

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  675619	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Oaks Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  507 W Jackson St Burnet, TX 78611	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33460</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident that included measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that were identified in the comprehensive assessment for 1 of 16 residents. (Resident #34)</p> <p>The facility failed to develop an accurate care plan for Resident #34 smoking and renal disease.</p> <p>This failure could place the residents at risk of not receiving care and services to maintain their highest level of well-being.</p> <p>Findings included:</p> <p>Record review of the face sheet dated 02/17/25 indicated Resident #34 was [AGE] years old and was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease (common lung disease causing restricted airflow and breathing problems) and high blood pressure.</p> <p>Record review of the physician orders dated February 2025 indicated Resident #34 did not have orders to be sent for dialysis (a medical treatment that removes waste and excess fluid when the kidneys are not functioning properly) treatments.</p> <p>Record review of a significant change MDS assessment dated [DATE] indicated Resident #34 was able to understand and was understood. The MDS indicated a BIMS score of 13 indicating Resident #34 was cognitively intact. Resident #34 required a walker to ambulate and supervision for some ADLs. Dialysis was not checked on the form which would have indicated dialysis was being received on admission or during last 14 days.</p> <p>Record review of Resident #34's care plan initiated on 05/03/24 indicated Resident #34 had a diagnosis of renal disease. The resident was at risk for complications related to having a shunt (an artificial passageway allows blood to flow to another area). The interventions included checking the shunt access site dressing after dialysis for uncontrolled bleeding, redness, swelling, and for decreased bruit at the shunt site, notifying the physician of abnormal findings, and to encourage and allow the resident to rest as needed post dialysis, ensure the resident was ready for dialysis on (day), (day), (day), and to remind dietary of need for a to go meal to take with them to dialysis.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident #34's care plan was initiated on 01/09/25 indicated the resident smoked cigarettes. The interventions indicated to remind the resident and family that all cigarettes, lighters, matches and smoking paraphernalia must be kept at the nursing station. Remind the resident and family that staff supervision would be provided when not interfering with her care or other residents' care.</p> <p>During an interview and observation on 02/17/25 at 11:45 a.m., Resident #34 said she did not go to dialysis. She pulled her arms out of the covers and said she had no shunts or grafts.</p> <p>During an observation and interview on 02/17/25 at 11:50 a.m., Resident #34 said she had her cigarettes and lighter in her purse and pulled them out of her purse. She asked, Am I breaking the rules? She put the cigarettes and the lighter back into her purse.</p> <p>During an interview on 02/17/25 at 11:55 a.m., the DON said all cigarettes and lighters were kept with the family.</p> <p>During an observation on 02/17/25 at 1:00 p.m., Resident #34 was outside with her family smoking and the family was keeping the cigarettes in his pocket and the lighter was kept by the family. Resident #34 was able to hold her cigarette and did not drop ashes or the cigarette on herself.</p> <p>During an interview on 02/18/25 at 10:54 a.m., the MDS nurse said she was responsible for care plans and MDS assessments. She said the intervention was incorrect on the smoking care plan. She said the interventions for dialysis might have been from 2019 when she was a resident here before. The MDS nurse said the risk of the interventions being incorrect was the resident might not get the proper care and services. She said the next full MDS assessment would include smoking because at the time of the last full assessment Resident #34 was not smoking.</p> <p>During an interview on 02/18/25 at 11:30 a.m. the DON said he wanted the care plans to be correct. He said if the care plans were incorrect the resident might not receive the needed services or might cause confusion.</p> <p>Record review of the undated Comprehensive Care Plans policy indicated Procedures:</p> <ol style="list-style-type: none"> <li>1. The facility will develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a resident' medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</li> <li>2. The comprehensive care plan will describe the following: a. The services that are to be furnished to attain the resident's highest practicable physical, mental, and psychosocial well-being. Procedure: After admission to the facility: 1. Nursing completes the Admission Assessment within 24 hours. 2. A Registered Nurse (RN) will review Admission Assessment for completion. 3. The RN will then initiate the Care Plan in PCC under the resident clinical chart. 4. Once initiated, the RN will View the Triggered Care Plan Items Now area of the Care Plan (Located in Edit Care Plan area top right corner of screen) 5. RN will review and select appropriate care plans for list or choose to Select All feature then Save Care Plan .</li> </ol>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33460</p> <p>Based on observation, interview and record review, the facility failed to ensure the resident environment remained free of accident hazards and the facility failed to ensure each resident received adequate supervision and assistance devices to prevent accidents for 1 of 16 residents (Resident #34) reviewed for accidents and supervision.</p> <p>The facility failed to ensure that Resident #34 did not have cigarettes and a lighter in her purse and in her room.</p> <p>This failure could place residents at risk for injury, harm, and impairment.</p> <p>Findings included:</p> <p>Record review of the face sheet dated 02/17/25 indicated Resident #34 was [AGE] years old and was admitted on [DATE] with diagnoses including chronic obstructive pulmonary disease (common lung disease causing restricted airflow and breathing problems) and high blood pressure.</p> <p>Record review of a significant change MDS assessment dated [DATE] indicated Resident #34 was able to understand and was understood. The MDS indicated a BIMS score of 13 indicating Resident #34 was cognitively intact. The MDS indicated Resident #34 required use a walker to ambulate and supervision for some ADLs.</p> <p>Record review of the safe smoking assessment dated [DATE] indicated Resident #34 was able to lift cigarettes to her mouth without assistance. She was able to light her own cigarettes. Resident #34 went outside with her family to smoke.</p> <p>Record review of Resident 34's care plan was initiated on 01/09/25 indicated a focus area was the resident smoked. They were advised of the facility smoking policy. The resident required supervision with smoking. Resident #34 smoked outside with family during visits. The interventions indicated to remind the resident and family that all cigarettes, lighters, matches and smoking paraphernalia must be kept at nursing station, and to remind the resident and family that staff supervision would be provided when not interfering with care.</p> <p>During an interview on 02/17/25 at 11:45 a.m. Resident #34 said she smoked with her family outside.</p> <p>During an observation and interview on 02/17/25 at 11:50 a.m., Resident #34 said she had her cigarettes and lighter in her purse and pulled them out of her purse. She asked, Am I breaking the rules? She put the cigarettes and the lighter back into her purse.</p> <p>During an interview on 02/17/25 at 11:55 a.m., the DON said all cigarettes and lighters were kept with the family. He said we do not have a lock box at the nurse's station. The DON said the smoking policy indicated the family was to keep the lighter and cigarettes.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 02/17/25 at 12:15 a.m., the Administrator said if residents kept the cigarettes and lighters there could be a potential for accidents. He said he was not aware Resident #34 had a lighter and cigarettes in her purse. He said the policy indicated the cigarettes and lighters would be kept with the resident's family. He said the policy was included in the admission packet. The Administrator said the facility did not offer supervised smoking times. He said the family were responsible for bringing cigarettes and allowing their residents to smoke outside during the family visits.</p> <p>Record review of resident smoking-prohibited indicated This facility does not allow smoking by the residents at any time during ones stay. If a resident is found to be smoking or be in possession of any kind related paraphernalia only one warning will be provided .</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>22183</p> <p>Based on observation, interview, and record review, the facility failed to distribute and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen.</p> <p>The facility failed to ensure Dietary Aide A and Dietary Aide B's hair was completely contained with an effective hair restraint.</p> <p>This failure could place residents at risk of being served unsanitary food and foodborne illness.</p> <p>Findings Included:</p> <p>During an observation in the Kitchen on 02/17/25 at 7:35 a.m., Dietary Aide B had approximately 3-4 inches of hair in the nape (back of her head) and wisps of her hair (around front profile of face) not covered with hair net. She was standing at the prep table preparing drinks (milk, juice).</p> <p>During an observation and interview on 02/17/25 at 7:45 a.m., Dietary Aide B had approximately 3-4 inches of hair on the back of her head and wisps of her hair around her face not covered with a hair net. Dietary Aide B said she Believe she was told to cover whole head with a hair net because hair could get in the food during her training. Dietary Aide B continued to prepare drinks.</p> <p>During an observation and interview on 02/17/2025 at 11:30 a.m., Dietary Aide A walked in the kitchen to the Manager's office passing in front of food being plated by the [NAME] without wearing a hair net. Dietary Aide A said she had only worked at the facility for one month and had been trained to wear a hair net in the kitchen area. Dietary Aide A said she did not have a hair net on because she was just passing by the food on the steamtable. Dietary Aide A said not wearing a hair net could allow hair to get in the food.</p> <p>During an observation on 02/17/2025 at 12:00 p.m., Dietary Aide B had approximately 3-4 inches of hair on the back of her head and wisps of her hair around her face not covered with a hair net. Dietary Aide B was standing in front of food that had been plated by the [NAME] and placed on the prep table for lunch. Dietary Aide B picked up the plate, shook parmesan cheese on the spaghetti, covered it with a lid, placed it on the tray and handed it to a server in the dining room.</p> <p>During an interview on 02/17/2025 at 1:00 p.m., the Dietary Manager stated all staff's hair were to be covered with a hair net when entering the kitchen. She stated she would make sure Dietary Aide B covered her hair completely with no hair hanging in the back or sides of her face and Dietary Aide A was not on duty when she entered the kitchen from the dining room. She stated everyone who entered the kitchen from any door was required to wear a hair net and there were no exceptions.</p> <p>During an interview on 02/19/2025 at 8:30 a.m., the Administrator stated if any staff entered the kitchen, they were expected to wear a hair net. He also stated if a staff's hair was not completely covered, the risk would be food getting in the resident's food, and he had no complaints of food.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of facility undated policy titled Dietary and Food Service indicated, Policy: Hair Nets Procedure: It is MANDATORY that All Dietary Staff wear hairnets while on duty in any food preparation area in this facility .</p>