

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Radford Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 725 Medical Dr Abilene, TX 79601	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44766</p> <p>Based on record review and interview the facility failed to develop a comprehensive care plan to meet the highest practicable physical, mental, psychosocial well-being for 1 of 3 residents (Residents #1) reviewed for care plans as follows:</p> <p>Resident #1 did not have a care plan for going out on pass for personal needs.</p> <p>These failures could place residents at risk of not receiving the care required to meet their Individualized needs.</p> <p>Findings include:</p> <p>Record review of Resident #1's face sheet, dated 5/2/24, reflected a [AGE] year-old male with an admitted [DATE]. Resident #1 had a diagnosis which included respiratory failure, unsteadiness on feet, and lack of coordination.</p> <p>Record review of Resident #1's MDS dated [DATE] with a quarterly assessment dated [DATE] indicated BIMS of 8, indicating moderate cognitive impairment.</p> <p>Record review of Resident #1's Care Plan dated 4/30/24 indicated Resident #1 does not show any plan for going out on pass for personal needs.</p> <p>Record review of facilities release of responsibility for leave of absence between the dates of 3/6/24 to 4/22/24 Resident #1 left the facility 17 times.</p> <p>During an interview on 5/2/24 at 11:45 AM Administrator stated Resident #1 went out on pass almost every day, sometimes a couple of times in the same day. She stated that she thought this was all care planned for him to go out of the facility. She stated that for any resident to go out on pass it must be care planned, a physician order in place and they must have high enough cognitive behaviors to be able to go out on their own. She stated that she thought this was all in place for Resident #1. She stated if this is not in place it could put any resident at risk of not taking care of the residents in which they could get hurt outside of the facility.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Radford Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 725 Medical Dr Abilene, TX 79601	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/2/24 at 2:45 PM the DON stated that they have been working hard for the past 2 months doing audits on all the residents for updates/changes to care plans. She stated they are still working hard to get them updated but Resident #1 was missed. She stated it's a process that takes a while, but they are working on it.</p> <p>During an interview on 5/2/24 at 3:45 PM stated MDS coordinator stated that out on pass or residents that go out of the facility on their own should absolutely be put into the care plan. She stated she thought Resident #1 was going out with a friend every time he left, not on his own.</p> <p>Record review of facility's policy titled Care Plans-Baseline dated December 2016 indicated: A baseline plan of care to meet the resident's immediate needs shall e developed for each resident within forty-eight hours of admission.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER The Oaks at Radford Hills Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 725 Medical Dr Abilene, TX 79601	
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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44766</p> <p>Based on interview and record review the facility failed to ensure orders were provided for the resident's immediate care and needs for 1 of 3 residents (Resident #1) reviewed.</p> <p>The facility failed to ensure a physician order was put in-place/received to allow Resident #1 to go out on pass daily.</p> <p>This failure had the potential to place residents at risk of not having their medical care supervised.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, dated 5/2/24, reflected a [AGE] year-old male with an admitted [DATE]. Resident #1 had a diagnosis which included respiratory failure, unsteadiness on feet, and lack of coordination.</p> <p>Record review of Resident #1's MDS dated [DATE] with a quarterly assessment dated [DATE] indicated BIMS of 8, indicating moderate cognitive impairment.</p> <p>Record review of Resident #1's Orders indicated Resident #1 does not show any orders from the physician to allow Resident #1 to go out on pass daily.</p> <p>Record review of facilities release of responsibility for leave of absence between the dates of 3/6/24 to 4/22/24 Resident #1 left the facility 17 times.</p> <p>During a phone interview on 4/30/24 at 1:35 PM Physician A stated that he does overlook a lot of the residents at this facility. He stated that Resident #1 is one of his residents. He stated he did not receive any request from the facility regarding Resident #1 going out on day pass or going outside of the facility for any reason. He stated he would not recommend that for Resident #1 because he would have concerns with cognitive behavior and steadiness on his feet.</p> <p>During an interview on 5/2/24 at 2:45 PM they DON stated that they have been working hard for the past 2 months doing audits on all the residents for updates/changes. She stated they are still working hard to get them updated but Resident #1 was missed. She stated it's a process that takes a while, but they are working on it. She stated she did not know he did not have a physician order in place for going out on pass. She stated this could put any resident at risk of missing medications or hurt while not under the facilities supervision. She stated the normal process would be a request made by family or by the resident, assessment of the resident's request would be made and then sent to the physician for an order. She stated this did not occur on Resident #1.</p> <p>Record review of facility's policy titled Nursing Out on Pass Guidelines revision date of March 2024 indicated: 1. Verify or obtain order from physician to allow resident to leave the facility: include reason, medical or social, and circumstances (i.e., alone or with family/friends).</p>		