

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  425156	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2024
NAME OF PROVIDER OR SUPPLIER  Oakbrook Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  920 Travelers Boulevard Summerville, SC 29485	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48835</b></p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to complete an annual Minimum Data Set (MDS) for 1 of 3 residents (R)1, reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy titled, MDS Primary Assessment, revised 2023, revealed, Complete at a minimum, three quarterly reviews and one comprehensive assessment every 12 months (366 day) period.</p> <p>Review of R1's medical record revealed he was admitted on [DATE] with diagnosis including Parkinsons Disease, Hypertension and a new diagnosis of Fracture Left Femur Neck. His Brief Interview of Mental Status (BIMS) of 2, indicating severe cognitive loss.</p> <p>Review of the last MDS dated [DATE] revealed it was a quarterly assessment. Additional review of the MDS' revealed there were 2 previous MDS quarterly (Q) assessments dated 09/11/23, 06/12/23 and an annual assessment with a date of 03/12/23.</p> <p>On 04/09/2024 at 12:13 PM, an interview with the Director of Nurses (DON) revealed, I believe we complete them quarterly and an annual. We do 3 quarterlys and then an annual. I have a calendar in my office. She reviewed her MDS calendar and stated R1 was due 03/12/24. If it is not in the computer, it did not get done. She confirmed the 4 PPS assessments did not include a quarterly MDS combined into any of the assessments.</p> <p>On 04/09/24 at 12:20 PM, an interview with the MDS Nurse revealed, We complete assessments quarterly, followed by an annual assessment. It looks like I missed R1's annual MDS in March 2024. He had 3 quarterly assessments and his last annual MDS dated [DATE]. She reviewed his MDS' and Perspective Payment Plan (PPS) assessments and stated, I didn't combine the quarterly into any of those assessments.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48835</p> <p>Based on review of the facility policy, record review, and interviews, the facility failed to develop/implement a Comprehensive care plan for 2 of 3 resident (R)2 and R3, reviewed.</p> <p>Findings include:</p> <p>Review of the facility policy revised 2023, and titled Care Plan Process, Person Centered Care revealed, thru on-going assessment, the facility will initiate person centered care plans when the residents clinical status or change of condition indicates the need .</p> <p>Review of R2's medical record revealed he was admitted to the facility on [DATE] with diagnoses including but not limited to; acute respiratory failure with hypoxia, hypertension and left elbow and pelvis fracture. Review of an unspecified Minimum Data Set (MDS) revealed R2 has a Brief Interview of Mental Status (BIMS) score of 12, indicating intact cognition. Review of R2's medical record revealed he had a fall in the hallway on 02/22/24 and the hospital confirmed two new fractures, left elbow and pelvis.</p> <p>Review of R2's care plan revealed there was not a care plan to indicate R2 suffered two new fractures or pain associated with having new fractures. He was placed on bedrest until 03/07/24, when his orthopedic physician discontinued bedrest.</p> <p>An interview with R2 on 04/09/24 at 9:30 AM revealed, I had a fall and went down sideways. I hurt my leg and my arm. Observation of R2 on 04/09/24 at 9:30 AM revealed R2 was wearing a splint to his left elbow area.</p> <p>An interview on 04/09/24 at 12:20 PM with the Director of Nurses (DON) revealed, The fractures and pain should have been care planned.</p> <p>Review of R3's medical record revealed she was admitted to the facility on [DATE] with diagnoses including but not limited to diabetes, anxiety, and heart failure. Review of an unspecified MDS revealed R3 has a BIMS score of 3, indicating severe cognitive impairment.</p> <p>Review of R3's care plan dated 02/07/24 revealed her Advanced Care Planning code status as a Full Code. Review of the South Carolina Emergency Medical Services Do Not Resuscitate (DNR) dated 02/15/24 revealed it was signed by her physician and Responsible Party. Review of her Physician's orders dated 03/11/24 for code status, DNR.</p> <p>An interview on 04/09/24 at 11:28 AM with the Social Services Director revealed, I educate and confirm a DNR/Full Code. I will schedule a meet and greet. I explain in detail what occurs in both situations to ensure the resident and responsible party understand. I will then get the appropriate paper work. The DNR form is initiated by myself or the nurses. Our nurse practitioner can sign or the physician. I also add the DNR to the care plan, for all advance directive. She confirmed she did not update the care plan.</p>		