

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 425131	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/14/2024
NAME OF PROVIDER OR SUPPLIER Oaks Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 151 Lovely Drive Orangeburg, SC 29115	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>48835</p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to notify Resident (R)1's responsible party (RP) of a change in skin condition when an unstageable wound was discovered for 1 of 3 records reviewed for quality of care.</p> <p>Findings include:</p> <p>Review of the facility policy, with a revision date of 2001, titled, Change in a Residents Condition or Status revealed under policy, Unless otherwise instructed by the resident, a nurse will notify the resident's representative when, there is a significant change in the residents physical status.</p> <p>Review of R1's Face Sheet revealed the facility admitted R1 on 12/25/2020 with diagnoses including, parkinsonism, chronic obstructive pulmonary disease and type 2 diabetes.</p> <p>Review of R1's treatment administration record (TAR) dated 05/17/2024, revealed a treatment order to, cleanse left trochanter with wound cleanser, and apply hydrogel, cover with bordered foam gauze daily for unstageable every shift. Review of the TAR revealed the signatures began on 05/17/2024, signed as treatment administered.</p> <p>Review of R1's physician orders dated 05/13/2024 revealed an order to refer to QSM for evaluation and treatment of left hip.</p> <p>Record review of R1's wound notes dictated by an outside provider dated 05/15/2024 revealed a note, left hip recorded as in house pressure ulcer as unstageable and new.</p> <p>An interview with R1's RP on 06/14/2024 at 10:27 AM revealed she was not notified timely of R1's wound to her left hip. She said she came from out of state to visit and then met with the Director of Nursing (DON), the Social Worker (SW) and the Wound Nurse on 05/20/2024. She said it was in this meeting when she learned about the wound.</p> <p>An interview with the Wound Nurse on 06/14/2024 at 11:30 AM revealed she notifies the residents responsible parties of all wounds. She said she remembered telling R1's RP in the meeting with the DON and SW present, when they were visiting. She confirmed she had notified R1's RP in the meeting, not before.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the DON on 06/14/2024 at 12:39 PM revealed, The family member should have been notified before they came to visit, after the wound developed.</p>		

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<p>F 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>48835</p> <p>Based on review of the facility policy, record review, and interview, the facility failed to ensure a written grievance was filed for Resident (R)1 regarding care concerns for 1 of 3 residents reviewed for quality of care.</p> <p>Findings include;</p> <p>Review of the facility policy, revised April 2017, titled, Grievances/Complaints Filing revealed under policy, Residents, family and resident representatives have the right to voice or file grievances without discrimination or reprisal in any form, and without fear of discrimination or reprisal.</p> <p>Record review of the facility Resident Grievance Log dated May 2024, does not record any concerns for R1.</p> <p>An interview with R1's Personal Representative on 06/14/2024 at 10:27 AM revealed, I visited about a month ago and had care concerns. I asked to speak to the head of nursing and the social worker, but they were both off, it was on Friday the 17th. I returned Monday, the 20th of May and met with the head of nursing, the social worker and the wound nurse. I had a lot of concerns about the care, the odors, R1's fall, and her hip wound, which I was surprised about and the state of her room. They told me they would take care of it.</p> <p>An interview with the Social Worker (SW) on 06/14/2024 at 11:11 AM revealed, If I had received a concern, it would have been noted as a concern on the grievance. When I was coming into the conference room, I entered the conference room and I was brought into a conversation with R1's Personal Representative (PR) and the Director of Nurses (DON). I was asked about hospice services, and I explained to the PR about hospice and so we did initiate hospice services soon after. If it had been brought to my attention as a grievance, I would have written it. Anyone can write out a grievance. We have the forms posted on each bulletin board. I would present the grievance in the AM meeting, and I would then log it. I will also follow up on it as well.</p> <p>An interview with the DON on 06/14/2024 at 12:39 PM revealed she was not the DON at the time of the grievance, but any care issues or concerns should have been written and presented as a grievance for all her concerns.</p> <p>An interview with the Wound Nurse on 06/14/2024 at 12:55 PM revealed, The SW, the DON and I were in the meeting with R1's PR and she had a lot concerns.</p>		