

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER OAKHURST CENTER		STREET ADDRESS, CITY, STATE, ZIP 1501 SE 24TH RD OCALA, FL 34471	
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)		
F 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure 4 of 4 sampled residents, Residents #1, #2, #3, and #4, who were unable to carry out activities of daily living (ADLs) received the necessary services to maintain grooming and personal hygiene. Findings include: 1. On 08/18/2020 at 10:05 AM, Resident #1 was observed in her bed watching television. The resident's hair was oily and matted. On 08/18/2020 at 10:05 AM, during an interview with Resident #1, when asked if she gets out of bed, she stated, No, because they do not have enough help. When asked if she has been receiving showers, she stated, I would love to have a shower. I have not had a shower for at least three weeks and have not been out of bed. My doctor said that I should be out of bed twice a week. For some reason, they cannot use the shower room due to the COVID. On 08/18/2020 at 10:35 AM, an observation of the community shower room on the 300-400 Hall revealed the shower room was packed with several wheelchairs, a few recliners, some shower chairs, lifts and other equipment. There were two shower stalls with recliners and wheelchairs being used as a storage room. (Photographic evidence) Review of Resident #1's Social Service (SS) progress notes dated 08/05/2020 read, SS spoke with resident regarding depression. Resident stated it is due to not getting a shower or hair washed, not getting out of bed. Review of Resident #1's physician's note dated 06/17/2020 read, Up out of bed (OOB) to chair as part of Resident #1's plan. Review of Resident #1's nurses' progress note dated 08/05/2020 read, Resident stated to this nurse on prior shift feeling depressed. Stated lack of CNA (Certified Nursing Assistant) assistance, not getting OOB as desired. On 08/18/2020 at 4:02 PM, Resident #1 was observed in bed. Her hair was oily and matted. During an interview on 08/18/2020 at 4:02 PM, Resident #1 stated, I would like to get showered today. Review of the shower schedule revealed Resident #1's shower schedule was every Thursday and Sunday on the 3 PM-11 PM shift, as indicated by room number. Review of Resident #1's activities of daily living (ADL) flow sheet for the month of August 2020 revealed blank boxes from August 1 to 6 and from August 10 to 17, 2020 under bathing. On 08/19/2020 at 1:17 PM, during an interview with the Administrator, when asked what a blank box in the ADL flow sheet indicates, the Administrator stated, not done. Review of Resident #1's Minimum Data Set (MDS) with assessment reference date of 07/13/2020 read, Section C. Cognitive Patterns. C0500. Brief Interview for Mental Status (BIMS) Summary Score: 15. Section G. Functional Status: G0110. Activities of Daily Living (ADL) Assistance: J. Personal Hygiene: Self-performance: 3. Extensive assistance-resident involved in activity, staff provide weight-bearing support. Support: 2. One-person physical assist. G0120. Bathing: A. Self-performance: 3. Physical help in part of bathing activity. B. Support provided: 2. One-person physical assist. Review of Resident #1's care plan read, (Resident #1's name) requires assistance from staff for ADL care related to muscle weakness, [MEDICAL CONDITIONS], Afib ([MEDICAL CONDITION]) Depression, Hx (history of) [MEDICAL CONDITIONS] ([MEDICAL CONDITION]), Interventions: . Evaluate the resident for conditions that may contribute to ADL decline, including metabolic causes (e.g., [MEDICAL CONDITION], diabetes, [MEDICAL CONDITION] disorder, liver disease, [MEDICAL CONDITION], electrolyte imbalance) respiratory problems, [MEDICAL CONDITION], delusions, hallucinations, psychiatric disorder(s), poor nutrition, hearing or vision impairment, new/acute health problem, exacerbation of a chronic condition (e.g., [MEDICAL CONDITION], diabetes), constipation, infection, head injury, pain, fever, dehydration of alcohol withdrawal. Encourage resident to change clothing . Encourage resident to attend meals in the dining room. 2. On 08/18/2020 at 9:57 AM, Resident #2 was observed in her wheelchair seated in the hallway. The resident's hair was oily/matted, and her fingernails were long with a black colored substance underneath the fingernails. On 08/18/2020 at 9:57 AM, during an interview with Resident #2, when asked about the last time she received a shower, she stated, No showers for about two weeks. On 08/18/2020 at 12:45 PM, Resident #2 was observed up in her wheelchair seated next to her bed. Her fingernails were long with a black colored substance underneath the nails. During an interview on 08/18/2020 at 4:04 PM, Staff F, Nursing Supervisor, stated, Showers were stopped weeks ago due to CDC (Centers for Disease Control and Prevention) guidelines. Sometimes, bed baths are not given because staffing is very short. When asked about Resident #2's fingernails, she stated, The nails are really long, the need to be trimmed and cleaned. On 08/19/2020 at 11:22 AM, Resident #2 was up in her wheelchair next to her bed. Her fingernails were long with a black colored substance underneath the fingernails. During an interview on 08/19/2020 at 11:22 AM, Resident #2 stated, They (fingernails) really need to be trimmed. Review of the shower schedule revealed Resident #2's shower schedule was every Monday and Thursday on the 7 AM-3 PM shift, as indicated by room number. Review of Resident #2's Minimum Data Set (MDS) with assessment reference date of 08/02/2020 read, Section C. Cognitive Patterns. C0500. Brief Interview for Mental Status (BIMS) Summary Score: 9. Section G. Functional Status: G0110. Activities of Daily Living (ADL) Assistance: G0120. Bathing: A. Self-performance: 3. Physical help in part of bathing activity. B. Support provided: 2. One-person physical assist. Review of Resident #2's care plan read, (Resident #2's name) is at risk for decline in ADLs r/t (related to) CAD [MEDICAL CONDITION], unsteady gait, CKD [MEDICAL CONDITION], and muscle weakness. At this time, she requires assistance for some ADLs. Staff will continue to promote independence and observe for decline. Review of Resident #2's activities of daily living (ADL) flow sheet for the month of August 2020 under bathing revealed a code of BB (bed bath). 3. During an interview on 08/18/2020 at 10:02 AM, Resident #3 stated, I have not had a shower for two weeks. The shower room is not available and not being used. I would rather have more than two showers a week. Review of the shower schedule revealed Resident #3's shower schedule is every Tuesday and Saturday on the 3 PM-11 PM shift, as indicated by room number. Review of Resident #3's activities of daily living (ADL) flow sheet for the month of August 2020 revealed blank boxes from August 1 to 6 and from August 11 to 15, 2020 under bathing. Review of Resident #3's Minimum Data Set (MDS) with assessment reference date of 07/01/2020 read, Section C. Cognitive Patterns. C0500. Brief Interview for Mental Status (BIMS) Summary Score: 15. Section G. Functional Status: G0110. Activities of Daily Living (ADL) Assistance: G0120. Bathing: A. Self-performance: 0. Independent. B. Support provided: 1. Supervision- oversight help only. Review of Resident #3's care plan read, (Resident #3's name) is at risk for decline in self-care and mobility r/t (related to) [MEDICAL CONDITION], tremors, muscle weakness, anxiety, depression, [MEDICAL CONDITION], and visual deficit ([MEDICAL CONDITION]). Interventions: . Encourage the resident to participate to her full potential in ADLs and assist when needed. 4. On 08/18/2020 at 3:40 PM, Resident #4 was observed up in his chair next to his bed. The resident's hair was long, oily and matted with a knot/bulk of hair behind the back of his head. (Photographic evidence). During an interview on 08/18/2020 at 3:40 PM, Resident #4 stated, I have not had a shower for weeks, they told us not to use the shower room. My bed linen has not been changed since I came out from the COVID-19 Unit two weeks ago. I really want to get a shower. Review of the shower schedule revealed Resident #4's shower schedule is every Tuesday and Friday on the 3 PM-11 PM shift, as indicated by room number. Review of Resident #4's records revealed no activities of daily living (ADL) flow sheet for the month of August 2020. During an interview on 08/18/2020 at 4:15 PM, Staff D, CNA, and Staff F, Registered Nurse (RN), confirmed that Resident #4 did not have an ADL flow sheet. Review of Resident #4's Minimum Data Set (MDS) with assessment reference date</p>		

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

TITLE

(X6) DATE

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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>of 05/16/2020 read, Section C. Cognitive Patterns. C0500. Brief Interview for Mental Status (BIMS) Summary Score: 14. Section G. Functional Status: G0110. Activities of Daily Living (ADL) Assistance: G0120. Bathing: A. Self-performance: 0. Independent. B. Support provided: 1. Supervision- oversight help only. Review of Resident #4's care plan read, (Resident #4's name) is at risk for decline in self-care r/t (related to) respiratory status [MEDICAL CONDITION] diagnosis, constipation and muscle weakness. Interventions: . Monitor for any changes difficulties with ADLs as needed. Provide assist with bathing, dsf (dressing), grooming as needed. On 08/18/2020 at 9:32 AM, during interview with Staff C, Certified Nursing Assistant (CNA), when asked how many residents were scheduled for shower, she stated, I have not checked the schedule yet. I actually clocked out because I worked last night, but they asked me to work, so I clocked back in, and had my breakfast first. On 08/18/2020 at 9:37 AM, during an interview with Staff A, CNA, when asked how many residents in his assignment require a shower, he stated, I don't know, I have not checked the shower schedule, we usually give 2-3 showers per day. On 08/18/2020 at 3:52 PM, during an interview, Staff D, CNA, stated, We were told from Corporate not to do showers so not to spread [MEDICAL CONDITION]. On 08/18/2020 at 3:58 PM, during an interview, Staff E, CNA stated, They told us not to give showers. We do not have enough help. Sometimes I wash them in bed. Review of the Brief Interview For Mental Status (BIMS) scores revealed BIMS score 0-7 = Interpretation: Severe cognitive impact. 8-12 = Moderate impairment. 13-15 = Intact cognitive response. Review of the facility policy titled NSG200 Activities of Daily Living (ADLs) revised on 11/01/2019, read, Policy: Based on the comprehensive assessment of a patient and consistent with the patient's needs and choices, the Center must provide the necessary care and services to ensure that a patient's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that such diminution was unavoidable. Activities of daily living (ADLs) include: Hygiene-bathing, dressing, grooming, and oral care; Mobility-transfer and ambulation, including walking; Elimination toileting; Dining-eating, including meals and snacks; Communication-including speech, language and other functional communication systems. Patients' ADLs are evaluated by a licensed nurse and members of interdisciplinary team upon admission and with significant change. A program of assistance and instruction in ADL skills is implemented as appropriate. Assistive devices and adaptive equipment are provided as needed. ADL care is documented every shift by the nursing assistant in the ADL flow record or in PointClickCare (PCC) ADL Point of Care (POC). The ADL flow record will be reviewed at morning meetings. Corrections to the ADL flow record will be documented on the ADL correction form. ADL assistance that is not documented within 24 hours of occurring is considered late documentation. Late documentation must be completed no later than the end of the look back period, i.e. by the Assessment Reference Date (ARD) of the current MDS. Purpose: To attain or maintain the patient's highest practicable physical, mental, and psychosocial wellbeing.</p>		