

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  07/03/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44766</b></p> <p>Based on interviews and record review, the facility failed to send a copy of the notice of transfer or discharge and the reasons for the transfer or discharge in writing to the Office of the State Long-Term Care Ombudsman for one (Resident #1) of two residents reviewed for transfer and discharge.</p> <p>The facility failed to send a transfer or discharge notice in writing to the facility's Ombudsman as soon as practicable when Resident #1 was discharged home on 7/14/23.</p> <p>This failure could affect residents at the facility by placing them at risk of being discharged and not having access to available advocacy services, discharge/transfer options, and the appeal processes.</p> <p>Findings included:</p> <p>Record review of Resident #1's electronic face sheet, dated 7/3/24 revealed he was a [AGE] year-old male, admitted to the facility on [DATE] with diagnoses to include osteomyelitis (inflammation or swelling that occurs in the bone), shortness of breath, type 2 diabetes mellitus, and hypertension.</p> <p>Record Review of Resident #1's Against Medical Advice (AMA) form dated 6/12/24 indicated Resident #1 discharged home with his prescriptions and personal items. Resident #1's family member was at the facility to assist with the discharge and transport the resident home. The resident was in stable condition at time of discharge.</p> <p>Electronic communication via email dated 7/3/24 Ombudsman wrote: The Ombudsman Program has not received any 30-day discharge notices since 3/29/24 and has not received transfer/discharge reports since 3/29/24, from the facility.</p> <p>During an interview on 7/3/24 at 12:30 PM the CO A stated the social worker should be the one that handles all discharges and documentation even with the Ombudsman. She stated a document of all residents who were transferred out of the facility should be kept and emailed to the Ombudsman monthly. She stated with all the new changes in the facility the transfer or discharge notice was not sent to the Ombudsman. She stated the transfer/discharge report will be sent to the ombudsman immediately. She stated the residents could be affected by lack of services or help from the ombudsman program.</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
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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/3/24 at 12:40 the SW stated that she was new and did not know she was the one who needed to send the ombudsman the transfer/discharge of residents monthly.</p> <p>Record review of facility policy dated March 2021 titled: Transfer or Discharge Notice revealed:</p> <p>6. A copy of the notice is sent to the Office of the State Long-Term Care Ombudsman at the same time the notice of transfer or discharge is provided to the resident and representative.</p>		