

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 04/16/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45732</p> <p>Based on interview, and record review the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported immediately, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. for 2 of 4 residents (Resident #1 and Resident #2) reviewed for abuse and neglect.</p> <p>The facility staff did not report to the state agency that Resident #1 and Resident #2 had illegal drugs (meth) in the facility and were attempting to smoke them in the building on 04/04/2025.</p> <p>This failure could place the residents at increased risk for abuse and neglect or further potential abuse due to unreported allegations of abuse and neglect.</p> <p>Findings included:</p> <p>Review of Resident #1's electronic face sheet reflected a [AGE] year-old female admitted to the facility on [DATE] and discharged on [DATE] with diagnoses to include: bipolar disorder, stimulant use, and nicotine dependency.</p> <p>Review of Resident #1's Admission MDS assessment, dated 03/24/25, reflected a BIMS score of 15 which indicated no cognitive impairment.</p> <p>Review of Resident #1's Baseline Care Plan initiated 03/21/25, reflected: Problem: Will identify my care needs, risk, strength, and goals for the first 48 hours. Goal: My initial goal is to have access of services to promote adjustment to my new living environment. Approach: Behaviors: behavioral needs will be evaluated for impact on quality of life, safety, and safety of others.</p> <p>Review of Resident #1's Comprehensive Care Plan reflected it had not been completed and showed no evidence of substance abuse or drug seeking behaviors prior to or after the incident.</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 04/16/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #1's progress note dated 03/23/25 at 5:28 pm, written by LVN A, reflected: Another resident came to this nurse stating that [Resident #1] is asking others if they have connections to get meth, [Resident #1] asked when she is in the dining room, Reported to DON, ADON, and Administrator.</p> <p>Review of Resident #1's progress note dated 04/04/25 at 4:47 pm, written by LVN A reflected: 'Resident was in another Residents room after coming back from visiting her [family member]. Resident left via taxi about 1 pm and returned at 4 pm. Resident and the Resident she was visiting were found in room with smoke and a piece of aluminum foil with white, hard, substance that appeared like crystals. Resident hid foil under belongings when DON and Administrator walked into room. Resident began spraying cologne in air at same time. When questioned by DON about substance, resident denied that it was meth or that was smoking in room. He then reached into belongings and handed DON the foil with substance. Administrator then took possession of the foil and substance. Residents' roommate was not involved. Police notified along with doctor. Nurse was notified that resident leaves every night about 8pm. DON and Administrator notified of issue.</p> <p>Review of Resident #1's progress note dated 04/04/25 at 5:00 pm, written by the DON, reflected: Spoke with resident about using illegal substance today, about her leaving facility daily, about her substance abuse history. Doctor notified; Cops were called. She was told that she cannot bring illegal substance in the facility, this could lead to her being discharged . Resident voiced understanding and became tearful.</p> <p>Review of Resident #1's progress note dated 04/04/25 at 11:28 pm, written by LVN B, reflected: During the day shift, resident was found smoking meth with another resident in room. Items of drug paraphernalia and drug substance and was locked in ADON office until police officer could come and retrieve. Officer came around 7:30 PM to talk with both residents and gave them warning on drug use in facility, next time it will be a legal issue. Resident advised on the harm they could do to her then the other resident in the room. Resident was also advised that it could affect her stay in facility. Voice understanding and she admitted she had brought the meth into facility. Resident called her [family member] to let her know she was in trouble for smoking meth in her room. Resident is not allowed to leave facility. Will continue to monitor resident. Police case number #25042095. Administrator, DON, and ADON notified of situation.</p> <p>Review of Resident #2's electronic face sheet reflected a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include: liver cancer, bipolar disorder, and nicotine dependency.</p> <p>Review of Resident #2's Quarterly MDS assessment, dated 02/21/25, reflected a BIMS score of 15 which indicated no cognitive impairment.</p> <p>Review of Resident 2's Comprehensive Care Plan last revised 03/13/25, reflected: Problem: Resident has exhibited the following Behavioral Symptoms 1.) Exited facility without proper sign out. 2.) Did not follow smoking policy. Goal: Resident will follow facility policies. Approach: Resident requires frequent re-education on not keeping smoking paraphernalia on his person. Provide education on facility smoking and leave policies upon admission and as needed, Praise compliance. Further review reflected showed no evidence of substance abuse or drug seeking behaviors prior to or after the incident.</p> <p>(continued on next page)</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 04/16/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #2's progress note dated 04/04/25 at 4:30 pm, written by RN C, reflected: Resident found in room with smoke and piece of aluminum foil with white, hard, substance that appeared like crystals. Resident hid foil under belongings when DON walked into room. Resident began spraying Cologne in air at the same time. When questioned by DON about substance, resident denied that it was meth or that he was smoking in room. He then reached into his belongings and handed DON the foil with substance. Administrator then took possession of the foil and substance. Another resident was in this resident's side of the room. Resident's roommate was not involved.</p> <p>During an interview on 04/11/2025 at 12:00 pm, the ADON stated Resident #1 was admitted to the facility with a known history of drug abuse. She stated she had tested positive for illegal drugs in the hospital prior to admission to the facility. She stated Resident #1 was counseled and informed of the strict no drugs policy upon admission. She stated the Resident #1 was really upset on 04/04/25 and stated that she needed to go home for a little while and check on her dogs, so she left the facility for a couple of hours. The ADON stated that the Resident #1's family member told them that someone delivered Resident #1 a package of what she assumed was drugs at her house when she was there on 04/04/25. She stated after Resident #1 returned to the facility she was caught in her room with Resident #2 with the illegal substance. She stated she was not in the facility at the time of the incident so that was all the details that she knew. The ADON stated she had not heard of any situations prior to or after the incident regarding illegal substances.</p> <p>During an interview on 04/11/2025 at 12:30 pm, the Administrator stated he received a call from LVN A that the 2 residents had been caught with illegal drugs and were about to smoke them. He stated he immediately notified the police once the drugs were found. He stated the police confiscated the drugs and spoke with the residents involved. He stated the drugs were brought in by Resident #1. He stated he did not feel the need to report the incident because the residents did not actually smoke or ingest the illegal drugs and the police has removed all the drugs, so he felt that no other residents had been put at risk.</p> <p>During an interview on 04/14/2025 at 12:00 pm, LVN A stated Resident #1 had left the facility several times before the incident to go visit her family member in the hospital. She stated Resident #1's family member had been discharged the day of the incident and Resident #1 went home to visit her. She stated when Resident #1 returned, she went to Resident #2's room to visit. She stated a CNA came to her and said that she smelled smoke and that Resident #1's roommate said they were smoking in the room. LVN A stated she notified the DON and Administrator, and they addressed the residents. LVN A stated that prior to the incident a couple of days after Resident #1 was admitted she was informed by another resident that Resident #1 was walking around the dining room asking if anyone had meth or knew where she could get some. LVN A stated she informed the DON in morning meeting the next day.</p> <p>During an interview on 04/14/2025 at 12:30 pm, the Administrator stated he was aware that Resident #1 had a drug problem when she was admitted. He stated he had not been notified that she was asking around trying to find meth. The Administrator stated he was not aware of any actions put into place to monitor the resident for possible drug use. He stated there was not an investigation because they knew where the drugs came from, and they ensured that the drugs were removed from the facility. He stated again that the drugs were never smoked or ingested and therefore he did not feel the need to report the incident.</p> <p>(continued on next page)</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 04/16/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 04/14/2025 at 12:45 pm, Resident #2 stated he was caught with illegal drugs in the facility. He stated Resident #1 told him that she had some meth and asked if he wanted some. He stated he said yes. He stated the staff caught them before he was able to smoke the drugs, but he had already lit the foil on fire. He stated Resident #1 brought the drugs and the lighter. He stated that he was aware of the facility policies and that he was not supposed to have the meth and was not supposed to smoke in the facility.</p> <p>During an interview on 04/14/2025 at 1:15 pm, the DON stated that she was informed that Resident #1 and Resident #2 might be smoking drugs in Resident #2's room. She stated her and the Administrator entered the room and Resident #2 tried to hide the drugs. She stated Resident #2 then gave them the drugs. She stated the residents had not smoked the drugs yet and none was ingested. She stated there was no investigation completed because they knew where the drugs came from and who was involved. She stated she had no indication prior to that incident that the residents might have been doing illegal drugs in the building. She stated she had not been notified of Resident #1 asking other residents for meth and that other times the Resident #1 had left the facility it was to go to the hospital to visit her family member. She stated she had no reason to suspect and no way to prevent what happened. She stated she felt the facility acted appropriately once the drugs were discovered and that there was no way to prevent it from happening. She stated she did not feel that this was a reportable incident because no drugs were inhaled and no one was harmed.</p> <p>During an interview on 04/14/2025 at 1:50 pm, regarding the reporting policy, the Administrator stated that he felt that no residents were harmed or put at risk and he still felt that the incident should not have been reported. He stated that the drugs were caught before being lit or smoked and the drugs and lighter were confiscated, so no harm or risk happened.</p> <p>During an interview on 04/14/2025 at 2:00 pm, the DON stated that there was no harm or risk of injury to any residents because it was caught and stopped before anything happened. She felt that the incident was not a reportable incident. She stated it did not pose a threat to resident health or safety because it was stopped.</p> <p>Review of Provider Letter 2024-14, provided by the facility titled, Abuse, Neglect, Exploitation, Misappropriation of Resident Property and Other Incidents that a Nursing Facility Must Report to the Health and Human Services Commission, reflected in part: .2.1 Policy Details and Provider Responsibilities: A nursing facility must report the following incidents .Abuse, Neglect .Emergency situations that pose a threat to resident health and safety .</p> <p>Record review of facility's policy titled Abuse, Neglect, and exploitation dated 10/2023 reflected in part: Policy Statement: The facility will provide protection for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, and exploitation and misappropriation of resident property .VI. Reporting/Response: A. The facility will have written procedures that include: 1. Reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies within specific timeframes; a. Immediate, but no later than 2 hours after the allegation is made, if the events that cause the allegation involves abuse or result in serious bodily injury, or b. Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</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 04/16/2025
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 - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45732</p> <p>Based on interviews and record reviews, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that included measurable objectives and timeframes to attain or maintain the resident's highest practicable mental and psychosocial well-being for 2 of 7 residents (Resident #1 and Resident #2) reviewed for Care Plans.</p> <p>The facility failed to ensure Resident #1's comprehensive care plan was revised following an incident where Resident #1 brought illegal drugs (meth) into the facility and attempted to smoke them.</p> <p>The facility failed to ensure Resident #2's comprehensive care plan was revised following an incident where Resident #2 attempted to smoke drugs (meth) with Resident #1.</p> <p>This failure could place residents at risk of not receiving the services needed to attain or maintain their highest practicable physical well-being.</p> <p>The findings included:</p> <p>Review of Resident #1's electronic face sheet reflected a [AGE] year-old female admitted to the facility on [DATE] and discharged on [DATE] with diagnoses to include: bipolar disorder, stimulant use, and nicotine dependency.</p> <p>Review of Resident #1's Admission MDS assessment, dated 03/24/25, reflected a BIMS score of 15 which indicated no cognitive impairment.</p> <p>Review of Resident #1's Baseline Care Plan initiated 03/21/25, reflected: Problem: Will identify my care needs, risk, strength, and goals for the first 48 hours. Goal: My initial goal is to have access of services to promote adjustment to my new living environment. Approach: Behaviors: behavioral needs will be evaluated for impact on quality of life, safety, and safety of others.</p> <p>Review of Resident #1's Comprehensive Care Plan reflected it had not been completed and showed no evidence of substance abuse or drug seeking behaviors prior to or after the incident.</p> <p>Review of Resident #1's progress note dated 03/23/25 at 5:28 pm, written by LVN A, reflected: Another resident came to this nurse stating that Resident #1 is asking others if they have connections to get meth, Resident #1 asked when she is in the dining room, Reported to DON, ADON, and Administrator.</p> <p>(continued on next page)</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 04/16/2025
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 - Few</p>	<p>Review of Resident #1's progress note dated 04/04/25 at 4:47 pm, written by LVN A reflected: Resident was in another Residents room after coming back from visiting her mom. Resident left via taxi about 1 pm and returned at 4 pm. Resident and the Resident she was visiting were found in room with smoke and a piece of aluminum foil with white, hard, substance that appeared like crystals. Resident hid foil under belongings when DON and Administrator walked into room. Resident began spraying cologne in air at same time. When questioned by DON about substance, resident denied that it was meth or that was smoking in room. He then reached into belongings and handed DON the foil with substance. Administrator then took possession of the foil and substance. Residents' roommate was not involved. Police notified along with doctor. Nurse was notified that resident leaves every night about 8pm. DON and Administrator notified of issue.</p> <p>Review of Resident #2's electronic face sheet reflected a [AGE] year-old male admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include: liver cancer, bipolar disorder, and nicotine dependency.</p> <p>Review of Resident #2's Quarterly MDS assessment, dated 02/21/25, reflected a BIMS score of 15 which indicated no cognitive impairment.</p> <p>Review of Resident #2's Comprehensive Care Plan last revised 03/13/25, reflected: Problem: Resident has exhibited the following Behavioral Symptoms 1.) Exited facility without proper sign out. 2.) Did not follow smoking policy. Goal: Resident will follow facility policies. Approach: Resident requires frequent re-education on not keeping smoking paraphernalia on his person. Provide education on facility smoking and leave policies upon admission and as needed, Praise compliance. Further review reflected showed no evidence of substance abuse or drug seeking behaviors prior to or after the incident.</p> <p>Review of Resident #2's progress note dated 04/04/25 at 4:30 pm, written by RN C, reflected: Resident found in room with smoke and piece of aluminum foil with white, hard, substance that appeared like crystals. Resident hid foil under belongings when DON walked into room. Resident began spraying Cologne in air at the same time. When questioned by DON about substance, resident denied that it was meth or that he was smoking in room. He then reached into his belongings and handed DON the foil with substance. Administrator then took possession of the foil and substance. Another resident was in this resident's side of the room. Resident's roommate was not involved.</p> <p>During an interview on 04/16/2025 at 11:30 am, the DON stated that both Resident #1 and Resident #2's care plans should have been updated after the incident regarding the illegal drugs and attempting to smoke them in the facility. She stated the responsibility was shared between nursing and the MDS nurse. She stated she did not know how the failure occurred and that it was ultimately her responsibility to ensure that the care plan was updated.</p> <p>(continued on next page)</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 04/16/2025
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)		
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility's policy titled Care Plans, Comprehensive Person-Centered revised December 2020 revealed: The comprehensive, person-centered care plan will: A. include measurable objectives and time frames; B. describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being; C. Describe services that would otherwise be provided for the above, but are not provided due to the resident exercising his or her rights, including the right to refuse treatment; D. Describe any specialized services to be provided as a result of PASSR recommendations; E. Include the resident's stated goals upon admission and desired outcomes; F. Include the resident stated preference and potential for future discharge, including his or her desire to return to the community and any referrals made to local agencies or other entities to support such a desire ; G. Incorporate identified problem areas; H. Incorporate risk factors associated with identified problems; I. Build on the resident strengths; J. Reflect the residents expressed wishes regarding care and treatment goals; K. Reflect treatment goals, timetables and objective in measurable outcomes; L. Identify the professional services that are responsible for each element of care; M. Aid in preventing or reducing decline in the residents functional status and or functional ; N. Enhance the optimal functioning of the resident by focusing on a rehabilitative program, and O. Reflect current recognized standards of practice for problem areas and conditions . Care plan interventions are chosen only after careful data gathering, proper sequence of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.		