

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/05/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495046</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/28/2023</b>	
NAME OF PROVIDER OR SUPPLIER  <b>OAKWOOD HEALTH AND REHAB CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1613 OAKWOOD STREET</b> <b>BEDFORD, VA 24523</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated survey was conducted on 11/27/2023 through 11/28/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey and are as follows:  VA00059967 allegations were unsubstantiated without deficiencies cited.  The census in this 111 certified bed facility was 95 at the time of the survey. The survey sample consisted of two current resident's (Resident's 1 through 2) and 1 closed record reviews (Resident #3).			F 000			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3)  §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services.			F 655			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Ainsley Huber

Administrator

12/5/2023

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.

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F 655	<p>Continued From page 1</p> <p>(F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to develop a baseline care plan for one of 3 residents in the survey sample. Resident #3 (R3) did not have an accurate or timely baseline care plan for immediate care.</p> <p>The Findings Include:</p> <p>Diagnoses for R3 included: Coronary artery disease, end stage renal disease with dialysis (ESRD), hypertension, anxiety, chronic pain, neuropathy, and ischemia. The most current MDS (minimum data set) was a discharge</p>	F 655	<p>1. Resident #1's attending physician Has been notified that the baseline Careplan was not completed in 48 Hours for this resident. A Risk Management Report has been completed for this Incident.</p> <p>2. All other new admissions in the last 30 days in the facility may have potentially been affected. A 100% audit of all new admissions in the last 30 days will be conducted. All baseline careplans found not to be in compliance will be updated and Locked. All negative findings will be reported to the Medical director.</p> <p>3. The policy and procedure for completing Baseline Careplans has been reviewed and no changes are warranted at this time. All licensed nurses will be in-serviced on the P&amp;P for Completing Baseline Careplans to include for the time frame required.</p> <p>4. The DON/Designee is responsible for maintaining compliance. Audits will be conducted 2 times weekly X 4 weeks, then monthly for two months for all new admissions to ensure Baseline Careplans are completed within 48 hrs. Identified variances will be corrected and results will be reviewed through QAPI.</p> <p>5. Date of Completion: 12-05-23</p>		

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F 655	<p>Continued From page 2</p> <p>assessment with an ARD (assessment reference date) of 10/15/23. R3 was assessed with a cognitive score of 12 out of 15, indicating cognitively intact.</p> <p>Review of R3's clinical record indicated R3 was admitted to the facility on 10/10/23. The "Admission Evaluation" was reviewed and documented R3's full assessment was not completed until 10/14/23 (4 days after admission). The baseline care plan (also a part of the Admission Evaluation) was reviewed and did not show that a care plan was initiated for code status, pain, skin integrity, and nutrition.</p> <p>Review of admission orders and diagnoses indicated R3 was a full code, had a history of chronic pain syndrome with long-term opioid use, post-op surgical wounds, and had ESRD requiring a renal diet.</p> <p>On 11/28/23 at 10:40 AM, registered nurses (RN #2 and RN#3, MDS coordinators) were interviewed. RN #2 verbalized that the Admission Evaluation should be completed within 24 hours of admission and what is entered into the evaluation will populate a baseline care plan. Both RN's then reviewed R3's Admission Evaluation and agreed the evaluation was not completed timely and the above mentioned care areas should have been care planned.</p> <p>On 11/28/23 at 11:00 AM, the above information was presented to the administrator, DON and nurse consultant. The administrator reviewed R3's baseline care plan and agreed the areas in question should have been care planned.</p> <p>No other information was presented prior to exit</p>	F 655			

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F 655	Continued From page 3 conference on 11/28/23.	F 655			