

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345443	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/12/2025
NAME OF PROVIDER OR SUPPLIER OAK FOREST HEALTH AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 5680 WINDY HILL DRIVE WINSTON SALEM, NC 27105	
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F 000	INITIAL COMMENTS A complaint investigation survey was conducted on 2/12/25. Event ID#HJDW11. The following intake was investigated: NC00226948. 4 of the 4 complaint allegations did not result in deficiency.	F 000		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff and resident interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessment in the area of the use of continuous positive airway pressure (CPAP) machine for 2 of 3 residents whose MDS assessments were reviewed (Residents #1 and #2). The findings included: 1. Resident #1 was admitted to the facility on 8/2/24 with diagnoses including obstructive sleep apnea and acute respiratory failure with hypoxia. Resident 1's plan of care, dated 1/9/25, indicated oxygen therapy related to continuous positive airway pressure (CPAP) for obstructive sleep apnea with an intervention to encourage to wear the CPAP as ordered by the physician. Resident #1 had an active physician's order, dated 9/2/24, for CPAP machine to apply at bedtime and remove when awake for sleep	F 641	F-641 Accuracy of Assessments Corrective actions: • Resident #1 Minimum data set assessment with Assessment reference date of 1/14/2025 was modified and corrected by the facility MDS Nurse on 2/20/2025 to reflect accuracy at the time of the Assessment reference date look back timeframe of the assessment. • Resident #2 Minimum data set assessment with Assessment reference date of 1/20/2025 was modified and corrected by the facility MDS Nurse on 2/20/2025 to reflect accuracy at the time of the Assessment reference date look back timeframe of the assessment. Corrective action for residents with the potential to be affected by the alleged deficient practice:	2/21/25

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

TITLE

(X6) DATE

Electronically Signed

02/20/2025

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 641	<p>Continued From page 1 apnea.</p> <p>Review of the Medication Administration Record (MAR) for September 2024 - January 2025 revealed Resident #1 used the CPAP machine as ordered with often refusal episodes.</p> <p>Review of the Quarterly Minimum Data Set (MDS) assessment, dated 1/14/25, revealed Resident #1 was cognitively intact and was not coded for use of a CPAP machine or non-invasive mechanical ventilator.</p> <p>On 2/12/25 at 8:35 AM, during the observation and interview, Resident #1 had a CPAP machine located on the nightstand near bed. Resident #1 indicated she had the CPAP machine for a long time and used it at night while sleeping.</p> <p>On 2/12/25 at 1:55 PM, during the phone interview, MDS Nurse #1 indicated that if Resident #1 used the CPAP, it should have been coded as non-invasive mechanical ventilator on the Quarterly MDS assessment. MDS Nurse #1 continued she was not aware she had to answer the mechanical ventilation area in order to accurately code Resident #1 for use of the CPAP.</p> <p>On 2/12/25 at 2:10 PM, during an interview, the Administrator expected the MDS nurses to be responsible for coding Resident 1's MDS assessment accurately.</p> <p>2. Resident #2 was admitted to the facility on 12/30/20 with diagnoses including obstructive sleep apnea.</p> <p>Resident 2's plan of care, dated 12/13/24, indicated oxygen therapy related to continuous</p>	F 641	<p>All residents have the potential to be affected by the alleged deficient practice. A 100 % audit of the most recent completed Minimum data set assessment in the past 14 days of all current residents was completed on 2/20/2025 in order to identify if the following questions were coded accurately on the Minimum data set assessment:</p> <ul style="list-style-type: none"> O0110: G1. Non-invasive Mechanical Ventilator <p>Audit revealed that 5 of 5 assessments were coded accurately. No corrective correction needed due to no deficient practice.</p> <p>Systemic Changes:</p> <p>By 2/20/2025, education was completed by facility MDS consultant that includes the importance of thoroughly reviewing each resident's medical record in order to ensure that the assessment is coded accurately. Special emphasis will be placed on coding O0110:G1. Non-invasive Mechanical Ventilator of the Minimum data set assessment.</p> <p>The MDS items need to be thoroughly reviewed for accuracy prior to electronically signing the questions of the assessment.</p> <p>This information has been integrated into the standard orientation training for new Minimum Data Set Coordinators.</p> <p>The monitoring procedure to ensure that</p>	

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F 641	<p>Continued From page 2</p> <p>positive airway pressure (CPAP) for obstructive sleep apnea with an intervention to encourage to wear the CPAP as ordered by the physician.</p> <p>Resident #2 had an active physician's order, dated 8/2/24, for CPAP machine to apply at bedtime and remove when awake for sleep apnea.</p> <p>Review of the MAR for December 2024 - January 2025 revealed Resident #2 used the CPAP machine as ordered.</p> <p>Review of the Significant Change Minimum Data Set (MDS) assessment, dated 11/15/24, revealed Resident #2 was moderately cognitively impaired and was not coded for use of a CPAP machine or non-invasive mechanical ventilator.</p> <p>On 2/12/25 at 11:20 AM, during the observation and interview, Resident #2 had a CPAP machine located on the bedside table. Resident #2 indicated he had the CPAP machine for years and used it at night while sleeping.</p> <p>On 2/12/25 at 1:55 PM, during the phone interview, MDS Nurse #1 indicated that if Resident #2 used add the CPAP, it should have been coded as non-invasive mechanical ventilator on the Significant Change MDS assessment. MDS Nurse #1 continued she was not aware she had to answer the mechanical ventilation area in order to accurately code Resident #2 for use of the CPAP.</p> <p>On 2/12/25 at 2:10 PM, during an interview, the Administrator expected the MDS nurses to be responsible for coding Resident 2's MDS assessment accurately.</p>	F 641	<p>the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements:</p> <p>The Administrator or designee will begin auditing 5 random recently completed minimum data set assessments for accuracy in coding on the Minimum data set assessment for O0110:G1. This audit will be done weekly x 4 weeks using the audit tool titled "Accurate Coding of MDS Audit Tool". Reports will be presented to the weekly Quality Assurance committee by the Director of Nursing to ensure corrective action for trends or ongoing concerns is initiated as appropriate. The weekly Quality Assurance Meeting is attended by the Administrator, Director of Nursing, Minimum Data Set Coordinator, Unit Manager, Support Nurse, Therapy, Health Information Manager, Dietary Manager and the Activity Director.</p> <p>The title of the person responsible for implementing the acceptable plan of correction:</p> <p>Administrator and/or Director of Nursing</p> <p>Date of Compliance: 2/21/2025</p>		

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

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