckets contained sanitizer. Additionally, observation of the temperature gauge on the exterior of the dishwasher revealed the temperature of the dishwasher, after multiple cycles, was 94 degrees Fahrenheit. KM1 stated there was no dishwasher sanitizer in the building and she would borrow one from her home facility. Further observation revealed the lunch meal was on the steam table and kitchen staff preparing to plate food on regular plates.</p> <p>During an observation on [DATE] at approximately 1:15 PM, revealed the wash compartment of the three compartment sink was full of water with the top of a metal pot sticking out the top of the water. The rinse compartment and the sanitizing compartment were both empty. The three compartment sink was set up with an automatic dispenser which dispensed Array Ultimate Sanitizer and Array [NAME] Pot and Pan Detergent connected to the appropriate compartments.</p> <p>During an interview [DATE] at 1:30 PM, Cook1 stated she usually uses all three compartments when she washes dishes, but rarely washes dishes. Cook1 further stated, that some staff use all three compartments and some don't. Cook1 concluded that the rinse compartment of the three compartment sink is stopped up.</p> <p>During an interview on [DATE] at 1:35 PM, Kitchen Crew (KC)2 stated, she has worked at the facility for 7 months and has never seen anyone use that side of the sink (sanitizer compartment).</p> <p>During an interview on [DATE] at approximately 1:35 PM, KM1 revealed the dishwasher broke on [DATE] and was fixed on [DATE]. KM1 revealed the kitchen was using Styrofoam containers when the dishwasher was down, but was still using regular cups to serve the residents. KM1 further stated the cups were being washed in the three compartment sink. The kitchen switched from Styrofoam containers to regular plates on [DATE]. KM1 verified the concerns with the temperature and sanitization of the dishwasher and the sanitization in the three compartment sink. After KM1 verified these concerns, direction was given to staff to switch back to Styrofoam containers.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During multiple interviews with staff, to include Registered Nurses, Licensed Practical Nurses, and Certified Nursing Assistants, on [DATE] from 4:19 PM to 4:27 PM, all confirmed the use of heated plates during lunch and dinner service on [DATE].</p> <p>The facility's removal plan included the following:</p> <p>1. Corrective action for residents found to have been affected by this deficiency::</p> <p>Sanitizer for dishwasher and 3-compartment sink was properly installed by Dietary Resource.</p> <p>All dishes, pots, pans, and utensils were washed and sanitized due to the alleged deficient practice by dietary staff after education was provided by Dietary Resource.</p> <p>Every shift monitoring for three days for signs and symptoms of foodborne illness due to potential cross-contamination was placed on all residents who take food and/or drink by mouth was entered by Unit Manager and Clinical Resource.</p> <p>2. Corrective action for residents that may be affected by the deficiency:</p> <p>The Medical Director was notified of the IJ on [DATE] at 6:34 PM.</p> <p>All residents who take food and/or drink by mouth have the potential to be affected by the deficient practice.</p> <p>Sanitizer for dishwasher and 3-compartment sink was properly installed by Dietary Resource.</p> <p>All dishes, pots, pans, and utensils were washed and sanitized due to the alleged deficient practice by dietary staff after education was provided by Dietary Resource.</p> <p>Every shift monitoring for three days for signs and symptoms of foodborne illness due to potential cross-contamination was placed on all residents who take food and/or drink by mouth was entered by Unit Manager and Clinical Resource.</p> <p>3. Other Plan of Removal actions:</p> <p>All dietary staff currently working were educated on [DATE] by Dietary Resource on proper use of sanitizer for dishwasher and 3-compartment sink.</p> <p>All dietary staff will receive education on proper use of sanitizer for dishwasher and 3-compartment sink prior to the start of their next shift.</p> <p>Education will be included as part of the annual skills fair and new hire orientation for all kitchen staff.</p> <p>An adhoc QAPI meeting regarding the items in the IJ template completed on [DATE]. Attendees included the following: Medical Director, Administrator, DON, ADON, Clinical Resource, Clinical Market Lead; and included the Plan of Removal items and interventions.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Daily audit of sanitizer detergent for proper hook up and function to dishwasher and 3-compartment sink x12 weeks and monitored by Dietary Manager or Designee.</p> <p>Daily audit of dishwasher to ensure the machine is functioning at manufacturer recommendations and specifications to included temperature monitoring. Audit will be completed x12 weeks.</p> <p>Dietary Manager or Designee will report findings and analysis of reviews to the QA&A committee monthly with additional follow-up and recommendation as needed until substantial compliance is achieved and maintained.</p> <p>Date of Compliance: [DATE]</p>

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>37781</p> <p>Based on review of the facility documentation and interviews, the facility failed to employ a qualified, full-time Social Worker as required by regulation.</p> <p>Findings include:</p> <p>Review of the facility's Social Services Staff-Job Description indicated, Essential Duties and Responsibilities: Assist in the development, administering, and coordinating of department policies and procedures, Participate in discharge planning, development and implementation of social care plans and resident assessments .</p> <p>During an interview on 02/04/25 at 1:38 PM, the Social Worker Interim/Designee (SWI), confirmed that she does not have a license, or social worker certification. She has been working in the position of Social Services Designee for approximately 1 month. She is also currently the Central Supply Coordinator. The SWI indicated she held the position as Social Worker Designee last year with the following dates: February through October 2024 and November through December 2024. The SWI stated, the full time SW was let go.</p> <p>During the Resident Council Meeting on 02/05/25 at 10:00 AM with the surveyors, multiple residents conveyed the facility did not have a Licensed Social Worker and has not for a period of time.</p> <p>During an interview with the Administrator on 02/04/25 at approximately 3:15 PM, he confirmed the facility does not have a Social Worker currently in the facility. Administrator reported facility is in the process of hiring a fulltime SW, but there is none presently.</p> <p>During an interview with Unit Manager (UM)4 on 02/05/25 at 9:38 AM, she stated, She is here for guidance so the SWI. She confirmed she does not have a SW Degree. UM4 stated she has been working with SWI off and on because there have been two (2) social workers in between time, from last year to this year, but she is not familiar with many SW duties.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49918</p> <p>Based on review of the facility policy, observations, and interviews, the facility failed to ensure staff were using appropriate personal protective equipment (PPE) with residents on Enhanced Barrier Precautions (EBP) 1 of 1 resident, (R)76.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Enhanced Barrier Precautions, copyright 2022, revealed, It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms.</p> <p>3. Implementation of Enhanced Barrier Precautions</p> <p>A. Make gowns and gloves available immediately outside of the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray.</p> <p>7. Enhanced barrier precautions should be used for the duration of the affected residents stay in the facility or until the wound heals or indwelling medical device is removed.</p> <p>Review of R76's Face Sheet revealed R76 was admitted to the facility on [DATE] with diagnoses including but not limited to: hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dysphagia following cerebral infarction, gastrostomy status, protein-calorie malnutrition, and personal history of traumatic brain injury.</p> <p>Review of R76's Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 01/08/25 revealed R76 had a Brief Interview for Mental Status (BIMS) score of 99, indicating the interview was unable to be completed.</p> <p>Review of R76's Care Plan with a start date of 07/19/2024 documented, R76 receives peg tube feeding related to diagnosis of adult failure to thrive due to having multiple cerebrovascular accidents (CVA), history of total brain injury (TBI), dysphagia. He is receiving all nutrition and hydration via peg tube but has been working with speech therapy. Further review of the Care Plan revealed the following approach, Change 60 cc syringe and feeding tube every 24 hours, check residuals, check tube placement/patency before and after giving medications and starting feedings, enhanced barrier precautions: PPE required for high resident contact care activities. Indication: Peg Tube, flush tube with 10 cc water in between each medication administration, head of bed (HOB) elevated 45 degrees at all times during feeding.</p> <p>Review of R76's Physician Orders dated 08/16/2024 revealed the following Enteral Feed Order every night shift change 60 cc syringe and feeding tube every 24 hours.</p> <p>Review of R76's Physician Orders dated 08/16/2024 revealed the following Enteral Feed Order every shift check residuals and hold tube feeding if residuals above 100 ccs, resume after 2-hour period; every shift check tube placement/patency before and after giving medications and starting feedings; every shift flush tube with 10cc water between each medication administration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425121	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Oak View Health and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 4th Avenue Conway, SC 29527	
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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R76's Physician Orders dated 09/30/2024 revealed the following Enhanced Barrier Precautions: PPE required for high resident contact care activities. Indication: PEG Tube every shift for wound.</p> <p>Review of R76's Progress Note dated 01/08/25 revealed Enteral Feed Order, two times a day Isosource 1.5 @ 65 cc/hr with 50cc/hour water flush x 20 hours (provide 1950 kcal, 83g protein, 1988 water) Off at 8AM on at 12 PM no longer needed.</p> <p>During an observation on 02/07/25 at 10:21 AM, Certified Nursing Assistant (CNA)7 and CNA8 were observed to be walking in R76's room, preparing to do Activities of Daily Living (ADLs) care.</p> <p>During an interview on 02/07/25 at 10:34 AM, Registered Nurse (RN)3 stated, The Assistant Director of Nursing (ADON) or DON writes up in-services and present education, as needed. We do yearly education on Relias. The education requirements are due in October. When we educate specific education, we give in-services to improve performances as needed. We monitor the staff after in services to ensure competencies. We do have skill fairs, and we do building wide education once we see education is needed.</p> <p>During an observation on 02/10/25 at 11:08 AM, CNA7 and CNA8 entered R76's room to do morning ADLs. Outside of R76's room door, an empty PPE bin was observed. The CNAs did not don PPE prior to completing the morning bath for R76, who has a PEG tube.</p> <p>During an interview on 02/10/25 at 11:12 AM, CNA8 stated, I am sorry, I forgot to put on my PPE.</p> <p>During an interview on 02/10/25 at 11:14 AM, Licensed Practical Nurse (LPN)4 stated, Every time we get a new admission, we go over education on barrier precaution. We do a skills fair yearly.</p> <p>During an observation on 02/10/25 at 01:18 PM, CNA7 was observed coming out of room [ROOM NUMBER]D. She had just assisted with R76's ADLs.</p> <p>During an interview on 02/10/25 at 01:20 PM, CNA7 stated, I keep forgetting to put on the PPE. I am sorry.</p> <p>During an interview on 02/10/25 at 1:30 PM, the Director of Nursing (DON) stated, My expectations of my management staff and myself is to observe the staff on the floor using proper PPE. We go over infection control protocols in our staff meeting. We educate staff on compliance and we have our yearly skills fair. We discuss the purpose and dominant infections and why we do the process of donning and doffing. We provide a hands-on skills fair to teach prevention of infections amongst other skills.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>49800</p> <p>Based on review of the facility policy, observations, and staff interviews, the facility failed to provide and maintain a safe, sanitary environment in the Unit 4 shower room/toilet area.</p> <p>Findings include:</p> <p>Review of the facility's policy titled, Environmental Conditions /Environmental Rounds, revised on 11/2019, indicated It is the policy of this facility that the facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public through monthly environmental rounds.</p> <p>Review of the facility's policy titled, Facility Maintenance, revised on 05/2007, indicated It is the policy to establish procedures for routine and non-routine care of the facility /building to ensure that the facility remains in good working order for resident and staff safety.</p> <p>During an observation of the Unit 4 shower room/toilet area on 02/05/25 at 10:15 AM, the following concerns were noted:</p> <p>a. Inside of the toilet bowl, located in the Unit 4 shower room/toilet area was stained with a dark, greenish dried substance splattering from the rim down into bowl. There was no water present in the toilet bowl and a foul odor was noted. The shower room appeared dark with poor lighting.</p> <p>b. There was white toilet tank lid placed over the soiled toilet bowl.</p> <p>During an observation on 02/06/25 at 1:12 PM, feces remained in the toilet and the tank lid over the toilet bowl. The shower room continues to be dark, with poor lighting.</p> <p>During an observation on Unit 2 on 02/06/25 at approximately 2:02 PM, the Maintenance Assistant was pushing a soiled toilet on a cart, down the hallway.</p> <p>During an observation of the Unit 4 shower/toilet area on 02/06/25 at approximately 3:10 PM, there was a newer, clean toilet with no dark, greenish dried substance splattering from rim down into bowl. There were no foul odors noted, however, the lighting remains dim.</p> <p>During an interview on 02/06/25 at 10:06 AM, Housekeeper (HK)1, reported she is responsible for cleaning Unit 4, rooms 719-732, nursing station, and bathroom near the nursing station. HK1 stated, I have never cleaned the shower/bathroom and she does not have code to get into shower/bathroom. HK1 stated, they have not given her the code to shower. HK1 stated she has observed staff taking residents in and out of the shower/toilet area for showers and no one has ever asked for the shower/toilet area to be cleaned.</p> <p>During an interview on 02/06/25 at approximately 10:10 AM, Licensed Practical Nurse (LPN)1 stated, The shower is used for resident showers.</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/06/25 at 10:15 AM, the Housekeeping Supervisor, (HKS), stated, If the facility showers are working, housekeepers are responsible for sweeping, mopping the floors, sanitizing, cleaning toilets, changing paper towels and trash liners. After the HKS observed the Unit 4 shower /toilet area, HKS reported he was unaware of the feces in the toilet. HKS confirmed the lighting was dim in the shower/bathroom area. HKS stated, He was unaware of HK1 not having the code to get into and having access to shower/bathroom area. HKS stated, He would contact maintenance, and once the toilet is working, he would have the housekeeper clean the shower, including the toilet. HS reported he has check list for monthly deep cleans for resident rooms, but does not have checklist for everyday cleaning for the housekeepers. HKS reported he would implement a checklist for daily cleaning, as well for housekeepers.</p> <p>An observation was conducted on 02/06/25 at approximately 1:00 PM, with the Maintenance Supervisor (MS) in the Unit 4 toilet/shower room, along with the HKS. After the MS observed the 400 shower/toilet area, he stated, It was disgusting, and would replace as soon as possible. The MS indicated he was unaware that the Unit 4 shower area, toilet was inoperable. MS reported the procedure for reporting broken equipment is for staff to complete and submit a maintenance request form to the Maintenance Department. The MS reported he had not received a maintenance request for the broken toilet or the poor lighting. The MS stated, Lights would be changed to LED lighting, probably next week to increase lighting in shower/toilet area.</p> <p>During a follow-up interview with the MS on 02/07/25 at approximately 9:10 AM, he stated, The broken toilet was replaced with a new toilet on yesterday. MS reported he replaced the flapper, toilet handle, toilet floater and toilet wax ring.</p> <p>During a follow-up interview with the HKS on 02/07/25 at approximately 9:19 AM, HKS indicated HK1 was given the code again on yesterday. HKS reported codes to all shower/areas with keypads are given upon hire. HKS reported HK1 switched halls with another housekeeper, however she should have known the code to get into Unit 4 shower/toilet area, to clean it.</p>		