STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	425156	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakbrook Health and Rehabilitation Center	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.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. Based on interviews, record review, and facility policy, the facility failed to ensure adequate Registered Nurse (RN) coverage for 4 of 31 days in October 2025; 7 of 30 days in November 2025; and 3 of 31 days in December 2025, totaling 14 days during these 3 months/quarters. This failure has the potential to affect all resident quality of care outcomes that residents experience. Findings include: Record review of facility policy titled Leadership Policies and Procedures, Staffing last revised 11/01/17 revealed The facility's leadership will provide sufficient staff to successfully implement patient/resident focused functions. To provide a sufficient nursing staff with the appropriate competencies and skill sets to provide nursing and related services to assure resident safety and attain or maintain the highest practical physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity, and diagnosis of the facility's resident population. Procedures include, provides qualified personnel based on the organization's mission, scope of services provided, the population served, and federal and state certification and licensure requirements. The adequacy and competency of staff is determined by a facility assessment of the resident population. Nursing, based on the facility's assessment, determines care needs that consistent with patient/resident needs, provides sufficient numbers of licensed nurses and other nursing staff (Registered Nurse RN, Licensed Practical Nurse LPN, Certified Nursing Assistants CNA) on a 24- hour basis. Designates a RN to serve as a full-time Director of Nursing (DON), who may serve as charge nurse only when the facility has an average daily occupancy of 60 or fewer patients/residents. Except when waived, uses the services of a RN for at least eight (8) consecutive hours a day, seven (7) days a week. Record review of the facility's daily staffing Per Patient Day (PPD) for October 2025 revealed the facility did not have adequate RN coverage and had a census above 60 residents on 10/04/25, 10/08/25, 10/12/25, 10/13/25, 10/14/25, 10/17/25,10/18/25, 10/19/25, 10/22/25, 10/26/25, 10/27/25, 10/28/25, 10/30/25, and 10/31/25. Record review of the facility's daily staffing PPD for November 2025 revealed the facility did not have adequate RN coverage and had a census above 60 residents on 11/01/25, 11/08/25, 11/09/25, 11/12/25, 11/16/25, 11/19/25, 11/23/25, 11/26/25, 11/29/25, and 11/30/25.Record review of the facility's daily staffing PPD for December 2025 revealed the facility did not have adequate RN coverage and had a census above 60 residents on 12/02/25, 12/03/25, 12/06/25, 12/10/25, 12/14/25, 12/21/25, 12/24/25, and 12/28/25.An interview on 05/05/26 at 3:57 PM with the facility's staffing scheduler revealed the facility had a difficult time staffing RN coverage during October - December 2025, and further stated that some days the Director of Nursing (DON) and Minimum Data Set (MDS) Coordinator had to be utilized for RN coverage.An interview on 05/05/26 at 4:20 PM with the Assistant Director of Nursing (ADON) revealed that they were aware of the failure to have adequate RN coverage during October - December 2025. The facility did attempt to use agency staffing during this time period, but still had difficulty ensuring RN coverage due to the holidays. An interview with the DON and Administrator on 05/05/26 at 4:38 PM revealed both were aware of the failure to have RN coverage during October - December 2025. During this time, the facility attempted to utilize agency staffing companies to have coverage but still had several days where RN's would not show up for work.

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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the facility policy, observations, and interviews, the facility failed to remove expired medications, and label open medications in 3 of 4 medication carts and 1 of 2 medication rooms. Review of the facility policy, Pharmacy Services Policies and Procedures: Section 8 - Medication Storage with a revision date of 04/17/24, revealed, 7. Once any multi-dose packaged medication or biological is opened, nursing will mark multi-dose products (e.g. inhalers, insulin, ophthalmics, otics, and the like) with the date opened and follow the manufacturer/supplier guidelines with respect to expiration dates, and 12. Outdated, contaminated, or deteriorated medications. are immediately removed from stock, disposed of according to procedures for medication destruction.During an observation on 05/05/26 at approximately 1:50 PM of the Dogwood 1 medication cart, the following was found:1. Buspirone 15mg tablets card - Expired 01/29/26.During an observation on 05/05/26 at 2:02 PM of the [NAME] Front medication cart, the following items were found:1. Fluticasone propionate/ Salmeterol Inhalation - Inhaler was in a Ziploc bag. No prescription label found on the inhaler or Ziploc bag.2. Anero Ellipta 625/25 mcg - Open. No label with the open date found.3. Artificial Tears exp. 11/27 - Open. No label with the open date found.4. Artificial Tears exp. 11/27 - Open. No label with the open date found. 5. Albuterol HFA Inhaler 100 puffs left - No label with the open date found.6. Even Care Glucose Control Solutions Low Control - Expired 11/06/25.7. Even Care Glucose Control Solutions High Control - Expired 11/07/25. Surveyor gave the expired glucose control solutions to the Unit Manager (UM) of the [NAME] Unit.During an observation on 05/05/26 at 2:10 PM of the [NAME] Unit medication room, the following item was found:1. Even Care Blood Glucose Test Strips - Expired 03/18/26.During an observation on 05/05/26 at 2:15 PM of the [NAME] Back medication cart, the following item was found:1. Albuterol Sulfate inhaler - Meter read 0 puffs. During an interview on 05/05/26 at 2:20 PM with the UM of the [NAME] Unit, she revealed she audits the medication carts weekly. She stated the pharmacist also audits the medication carts monthly. He rotates units, so each cart gets audited by him every other month. She revealed she expects the nurses to do spot checks of the carts when they are passing medications. During an interview on 05/05/26 at 3:45 PM with the UM of the Dogwood Unit, she revealed she audits the carts weekly. She revealed the Pharmacist audited the carts yesterday. During an interview on 05/05/26 at 4:30 PM with the Director of Nursing (DON), she revealed the pharmacist and pharmacy nurse audit the medication carts and medication rooms once a month. She stated each medication cart is also audited once a week by a nurse manager.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observations and interviews, the facility failed to ensure the master menu and the posted daily menu matched the meal served during two lunches for 4 of 4 residents reviewed, (Resident (R)45, 26, 82 and 73).During an observation on 05/03/26 the posted menu for lunch was: Chili with beef, Tossed salad, Cornbread, Chilled fruit cup and a Beverage. During an observation on 05/03/26 at 11:50 AM in the main dining room, R45's lunch ticket read:House Mechanical Soft/ Regular bread, Chopped meats1/2 cup soft seasoned green beans6 oz Chili con carne1 2x3 Cornbread1 ea Margarine1 sl Mech soft pie of choice8 oz Beverage of choiceInner lip plateR45 was served: Bowl of ChiliPlain baked potatoContainer of cheese sauceSlice of cakeR45 did not receive the cornbread, margarine, or pie listed on her lunch ticket. She did not receive the tossed salad or chilled fruit cup listed on the posted menu. Instead, she received a baked potato, cheese sauce, and cake. During an observation on 05/03/26 at approximately 11:55 AM, R26's meal ticket read: Consistent carb/ Large protein portion, No fish1/2 cup Tossed salad/ Dressing1 pkt Dressing of choice8 oz Chili con carne1 2x3 Cornbread1 ea Margerine1 sl Pie of choice8 oz Beverage of choiceR26 was served: ChiliPlain baked potatoContainer of cheese sauceSlice of cakeR26 did not receive the tossed salad, salad dressing, cornbread, margarine, or pie listed on her ticket. She did not receive the tossed salad or chilled fruit cup listed on the posted menu. Instead, she received a baked potato, cheese sauce, and cake. During an observation on 05/03/26 at 11:55 AM of the master menu plan, the following was listed for lunch:Chili Baked potatoCornbreadMarble cakeOn 05/04/26, the posted menu for lunch was: Chicken and dumplingsSteamed green beans BiscuitChilled fruit cupBeverage of choiceDuring an observation on 05/04/26 at 12:07 PM, R26's meal ticket read:Chicken and dumplingsSteamed green beansBiscuitMandarin oranges with whipped toppingBeverageR26 was served: Chicken and dumplingsMixed vegetablesBiscuitIce creamR26 did not receive the green beans and mandarin oranges with whipped topping listed on her ticket. She did not receive the green beans and chilled fruit cup listed on the posted menu. She received mixed vegetables and ice cream instead. During an observation on 05/04/26 at approximately 12:10 PM, R82's meal ticket read: Chicken and dumplingsSeasoned green beansBiscuitJellyMargarineMandarin oranges with whipped toppingBeverage of choiceR82 was served:Chicken and dumplingsMixed vegetablesBiscuitMargarineIce creamR82 did not receive the green beans, jelly, or mandarin oranges with whipped topping as listed on her ticket. She did not receive the green beans or chilled fruit cup as listed on the posted menu. She received mixed vegetables and ice cream instead. During an observation on 05/04/26 at approximately 12:12 PM, R73's meal ticket read:Spinach SaladItalian dressingHamburger bunChilled fruit cupMandarin Oranges with whipped toppingPimento cheese cottage cheese sandwichCranberry juiceDiet colaR73 was served:Chicken and dumplingsMixed vegetables BiscuitMargarineIce creamR73 did not receive the spinach salad, dressing, hamburger bun, chilled fruit cup, mandarin oranges with whipped topping, and pimento cheese cottage cheese sandwich as listed on her ticket. She did not receive the green beans and chilled fruit cup listed on the posted menu. She received chicken and dumplings, mixed vegetables, biscuit with margarine, and ice cream instead. During an interview on 05/03/26 at 11:55 AM with the Certified Dietary Manager (CDM), he revealed the lunch menu on 05/03/26 was changed by him to chili, tossed salad (or soft vegetable for those on soft diet) because Residents voiced they did not want a baked potato with chili. He stated the concerns were voiced by Residents in the Resident council meetings. He revealed he does not change the Master menu when changes are made. He stated the menu posted today matches what is on the meal tickets. However, the relief cook working did not look at the tickets or the posted menu and prepared what was on the Master menu. He revealed the morning and evening cooks look at the tickets to see what needs to be made for the meals. He stated the evening meal was also being changed from the Master menu. Because the Residents had breaded fish on Friday for (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	dinner, the dinner meal was being changed from baked fish to stuffed cabbage rolls. He stated this was based on feedback from the Resident council meeting. CDM revealed he consults with the Dietician any time he changes the menu, and he keeps a record of doing that. During an interview on 05/05/26 at 12:10 PM with the Dietician, she revealed the CDM is supposed to notify her immediately if the menu is changing for a meal. She stated she was not aware of the menu change for Sunday's lunch. She revealed she was aware of the green beans being substituted for mixed vegetables for Monday's lunch and stated the CDM told her a pan of green beans was dropped, which necessitated the change. She revealed the CDM has told her the Residents do not like baked potatoes. During an interview on 05/05/26 at 5:20 PM with the Administrator, he revealed the facility has no specific policy on posted menus matching what is served. He stated his expectation is that what is posted as the menu for meal is what is served.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and review of the facility policy titled Indications for Glove Use, the facility failed to ensure adequate infection control practices were followed related to glove use for one of one observation. Findings included: Findings include: Review of the facility policy titled Indications for Glove Use states under the Key Points, the following: 1A- Gloves are discarded after each use with a patient or resident. 1B-Gloves are changed when contaminated with blood or body fluids, before touching other parts of the same person. 2. Hand hygiene is performed immediately after gloves are removed, before contact with another person or items in the environment. During an observation on 05/05/26 at 1:45 PM, Registered Nurse (RN)2 was observed exiting a resident's room carrying a closed plastic bag with gloved hands. RN2 then entered the code to the soiled utility room while wearing the soiled gloves. During an interview on 05/05/26 at 1:59 PM, RN2 confirmed wearing the gloves in the hallway and entering the soiled utility room. RN2 stated the contents of the bag was a soiled brief.