

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 01/13/2026
NAME OF PROVIDER OR SUPPLIER The Oaks Post Acute		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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, observation, record review, and interview, the facility failed to maintain a clean, homelike environment for Residents (R)57, R71, and R95 for 2 of 3 units observed. Findings include:</p> <p>Review of the facility policy titled Resident's Rights revealed, Policy Interpretation and Implementation: 1. Federal and state laws guarantee certain basic rights to all residents of this facility. The rights include the resident's right to: a. A dignified existence .</p> <p>Review of the facility policy titled Cleaning and Disinfecting Residents' Rooms with a revision date of August 2013 revealed, General Guidelines: 1. Housekeeping surfaces (e.g., floors, tabletops) will be cleaned on a regular basis, when spills occur, and when these surfaces are visibly soiled. 2. Environmental surfaces will be disinfected (or cleaned) on a regular basis (e.g., daily, three times per week) and when surfaces are visibly soiled.</p> <p>During multiple observations on 01/11/26 and 01/12/26, a cart made of white PVC pipes was noted at the entrance leading behind the nursing station on the 400 Riverside Unit. This cart had dried brown liquid, crumbs, and dust on the bottom shelf. Further observation revealed a Hoyer lift in the alcove of the hallway where rooms 420-438 were located had dried debris and dust on the base and in the crevices.</p> <p>During an interview with the Lead Housekeeper on 01/13/26 at 9:15 AM, she revealed, The PVC pipe cart you are talking about on the Riverside Unit is an old snack cart. It shouldn't even be there, but yes, it should be cleaned by someone. I know maintenance does power wash equipment regularly, but I'm not sure how often. I want to say monthly, but it could be quarterly.</p> <p>During an interview with the Maintenance Director on 01/13/26 at 9:39 AM, he revealed, We don't have a set schedule for cleaning the equipment, such as Hoyer lifts. We try to do it quarterly. We try to do the residents' wheelchairs at the same time.</p> <p>During an interview with DON on 01/13/26 at 4:45 PM, she revealed, My expectation is that all staff, nursing and housekeeping, work together to keep the resident's rooms clean. If they see something, they should pick it up. It's everyone's responsibility.</p> <p>During an observation of room [ROOM NUMBER] on 01/11/26 at 12:25 PM, revealed a strong odor of urine and feces in room. The resident asked that I look in her closet. There were four used briefs noted on the floor of resident's closet. There was also a dirty hospital gown, and an empty ginger ale can on the floor of resident's closet. The Resident also stated that the wheel on her wheelchair was</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 425131
		If continuation sheet Page 1 of 3

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 01/13/2026
NAME OF PROVIDER OR SUPPLIER The Oaks Post Acute		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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview with the Director of Nursing (DON) on 01/13/26 at 5:00 PM revealed, My expectation is that all staff, nursing and housekeeping, work together to keep the resident's rooms clean. If they see something, they should pick it up. It's everyone's responsibility.</p> <p>During an interview with the Administrator on 01/13/26 at 5:00 PM revealed, Anyone with a phone should be able to put in the work orders. It doesn't have to be a nurse. I think the CNAs are mistaken. The QR codes are needed to put the work orders in are at the nursing station, but anyone can use them. I think people misunderstood and thought only the nurses could do it. It sounds like we need to do a PIP to add closets to the things people need to check and ensure cleanliness.</p> <p>During an observation on 01/11/26 during the initial tour, on 01/12/26 at approximately 9:06 AM and 2:00 PM, and on 01/13/26 at approximately 4:30 PM, R95's bathroom (room [ROOM NUMBER]) had an offensive odor with a plastic wash basin filled with dirty towels and water sitting on the shower stall floor. On each of these days unidentified members of the housekeeping staff, certified nursing assistants and nurses were seen entering room [ROOM NUMBER].</p> <p>During an interview on 01/11/26 at approximately 4:36 PM, Licensed Practical Nurse (LPN)3 confirmed the finding and stated sometimes R95 just throws stuff there and that she would notify housekeeping.</p>		