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

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

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STA JW Fash#80 womhehFisinn/EOT	compliance with 42 erm Care require exestigated during A00059967 allegation and the census in this table time of the sonsisted of two curough 2) and 1 cm and the care Plana (FR(s): 483.21(a)) (483.21 (a)) (483.21(a)) (1) The explement a baseling 483.21(a) (1) The explement a baseling time at includes the infective and personat meet profession he baseline care (b) Be developed with the care (c) Be dev	compliance with 42 CFR Part 483 Federal Long erm Care requirements. One complaint was evestigated during the survey and are as follows: A00059967 allegations were unsubstantiated eithout deficiencies cited. The census in this 111 certified bed facility was 95 to 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). Asseline Care Plan FR(s): 483.21(a)(1)-(3) A83.21 Comprehensive Person-Centered Care lanning A83.21(a) Baseline Care Plans A83.21(a) (1) The facility must develop and explement a baseline care plan for each resident extinctudes the instructions needed to provide effective and person-centered care of the resident extinctions at meet professional standards of quality care. The baseline care plan must— Be developed within 48 hours of a resident's demission. The control of the minimum healthcare information excessary to properly care for a resident excluding, but not limited to— A) Initial goals based on admission orders. B) Physician orders.	compliance with 42 CFR Part 483 Federal Long form Care requirements. One complaint was exestigated during the survey and are as follows: A00059967 allegations were unsubstantiated without deficiencies cited. The census in this 111 certified bed facility was 95 to the time of the survey. 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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

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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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	495046 B. WING					C 11/28/2023		
NAME OF PROVIDER OR SUPPLIER OAKWOOD HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1613 OAKWOOD STREET BEDFORD, VA 24523		11120/2023		
(X4) I D PREF I X TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
F 655	(F) PASARR recons §483.21(a)(2) The comprehensive care plan if the condition (i) Is developed with admission. (ii) Meets the requision (b) of this section (c) this section). §483.21(a)(3) The resident and their roof the baseline care limited to: (i) The initial goals (ii) A summary of the dietary instructions (iii) Any services and administered by the condition of the comprehens This REQUIREME by: Based on staff intereview, the facility shaseline care plan survey sample. Reaccurate or timely limited to accurate	facility may develop a re plan in place of the baseline apprehensive care planthin 48 hours of the resident's rements set forth in paragraph excepting paragraph (b)(2)(i) of facility must provide the epresentative with a summary e plan that includes but is not of the resident. The resident's medications and the resident's medications and the facility and personnel acting cility. Formation based on the details ive care plan, as necessary. Note in the resident as evidenced erview and clinical record staff failed to develop a for one of 3 residents in the resident #3 (R3) did not have an obaseline care plan for	F 655	1. Resident #1's attending physicia Has been notified that the baseline Careplan was not completed in 48 Hours for this resident. A Risk Man Report has been completed for this Incident. 2. All other new admissions in the ladys in the facility may have potent been affected. A 100% audit of all radmissions in the last 30 days will been affected. All baseline careplans found not to be in compliance will bupdated and Locked. All negative fiwill be reported to the Medical director. 3. The policy and procedure for cor Baseline Careplans has been revien o changes are warranted at this tilicensed nurses will be in-serviced and P&P for Completing Baseline Carefinclude for the time frame required. 4. The DON/Designee is responsibly maintaining compliance. Audits will conducted 2 times weekly X 4 week monthly for two months for all new admissions to ensure Baseline Carare completed within 48 hrs. Identify variances will be corrected and resident reviewed through QAPI. 5. Date of Completion: 12-05-23	agement ast 30 ially new be e indings mpleting wed and me. All on the bolans to le for be ks, then eplans ied			

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NAME OF PROVIDER OR SUPPLIER OAKWOOD HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1613 OAKWOOD STREET BEDFORD, VA 24523			1112012020		
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F 655	assessment with an date) of 10/15/23. cognitive score of a cognitively intact. Review of R3's clin admitted to the faci "Admission Evaluated documented R3's frompleted until 10/admission). The base of the Admission Edid not show that a code status, pain, so the RN was a chronic pain syndropost-op surgical was requiring a renal did of admission and was a chronic pain syndropost-op surgical was requiring a renal did of admission and was a chronic pain syndropost-op surgical was requiring a renal did of admission and was a chronic pain syndropost-op surgical was presented to the consultation will populate the consultation and agricompleted timely a areas should have on 11/28/23 at 11:0 was presented to the nurse consultant. Tra's baseline care question should have	n ARD (assessment reference R3 was assessed with a 2 out of 15, indicating ical record indicated R3 was lity on 10/10/23. The tion" was reviewed and ull assessment was not 14/23 (4 days after aseline care plan (also a part valuation) was reviewed and care plan was initiated for skin integrity, and nutrition. on orders and diagnoses full code, had a history of ome with long-term opioid use, bunds, and had ESRD	F6	955				

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