

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445335	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/18/2025
NAME OF PROVIDER OR SUPPLIER  Oakwood Community Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1636 Woodlawn Dyersburg, TN 38024	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, and interview the facility failed to ensure the resident was free from unnecessary medication use when an as needed (PRN) order for a psychotropic medication was not updated for 1 of 2 (Resident #1) sampled residents reviewed for unnecessary medications. The findings include: 1. Review of the facility policy titled, Psychotropic Medication Use, dated 2/2025, revealed . Residents do not receive psychotropic medications that are not clinically indicated and necessary to treat a specific condition documented in the medical record. Medications in the following categories are considered psychotropic medications Antianxiety medications .When determining whether to initiate, modify, or discontinue medication therapy, the interdisciplinary team conducts and documents an evaluation of the resident. The evaluation includes physical, behavioral, mental, and psychosocial status. resident complaints, behaviors, and symptoms. Psychotropic medications are not prescribed or administered on a PRN [as needed] basis unless the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record PRN orders for psychotropic medications are limited to 14 days. If the prescriber or attending physician believes it is appropriate to extend the PRN order beyond 14 days, they will document the rationale for extending the use and include the duration for the PRN order. 2. Review of the medical record revealed Resident #1 was admitted to the facility on [DATE] with diagnoses including Dementia, Anxiety, and Depressive Disorder. Review of the significant change Minimum Data Set assessment dated [DATE], revealed a Brief Interview for Mental Status score of 10, which indicated Resident #1 had moderately impaired cognition. Resident #1 received Antipsychotic and Antidepressant medications. Review of the Physician's Order dated 6/23/2025, revealed .Xanax [medication used for anxiety] Oral Tablet 0.5 MG [milligram]. Give 1 tablet by mouth every 12 hours . During an interview on 9/24/2025 at 1:06 PM, the Director of Nurses (DON) was asked how long a PRN psychotropic medication order is good for. The DON stated, . 14 days. when the 14 days are up. the nurse should contact the provider and say the resident continues to need. what do you want us to do. The DON was asked was a new order needed. The DON stated, Yes. The DON was asked was a new order given for the as needed Xanax. The DON stated, No, the date on her order says 6/23/2025.</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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, observation, and interview, the facility failed to store medication in accordance with facility policy when medication was found unsecured at the bedside for 1 of 39 (Resident #35) residents. The findings include: 1. Review of the facility policy titled, Medication Labeling and Storage, dated 2/2023, revealed .The facility stores all medications and biologicals in locked compartments .Only authorized personnel have access to keys .nursing staff is responsible for maintaining medication storage . 2. Review of the medical record revealed that Resident #35 was admitted to the facility on [DATE] with diagnoses including Dementia, Arthritis, and Back Pain. Review of the annual Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 3 which indicated Resident #35 was severely cognitively impaired. Observation in Resident #35's room on 9/22/2025 at 9:43 AM and 10:10 AM, revealed 1 bottle of [Named] topical pain relief roll on and 1 bottle of [Named] oral rinse mouthwash for dry mouth in a clear basket on a shelf. During an observation and interview on 9/22/2024 at 10:40 AM, the Director of Nursing (DON) was asked if [Named] medications should be in Resident #35's room unsecured. The DON stated, Absolutely not.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on policy review, medical record review, and interview, the facility failed to ensure dental services were provided for 1 of 1 (Resident #22) sampled resident reviewed for dental services. The findings include: 1. Review of the facility policy titled, Dental Services, dated 4/13/2021, revealed .It is the policy of this facility to make dental services available to residents requiring such services.Dental services are available to all residents requiring routine and emergency dental care.Social services will be responsible for assisting the resident/family in making necessary appointments. Review of the medical record revealed Resident #22 was admitted to the facility on [DATE] with diagnoses including Cerebral Aneurysm, Anxiety, and Depression. Review of the [Named Dental Provider] Summary Report . revealed .3/5/2024 .Resident [#22] was diagnosed with a potential need to consult with an Oral Maxillofacial Surgeon.has multiple teeth that need to be removed in 4-6 [4 to 6] areas of the oral cavity. 3/06/2024.Extraction Review - supports referral to Oral Surgeon due to multiple teeth.Referral was sent to facility.Medicaid resident-resources sent to facility.The appointment should be scheduled with a Medicaid provider.location will be determined by the facility. 10/15/2024.was diagnosed with a potential need to consult with an Oral Maxillofacial Surgeon.has multiple teeth that need to be removed in 4-6 areas of the oral cavity. Patient will be referred to oral surgeon for multiple teeth extractions.10/16/2024.supports referral to Oral Surgeon due to multiple teeth.Referral was sent to facility.Medicaid resident-resources sent to facility.should be scheduled with a Medicaid provider. location to be determined by facility. Review of the Nurse Progress Notes dated 3/8/2024, revealed the facility attempted to schedule Resident #22 for a referral to oral surgeon. Review of the Nurse Progress Notes, dated 10/18/2024, revealed the facility attempted to schedule Resident #22 for a referral to oral surgeon. Resident #22 was referred to an oral surgeon on 3/5/2024 and 10/15/2024 and still has not been seen by an oral surgeon as of 9/24/2025. Review of the Comprehensive Care plan dated 2/19/2025, revealed .I have several missing teeth, carious [areas of the tooth structure that has been damaged by bacteria and acids]/broken teeth.Coordinate arrangements for dental care, transportation as needed/as ordered. Review of the quarterly Minimum Data Set (MDS) assessment dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 15, which indicated Resident #22 was cognitively intact. During an interview on 9/22/2025 at 10:53 AM, Resident #22 stated, . I was told about a year ago I was supposed to have my teeth pulled and replaced with dentures . During an interview on 9/24/2025 at 10:59 AM, the Social Services Director (SSD) was asked about the previous referrals for Resident #22 to be seen by an oral surgeon. The SSD stated .I'm unsure if a referral had been made . The SSD was unable to locate any notes related to referral to oral surgeon in Resident #22's medical chart. The SSD stated .I was not in the role at the time the referrals were made, and I will have to ask the Director of Nursing (DON). During an interview on 9/24/2025 at 11:40 AM, the DON was asked if referral to an oral surgeon for Resident #22 should have been followed up on and scheduled per the facility policy. The DON confirmed the referral should have been followed up on before now.</p>		