| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115393 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2024 |
|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIE | R | STREET ADDRESS, CITY, STATE, ZI | P CODE |
| Oaks - Scenic View Skilled Nursing | l, The | 205 Peach Orchard Road Baldwin, GA 30511 | |
| For information on the nursing home's p | plan to correct this deficiency, please cont | tact the nursing home or the state survey a | agency. |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | on) |
| F 0641 | Ensure each resident receives an a | accurate assessment. | |
| Level of Harm - Minimal harm or potential for actual harm | **NOTE- TERMS IN BRACKETS H | AVE BEEN EDITED TO PROTECT C | ONFIDENTIALITY** 35693 |
| Residents Affected - Few | Based on observations, staff and resident interviews, record review and review of the facility's policy title MDS Assessment Accuracy, the facility failed to ensure an accurate Minimum Data Set (MDS) assessm reflective of the resident's status at the time of the assessment, for one of 36 sampled Residents (R) (R3 reviewed for resident assessment. | | num Data Set (MDS) assessment, |
| | Findings include: | | |
| | Review of the facility's policy titled, MDS Assessment Accuracy, last reviewed 1/11/2024, under the F Statement revealed, It is the policy of this healthcare center that each Minimum Data Set (MDS) refle acuity and the medical status of each patient/resident in accordance with acceptable professional sta and practices .Each Assessment Reference Date (ARD) will be chosen to capture services rendered reflect an accurate clinical profile of each patient/resident. | | imum Data Set (MDS) reflect the acceptable professional standards |
| | | Face Sheet located in the Face Sheet included acute on chronic combined sy | |
| | Review of the quarterly MDS located in the EMR under the MDS tab with an ARD of 8/13/2023 for (Special Treatments, Procedures, and Programs) indicated R32 received oxygen therapy while a and within the last 14 days prior to the ARD; Section C (Cognitive Patterns) indicated R32 had a B Interview for Mental Status (BIMS) score of 14 out of 15, indicating R32 was cognitively intact. | | oxygen therapy while a resident s) indicated R32 had a Brief |
| Review of the quarterly MDS located in the EMR under the MDS tab, with an ARD of 1 O (Special Treatments, Procedures, and Programs) indicated R32 did not receive oxyg resident and within the last 14 days prior to the ARD. | | | |
| | Review of the annual MDS located in the EMR under the MDS tab with an ARD of 1/13/2024 for Section O (Special Treatments, Procedures, and Programs) indicated R32 did not receive oxygen therapy while a resident and within the last 14 days prior to the ARD; Section C (Cognitive Patterns) indicated R32 had a BIMS score of 14 out of 15 indicating R32 was cognitively intact. | | |
| | During observations on 3/25/2024 | at 10:19 am, R32 was observed using | oxygen via nasal cannula. |
| | During observations on 3/27/2024 | at 2:53 pm, R32 was observed using o | xygen via nasal cannula. |
| | (continued on next page) | | |
| | | | |

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: 115393 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2024 |
|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIE Oaks - Scenic View Skilled Nursing | | STREET ADDRESS, CITY, STATE, ZI 205 Peach Orchard Road Baldwin, GA 30511 | P CODE |
| For information on the nursing home's | plan to correct this deficiency, please con | tact 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) | | on) |
| F 0641 | During observations on 3/28/2024 a | at 1:21 pm, R32 was observed using o | xygen via nasal cannula. |
| Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Review of the most recent Comprehensive Care Plan located in the resident EMR under the Care with a problem start date of 10/26/2020 and last reviewed 3/22/2024, revealed a focus area for ox as needed related to congestive heart failure, with interventions which included oxygen two liters cannula as needed for shortness of breath and notify MD (Medical Doctor) of any changes in oxygo oxygen use as needed. | | aled a focus area for oxygen use luded oxygen two liters via nasal |
| | Review of discontinued orders located in the EMR under the Orders tab revealed the following order with a start date of 12/19/2020 and a discontinuation date of 2/12/2023: Oxygen at two liters per minute via nasal cannula as needed for shortness of breath. | | |
| | | he EMR under the Orders tab revealed of Open Ended: Oxygen at two liters p | |
| | | n saturations for 1/1/2024 to 3/28/2024 en therapy nearly every day and, more | |
| | | n saturations for October 2023, located during the 14 days prior to the quarter | |
| | During an interview on 3/27/2024 a oxygen on all the time. | t 8:08 am, Licensed Practical Nurse (L | PN) 4 stated R32 usually kept |
| | During an interview on 3/27/2024 a oxygen. | t 8:16 am, Certified Nurse Aide (CNA) | 6 stated R32 almost always used |
| | During an interview on 3/27/2024 a | t 8:34 am, CNA7 stated R32 used oxy | gen pretty much around the clock. |
| | | t 2:53 pm, R32 stated she used oxyge ning room to eat. R32 clarified she usu | |
| | 0 | t 1:21 pm, R32 stated she used oxyge n on oxygen since she left the hospital | • |
| | not coded for oxygen therapy on the showed R32 did not receive oxygen saturation documentation for the m acknowledged that the oxygen satu | t 4:54 pm, the MDS Coordinator (MDS e two MDSs because the Medication A n therapy during the look back period. ⁻ onths of the two incorrect MDSs for Oc uration documentation indicated R32 us apy should have been coded on the MI | Administration Record (MAR) The MDSC reviewed the oxygen stober and January. She sed oxygen regularly during those |
| | Cross Reference F842 | | |
| | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLER/CLIA IDENTIFICATION NUMBER: 115393 (X2) MULTIPLE CONSTRUCTION A. Building B. Wing NAME OF PROVIDER OR SUPPLIER Oaks - Scenic View Skilled Nursing, The STREET ADDRESS, CITY, STATE, 205 Peach Orchard Road Baldwin, GA 30511 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state surv (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying inform potential for actual harm or potential for actual harm Residents Affected - Few 15879 1 Review of the facility's policy titled, Activities Program, with a revised of Care Center provides an ongoing program of Activities was designed to individual residents in the resident's care plan based on their like/difficient or advesorial resident. 1 Review of R109'S Admission Minimum Data Set (MDS) located under th Assessment Reference Data (ARD) of 3/4/2024 for Section C (Cogniti Interview of Mental Status (| | |
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| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying inform Provide activities to meet all resident's needs. F 0679 Provide activities to meet all resident's needs. Residents Alfected - Few 15879 Based on observations, staff and resident interviews, record review, an Activities Program, the facility failed to provide suitable activities for two of 36 sampled residents. Findings include: Review of the facility's policy titled, Activities Program, with a revised dt Care Center provides an ongoing program of Activities was designed to psychosocial well-being of each resident while offering a rich array of a Under the Procedure revealed, Number 7. After reviewing the Activities Customary Routine & Activities on the MDS the activity director would individual residents in the resident's care plan based on their likes/disil 1. Review of R109's Face Sheet located in the Face Sheet tab of the el revealed R109 was admitted to the facility after a hospitalization that in adhesions with partial obstruction, pleural effusion, glaucoma, hyperter Assessment Reference Date (ARD) of 31/4020 4 for Section C (Cognitiv Interview for Mental Status (BIMS) of 13 out of 15 which indicated she (Preferences for Customary Routine and Activities) revealed her prefer important to her. Review of the admission comprehensive Care Plan, dated 2/29/2024 w in the EMR under the Care Plan tab, revealed a problem for Potential fi participation related to short styp patient/resident. Review of the care plan staff to introduce themselves and velcome the resident. Review of the Activity Calendar, located on the wall in the hall of the rei bingo was scheduled at 2:00 pm. | | |
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| Care Center provides an ongoing program of Activities was designed to psychosocial well-being of each resident while offering a rich array of a Under the Procedure revealed, Number 7. After reviewing the Activities Customary Routine & Activities on the MDS the activity director would of individual residents in the resident's care plan based on their likes/dislif 1. Review of R109's Face Sheet located in the Face Sheet tab of the el revealed R109 was admitted to the facility after a hospitalization that in adhesions with partial obstruction, pleural effusion, glaucoma, hyperter Review of R109's Admission Minimum Data Set (MDS) located under t Assessment Reference Date (ARD) of 3/4/2024 for Section C (Cognitiv Interview for Mental Status (BIMS) of 13 out of 15 which indicated she (Preferences for Customary Routine and Activities) revealed her prefer important to her. Review of the admission comprehensive Care Plan, dated 2/29/2024 w in the EMR under the Care Plan tab, revealed a problem for Potential for participation related to short stay patient/resident. Review of the care pla staff to introduce themselves and welcome the resident. Review of the physician orders, dated 2/28/2024 and located under the R109 could have activities as tolerated. Review of the Activity Calendar, located on the wall in the hall of the rei bingo was scheduled at 2:00 pm. During an interview on 3/25/2024 at 2:22 pm, R109 revealed she did nor revealed she had only gone to therapy. R109 revealed she did nor revealed she had only gone to therapy. R109 revealed she did nor revealed she would go to activities if she was invited and that also dep she felt okay. | | |
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| Assessment Reference Date (ARD) of 3/4/2024 for Section C (Cognitive Interview for Mental Status (BIMS) of 13 out of 15 which indicated shere (Preferences for Customary Routine and Activities) revealed her preferer important to her. Review of the admission comprehensive Care Plan, dated 2/29/2024 we in the EMR under the Care Plan tab, revealed a problem for Potential for participation related to short stay patient/resident. Review of the care planticipate in activities of her choice. Review of the care plants and participate in activities of her choice. Review of the care plants and welcome the resident. Review of the physician orders, dated 2/28/2024 and located under the R109 could have activities as tolerated. Review of the Activity Calendar, located on the wall in the hall of the rebing owas scheduled at 2:00 pm. During an interview on 3/25/2024 at 2:22 pm, R109 revealed she did nor revealed she had only gone to therapy. R109 revealed and that also dependent of the day. During an observation on 3/27/2024 at 2:14 pm, R109 revealed she had dining room and was looking out the window. | cluded diagnoses of intestinal | |
| in the EMR under the Care Plan tab, revealed a problem for Potential for participation related to short stay patient/resident. Review of the care plastaff to introduce themselves and welcome the resident. Review of the physician orders, dated 2/28/2024 and located under the R109 could have activities as tolerated. Review of the Activity Calendar, located on the wall in the hall of the relibingo was scheduled at 2:00 pm. During an interview on 3/25/2024 at 2:22 pm, R109 revealed she did not revealed she had only gone to therapy. R109 revealed no one had invit revealed she would go to activities if she was invited and that also dependent of the set. During an observation on 3/27/2024 at 2:14 pm, R109 revealed she had dining room and was looking out the window. | e Patterns) revealed R109 had a Brief was cognitively intact; Section F | |
| R109 could have activities as tolerated. Review of the Activity Calendar, located on the wall in the hall of the relibingo was scheduled at 2:00 pm. During an interview on 3/25/2024 at 2:22 pm, R109 revealed she did not revealed she had only gone to therapy. R109 revealed no one had invit revealed she would go to activities if she was invited and that also dependent of the terminal of terminal of | or social isolation and low activity an further revealed the goal was to | |
| bingo was scheduled at 2:00 pm. During an interview on 3/25/2024 at 2:22 pm, R109 revealed she did no revealed she had only gone to therapy. R109 revealed no one had invit revealed she would go to activities if she was invited and that also dependent of the she felt okay. During an observation on 3/27/2024 at 2:14 pm, R109 revealed she had dining room and was looking out the window. | Orders tab of the EMR, revealed | |
| revealed she had only gone to therapy. R109 revealed no one had invit revealed she would go to activities if she was invited and that also depersive she felt okay. During an observation on 3/27/2024 at 2:14 pm, R109 revealed she had dining room and was looking out the window. | Review of the Activity Calendar, located on the wall in the hall of the rehab unit, revealed on 3/27/2024, bingo was scheduled at 2:00 pm. | |
| dining room and was looking out the window. | ed her to any activities. R109 | |
| (continued on next page) | l wheeled herself into the rehab | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115393 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2024 |
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| F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | (Each deficiency must be preceded by full regulatory or LSC identifying information) During an interview on 3/27/2024 at 2:14 pm, R109 revealed she liked bingo but had not been invibingo at 2:00 pm. | | ngo but had not been invited to DN) revealed residents were staff and nursing staff should have ed it was important for the resident I the Certified Nursing Assistants is if they would like to go to activitie evealed staff would have asked the rehab unit. The AD further by would have conversed. However ot been to any activities until the 24 located in the RAI (Resident b) revealed R101 had a BIMS score ion GG (Functional Abilities and Section F (Preferences for snacks between meals; Section K ection I (Active Diagnoses) encephalopathy, and the RAI tab, revealed Problem: atient/ Resident with a Goal: dependent Activities 1:1 atient/ resident about preferences, and assist patient/ resident to resident regularly to assess cicility, revealed four times an activit COVID-19 exposure, on 3/7/2024, n 3/19/2024, R101 received one on and on her back with the head of the lid not get out of bed much, but she |
| | - | | - |

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| Oaks - Scenic View Skilled Nursing | | 205 Peach Orchard Road Baldwin, GA 30511 | |
| For information on the nursing home's p | plan to correct this deficiency, please con | l tact 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) | | on) |
| F 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | ing, The 205 Peach Orchard Road Baldwin, GA 30511 e's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) During an observation on 3/26/2024 at 10:02 am, 3:19 pm, and 3:30 pm, R101 was in bed back with the head of her bed up and the television on. | | a facility and on 3/26/2024, revealed duled at 10:15 am. In bed on her back awake with the facility and on 3/27/2024, revealed t 2:00 pm. acility activities and how residents in their rooms and in the hall and dents also got a daily reminder as it was the CNA who helped get ents who attended or were offered of a census and highlighted the t R101's activities and her as she had a gastrostomy tube. The in her room, and family visits. The and sat in the lobby on Monday, since, they didn't have anything to 0 was asked what activities had , Delicious Delights with Dietary, ave defined goals. The AD stated f she went into R101's room and ns. The AD stated her goals for butside. asked why R101 didn't get invited ctivities. CNA5 went on to say |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115393 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2024 |
|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIE Oaks - Scenic View Skilled Nursing | | STREET ADDRESS, CITY, STATE, ZI 205 Peach Orchard Road | P CODE |
| | | Baldwin, GA 30511 | |
| For information on the nursing home's | plan to correct this deficiency, please cont | tact 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) | | on) |
| F 0695 | Provide safe and appropriate respir | ratory care for a resident when needed | |
| Level of Harm - Minimal harm or potential for actual harm | **NOTE- TERMS IN BRACKETS H | AVE BEEN EDITED TO PROTECT CO | ONFIDENTIALITY** 15879 |
| Residents Affected - Few | | esident interviews, record reviews, and failed to ensure oxygen therapy was us oxygen use. | |
| | Findings include: | | |
| | 8/2/2023 and revised on 8/2/2023, accurately to appropriate patient/re | Oxygen Administration, with an effective revealed It is the policy of [Name] cent sident. The policy further revealed oxygen red by the physician, physician assista | ers to provide oxygen safely and gen will be administered by |
| | revealed R220 was admitted with d obstructive pulmonary disease (CO | ocated in the Face Sheet tab of the ele iagnoses of displaced intertrochanter f IPD), heart failure, diabetes mellitus, an picture of R220 utilizing an oxygen can | racture of the left femur, chronic nd dermato polymyositis. Review o |
| | | n Data Set (MDS) located in the MDS t ealed the Brief Interview for Mental Stat | |
| | Review of the physician orders, dated 3/19/2024 and located in the Order tab of the EMR, revealed R220 had an order for oxygen (O2) at three liters (L) via nasal cannula continuously. | | |
| | | ed 3/28/2024 and located in the Order per nasal cannula to keep saturations | |
| | and a target date of 5/29/2024, reve | under the Care Plan tab and located i ealed R220 had a problem for oxygen the intervention for the problem revea | use related to COPD and a goal to |
| | | ted in the EMR under the Progress Not three and able to make his needs know | |
| | | ecautions daily therapy sheet, dated 3/28/2024, revealed oxygen use was not included ent care, however it showed R220 had asthma. | |
| | During an observation on 3/25/2024 cannula. | 4 at 12:31 pm, R220 was in his room, i | n bed and had O2 at 2.5L per nas |
| | | 4 at 9:22 am, R220 was in his wheelch | air in the hallway by his room and |
| | did not have any oxygen on and wa | as doing exercises. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115393 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2024 |
|--|---|--|---|
| NAME OF PROVIDER OR SUPPLIE | R | STREET ADDRESS, CITY, STATE, ZI | P CODE |
| Oaks - Scenic View Skilled Nursing | յ, The | 205 Peach Orchard Road Baldwin, GA 30511 | |
| For information on the nursing home's | plan to correct this deficiency, please con | l tact 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) | | on) |
| F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Baldwin, GA 30511 Dome's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) During an observation and interview on 3/28/2024 at 9:45 am, R220 was in the thera did not have any oxygen on. R220 revealed he had worked up a sweat in therapy. | | therapy. was also the unit manager, iously as the physician had for falls, and could have become air. RN2 revealed the oxygen t (OT) revealed she had done the red staff what type of precautions a document and revealed the she would review the physician oxygen at home and that was why lid not know R220 had been in the ohysician's orders which said he use could have affected R220's stant (PTA) revealed the precaution needed it. aled the evaluating therapist would and if the resident was on oxygen, irrector further revealed the She further revealed if a resident they should have reviewed the according to the physician orders. t (CNA) 1 revealed R220 refused irse because she was new and did if a resident had oxygen ordered The Administrator further revealed DN) revealed R220 had an order for gen on. The DON further revealed fusion, and possibly tiredness. lying in bed in his room and had O2 sygen at home after he was gotten se to use the oxygen since he had |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115393 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2024 |
|--|--|--|--|
| NAME OF PROVIDER OR SUPPLI | | STREET ADDRESS, CITY, STATE, ZI 205 Peach Orchard Road Baldwin, GA 30511 | P CODE |
| For information on the nursing home's | plan to correct this deficiency, please cont | act 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) | | on) |
| F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | Ensure each resident's drug regime **NOTE- TERMS IN BRACKETS H Based on observation, staff and resident of the say of the facility's policy titled, revealed It is the policy of [name] P based on the resident's need, durated Pharmacist will recommend discontion not meet all regulations and required Evaluate current Antibiotic Steward monitoring of antibiotic use, and feed [sic] not taking place. 1. Review of R18's annual Minimum 2/4/2024 located in the RAI (Reside for Section C (Cognitive Patterns) rout of 15 indicating cognition was in Section N (Medications) indicated F Review of R18's Urine Culture, date revealed results Greater than 100,0 (consistent with a probable ESBL [E resistant to some antibiotics due to Review of R18's Progress Notes, d Note tab, revealed no urinary tract in Review of R18's Progress Notes, da revealed Resident continues on obsorved. No complaints of pain, it in the same section of the source of the sou | en must be free from unnecessary drug IAVE BEEN EDITED TO PROTECT Co- sident interviews, record review, and re Monitoring, the facility failed to ensure dents (R) (R18 and R1) reviewed for u Unnecessary Medications Use and Mo harmacy Service that the use of unnec- tion, effectiveness of therapy, and adve tinuation, and/or GDR [gradual dose re- ments to the attending physician or pri- ship Program to ensure through use of edback and education to prescribers the n Data Set (MDS) with an Assessment ent Assessment Instrument) tab of the evealed R18 had a Brief Interview for I tact; Section I (Active Diagnoses) indi- R18 was taking an antibiotic. ed 5/17/2023, located in the EMR unde 000 colony forming units per ml [millilite extended-spectrum beta-lactamases] (a the overuse or long-term use of antibio ed 11/13/2023, located in the EMR unde 000 colony forming units per ml and a h of 10 days. ated 10/2/2023 to 11/13/2023, located infection (UTI) symptoms documented. ted 11/18/2023, located in the EMR unde servation related to ABT [antibiotic] for ching, or burning with urination. Fluids ated 11/13/2023 to 12/4/2023, located | ps. ONFIDENTIALITY** 36190 eview of the facility's policy titled the appropriate use of antibiotic nnecessary medications. onitoring, revised 12/6/2022, cessary medications will monitored erse consequences. The consultan duction] of the medications that do escribing practitioner. Number 3. f infection assessment tools, at unnecessary antibiotic use ix Reference Date (ARD) date of electronic medical record (EMR), Mental Status (BIMS) score of 14 cated R18 had no infections and er the Resident Document tab, rf]. Susceptibility profile is an enzyme produced that is otics). Her the Resident Document tab, nandwritten note Cipro 500 mg in the EMR under the Progress der the Progress Note tab, UTI, no adverse reactions encouraged and tolerated well. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115393 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2024 |
|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIE | ER | STREET ADDRESS, CITY, STATE, ZI | P CODE |
| Oaks - Scenic View Skilled Nursing | g, The | 205 Peach Orchard Road Baldwin, GA 30511 | |
| For information on the nursing home's | plan to correct this deficiency, please con | l tact 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) | | on) |
| F 0757 Level of Harm - Minimal harm or potential for actual harm | Review of R18's Order, dated 12/4/2023, located in the EMR under the Order tab revealed Macrobid (nitrofurantoinmonohyd/m-cryst) capsule; 100 mg; amt [amount]: 1 cap; oral Special Instructions: Prophylactic for UTI At Bedtime 9:00 pm. | | ral Special Instructions: |
| Residents Affected - Few | under the Resident Document tab, Prophylaxis of UTI in the elderly nu effects and the possible developme [discontinue] of the Macrobid at this | R18's Consultant Pharmacist Communication to Physician, dated 12/5/2023, located in the Resident Document tab, revealed Patient is currently receiving Macrobid routinely to previse of UTI in the elderly nursing home is not recommended due to increased exposure to sight the possible development of resistant strains of bacteria. Can we please consider D/C all of the Macrobid at this time? If the current therapy is continued, please document the intat the risks vs. [versus] benefits have been considered. The only remark was a handw lange. | |
| | Review of R18's Care Plan located infection or antibiotic use. | in the EMR under the RAI tab revealed | d no care plan for urinary tract |
| | groomed eating lunch. R18 was as | w on 3/26/2024 at 12:03 pm, R18 was ked about her medications. R18 stated were. When R18 was asked about pai | she got her medications on time |
| | antibiotic. The IP stated R18's fami was asked what symptoms R18 ex family request for prophylactic antit The IP stated they ran it by the doc | t 12:15 pm, the Infection Preventionist ly requested she be on a prophylactic a hibited. The IP stated mental change a piotic was per their antibiotic stewardsh tor, and he prescribed it. The IP was a n't have a policy for UTI, just a general | antibiotic for recurring UTIs. The IP nd dysuria. The IP was asked if a ip program. The IP then stated, no sked for their UTI policy and at 2:3 |
| | performed on R18 was in November program with the medical director. family about the overuse of antibiot | 3/2024 at 3:47 pm, the IP stated the lat er of 2023. The IP was asked if she dis The IP stated, yes in the past. The IP v ics. The IP stated, yes, but they still wa was aware there was no need necessa | cussed the antibiotic stewardship vas asked if she educated the ant it prescribed. The IP confirmed |
| | and it had been about 30 days since back-to-back UTIs. NP2 stated, the antibiotic, even if the culture came complaining of symptoms, he would complaining about. NP2 stated he NP2 was asked if he was aware R may know better and so we prescri antibiotic stewardship program. The had ESBL. NP2 stated, No, he didr antibiotic or was it against the antib | 28/2024 at 4:10 pm, Nurse Practitioner e he saw her last. NP2 confirmed R18 patient must have four or more UTI to back without anything. NP2 went on to d still prescribe an antibiotic. NP2 was couldn't answer that because he didn't 18's family had requested the antibiotic be an antibiotic. NP2 was asked if the e IP stated, yes, we know about it. NP2 vt recall that. NP2 was asked if this wa iotic stewardship program. NP2 then s o do something and prescribe an antib | had an antibiotic ordered for be prescribed a prophylactic say if the resident was still asked what symptoms R18 was have R18's record in front of him. . NP2 stated, sometimes the family facility's IP shared with him their 2 was asked if he was aware R18 s an appropriate application of the tated, usually if we have a patient |
| | (continued on next page) | | |

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| NAME OF PROVIDER OR SUPPLIE | | | |
| Oaks - Scenic View Skilled Nursing | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 Peach Orchard Road Baldwin, GA 30511 | |
| For information on the nursing home's | plan to correct this deficiency, please con | l tact 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) | | ion) |
| F 0757 | 35693 | | |
| Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | 2. Review of R1's undated Resident Face Sheet located in the Face Sheet tab of the EMR, revealed originally admitted with diagnoses that included chronic kidney disease, stage three (moderate), and metabolic encephalopathy. Review of the quarterly MDS located in the EMR under the MDS tab with an ARD of 1/25/2024, for S GG (Functional Abilities and Goals) indicated R1 required maximal assistance to total dependence or for activities of daily living; Section C (Cognitive Patterns) indicated R1 was staff rated as having moc cognitive impairment. Review of the most recent Comprehensive Care Plan, located in the resident EMR under the Care Pl with a problem start date of 7/24/2019, revealed a focus area for urinary incontinence, with interventiok keep resident clean and dry. R1 was also care planned for hospice services with a start date of 7/30/, and interventions that resident would experience death with dignity and physical comfort and advance directive wishes would be honored. Review of discontinued orders located in the EMR under the Orders tab revealed the following order start date of 11/13/2023 and an end date of 11/20/2023: Macrobid 100 mg (antibiotic) every 12 hours diagnoses of UTI. Review of progress notes from 11/8/2023 to 11/24/2023 indicated R1 received antibiotic therapy for a but there were no progress notes related to R1's UTI symptoms or work up. Review of provider notes for the time frame surrounding the start of the antibiotic did not reveal any p | | tage three (moderate), and an ARD of 1/25/2024, for Section ance to total dependence on staff as staff rated as having moderate lent EMR under the Care Plan tab noontinence, with interventions to es with a start date of 7/30/2020, hysical comfort and advanced evealed the following order with a g (antibiotic) every 12 hours for eived antibiotic therapy for a UTI p. |
| | Review of hospice notes for the time frame surrounding the start of the antibiotic did not reveal any hospice notes dated 11/13/2023. | | |
| | Review of laboratories for R1 did not reveal any laboratory results for a urinary tract infection near the date of the antibiotic order. | | |
| | IP had completed the Infection Trad | ocated in the EMR under the Events ta cker with McGeer's Criteria. The asses varrant antibiotic therapy. The assessm | sment indicated R1 had no fever, |
| | (continued on next page) | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115393 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2024 |
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| | NAME OF PROVIDER OR SUPPLIER Oaks - Scenic View Skilled Nursing, The | | P CODE |
| For information on the nursing home's | plan to correct this deficiency, please cont | act the nursing home or the state survey a | agency. |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | on) |
| F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few | and acknowledged that it indicated score at the bottom of the assessm everywhere in the R1's chart for any treatment for a UTI, and she could a laboratories, and provider notes, loc around the date and time of the ant on the antibiotic initiation, and was to the EMR and entered the order fin verification from facility nursing staf | t 7:09 pm, the IP stated she had compl there was no dysuria, no fever, no leuk ent for R1 did not meet criteria for a UT y documentation of any symptoms that not find any documentation. She review cated in the EMR and acknowledged the ibiotic order. The IP stated she did not unaware of the antibiotic initiation, beca from the hospice doctor directly into the f. The IP added that the hospice doctor use the residents were on hospice for c ation for the antibiotic. | T. The IP stated she looked R1 may have had to indicate wed R1's hospice notes, here were no notes in the EMR collaborate with the hospice staff ause the hospice nurse has access EMR without any secondary would not order laboratories, |

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| NAME OF PROVIDER OR SUPPLIE | LER | STREET ADDRESS, CITY, STATE, ZI | P CODE |
| Oaks - Scenic View Skilled Nursing | g, The | 205 Peach Orchard Road Baldwin, GA 30511 | |
| For information on the nursing home's | plan to correct this deficiency, please cont | tact 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) | | ion) |
| F 0842 Level of Harm - Minimal harm or potential for actual harm | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35693 | | |
| Residents Affected - Few | Maintenance of Medical Records, the | sident interviews, record review, and re he facility failed to ensure a complete a ne of 36 sampled Residents (R) (R32). | and accurate Medication |
| | the policy of [Name] and its affiliate each patient/resident in the healthc organized. Review of the Resident Face Sheet (EMR), revealed R32 admitted with and diastolic (congestive) heart fail Review of the quarterly Minimum D Assessment Reference Date (ARD | ata Set (MDS) located in the EMR und) of 8/13/2023 for Section C (Cognitive | n) to maintain a medical record for te, complete, and systematically of the electronic medical record onic combined systolic (congestive) der the MDS tab with an Patterns) indicated R32 had a |
| | Treatments, Procedures, and Progr the last 14 days prior to the ARD. | MS) score of 14 indicating R32 was co rams) indicated R32 received oxygen t in the FMR under the MDS tab with a | herapy while a resident and within |
| | Review of the Annual MDS located in the EMR under the MDS tab with an ARD of 1/13/2024 revealed R32 had a BIMS score of 14 indicating R32 was cognitively intact. | | |
| | with a problem start date of 10/26/2 as needed related to congestive he | rehensive Care Plan located in the res 2020 and last reviewed 3/22/2024, reve art failure, with interventions which inc breath and notify MD (Medical Doctor | ealed a focus area for oxygen use luded oxygen two liters via nasal |
| | | rs located in the EMR under the Order a discontinuation date of 2/12/2023: C ess of breath. | ÷ |
| | | ed in the EMR under the Orders tab re date of Open Ended: Oxygen at two lit | • |
| | | oxygen saturations, dated 1/1/2024 to used oxygen therapy nearly every day | |
| | Review of R32's MAR for the month not marked as having received oxy | ns of January 2024, February 2024, ar gen therapy. | nd March 2024 revealed R32 was |
| | | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 115393 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/28/2024 |
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| NAME OF PROVIDER OR SUPPLIER Oaks - Scenic View Skilled Nursing, The | | STREET ADDRESS, CITY, STATE, ZIP CODE 205 Peach Orchard Road Baldwin, GA 30511 | |
| For information on the nursing home's | plan to correct this deficiency, please con | l tact 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 0842 | During observations on 3/25/2024 at 10:19 am, R32 was observed using oxygen via nasal cannula. | | |
| Level of Harm - Minimal harm or potential for actual harm | During an interview on 3/27/2024 at 8:08 am, Licensed Practical Nurse (LPN) 4 stated R32 usually kept oxygen on all the time. | | |
| Residents Affected - Few | During an interview on 3/27/2024 at 8:16 am, Certified Nurse Aide (CNA) 6 stated R32 almost always used oxygen. | | |
| | During an interview on 3/27/2024 at 8:34 am, CNA7 stated R32 used oxygen pretty much around the clock. | | |
| | During an interview on 3/28/2024 at 1:21 pm, R32 stated she used oxygen all the time except when she ate her meals. She stated she had been on oxygen since she left the hospital. | | |
| | During an interview on 3/28/2024 at 4:54 pm, the MDS Coordinator (MDSC) reviewed the MARs for January, February and March 2024 and acknowledged the MARs did not indicate R32 received oxygen therapy. The MDSC reviewed the oxygen saturation documentation for the months of January, February, and March 2024. She acknowledged that the oxygen saturation documentation indicated R32 used oxygen regularly and that the MARs should have been marked for administering oxygen therapy for R32. | | |
| | Cross Reference F641 | | |
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