

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 03/10/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48214</p> <p>Based on review of facility policy, record review and interview, the facility failed to accurately document Fall Risk Assessments, for 1 of 3 residents, Resident (R)1, reviewed for accidents/falls. This failure placed R1 at an increased risk for falls and injuries.</p> <p>Findings include:</p> <p>Review of the facility policy titled, Falls - Clinical Protocol last revised on 03/18, documents, 2. the nurse shall assess and document/report the following . i. All current medications and j. All active diagnoses . 3. The staff and practitioner will review each resident's risk factors for falling and document in the medical record . a. Examples of risk factors for falling include . multiple medications and medical conditions affecting the central nervous system.</p> <p>Review of R1's Face Sheet revealed R1 was admitted to the facility on [DATE], with diagnoses including but not limited to: Alzheimer's Disease, Dementia, essential (primary) hypertension and major depressive disorder.</p> <p>Review of R1's Admission Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 07/31/24, revealed R1 had a Brief Interview for Mental Status (BIMS) score of 11 out of 15, indicating R1 had moderate cognitive impairment. Further review revealed R1 used a wheelchair for mobility and required substantial/maximal assistance with nearly all transfer activities and could walk 10 feet dependently.</p> <p>Review of R1's Quarterly MDS with an ARD of 10/30/24, revealed R1 had a BIMS score of 13 out of 15, indicating R1 was cognitively intact. Further review revealed R1 required substantial/maximal assistance with transfers and ambulation was not attempted. R1 was documented as having one fall with no injury and one fall with injury except major. R1 was noted as not taking any high risk medications.</p> <p>Review of R1's Physician Orders revealed the following: Aspirin (an antiplatelet- used to prevent blood clots) 81 Milligrams (mg) 1 tablet by mouth one time a day. Gabapentin (anticonvulsants- used to decrease pain and seizures) 300 mg 1 capsule by mouth three times a day. Melatonin 3 mg 1 tablet by mouth at bedtime. Amlodipine (an antihypertensive- used to treat high blood pressure) 5 mg 1 tablet by mouth daily.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R1's Nursing - Fall Risk Observation/assessment dated [DATE], revealed a score of 18 indicating R1 was a high risk for falls. Further review indicated R1 had three or more Health Conditions/Risk Factors present and was currently taking or has taken 1-2 medications (anesthetic, antianxiety, anticonvulsant, antidepressant, antihistamine, antihypertensive, muscle relaxant or narcotic analgesic) listed in the past seven days.</p> <p>Review of R1's Nursing - Fall Risk Observation/assessment dated [DATE], revealed a score of 14 indicating R1 was a moderate risk for falls. Further review indicated R1 had 1-2 falls in the last 90 days and there were no Health Conditions/Risk Factors present, and no listed medications taken.</p> <p>Review of R1's Nursing - Fall Risk Observation/assessment dated [DATE], revealed a score of 14 indicating R1 was a moderate risk for falls. Further review indicated R1 had no falls in the last 90 days and there were no Health Conditions/Risk Factors present, and no listed medications taken.</p> <p>Review of R1's Nursing - Fall Risk Observation/assessment dated [DATE], revealed a score of 16 indicating R1 was a high risk for falls. Further review indicated R1 had no falls in the last 90 days and no listed medications were noted as taken.</p> <p>Review of R1's undated Care Plan indicated, R1 was at risk for falls with a goal to minimize risk for falls to extent possible and not experience a fall related to risk factors. R1 was care planned for anticoagulant/antiplatelet medications.</p> <p>R1 was not available for interview.</p> <p>During an interview on 03/10/25 at 2:02 PM, the Director of Nursing (DON) stated floor nurses are responsible for completing fall risk assessments after any fall, readmission, or as needed. The DON stated she was unsure why R1's risk factors and medications were not included in the Fall Risk Assessments.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>48214</p> <p>Based on review of facility policy, observation and interview, the facility failed to ensure biologicals and supplements were stored appropriately.</p> <p>Findings included:</p> <p>Review of the facility policy titled Storage of Medications last revised on November 2020, documented, The facility stores all drugs and biologicals in a safe, secure, and orderly manner . 1. Drugs and biologicals used in the facility are stored in locked compartments under proper temperature, light and humidity controls. Only persons authorized to prepare and administer medications have access to locked medications.</p> <p>During a facility tour of the Riverside Hall on 03/10/25 at 12:38 PM and 1:00 PM, the following was observed to be stored on the floor:</p> <p>Four packages of Maximum Strength Anti-Itch Cream 1% Hydrocortisone Cream.</p> <p>Eleven boxes of Welmate Maximum Strength 4% Lidocaine Numbing Patches.</p> <p>Three eight ounce bottles of Povidone Iodine Solutions.</p> <p>One three pack of Gauze Rolls.</p> <p>One open box of wild berry flavor BOOST Breeze nutritional drinks.</p> <p>Two open boxes of BOOST Glucose Control nutritional drinks.</p> <p>One open box of strawberry flavored Ensure Original Shakes.</p> <p>One open box of milk chocolate flavored Ensure Plus nutritional shakes.</p> <p>One open box of vanilla flavored Nepro Therapeutic nutritional shakes.</p> <p>One open box of mixed berry flavored Nepro Therapeutic nutritional shakes.</p> <p>During an interview on 03/10/25 at 2:02 PM, the Director of Nursing (DON) stated, the Central Supply Manager is responsible the storage of supplies and they do have a designated storage area for supplies, that is not on the floor.</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 - Few</p>	<p>During an interview on 03/10/25 at 2:22 PM, the Central Supply Manager (CSM) stated, the facility stores supplies in her office or in a warehouse, the CSM also states that she is the only person who puts away supplies when they are delivered and the truck recently came in on Friday, however she doesn't work on weekends. The CSM confirmed the supplies were placed on the floor and knows that they are not supposed to be stored on the floor.</p>		