

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 25E115	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER OAK GROVE RETIREMENT HOME		STREET ADDRESS, CITY, STATE, ZIP 209 OAK CIRCLE/P. O. BOX 198 DUNCAN, MS 38740	
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 0656 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, record review, and facility policy review, the facility failed to develop a care plan to address the use of an anticoagulant, for one (1) of 15 resident care plans reviewed, Resident #53. Findings include: A review of the facility's Care Plans - Comprehensive policy, revised September 2010, revealed: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Record review of the March Physician order [REDACTED]. Review of Resident #53's comprehensive care plan, revealed, there was not a care plan to address the use of an anticoagulant. A review of Resident #53's Quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/21/2020, revealed, Section N0410E (Medication received), was coded to indicate the resident received an anticoagulant for seven (7) days, during the lookback period for this assessment. During an observation, on 03/11/2020 at 9:37 AM, revealed, Resident #53 had no abnormal bruising or bleeding noted. An interview, with the Director of Nursing (DON) and Registered Nurse (RN) #1/MDS Assessment Nurse, on 03/11/2020 at 10:20 AM, revealed, Resident #53 was receiving Eliquis twice a day, and should have had a care plan for the anticoagulant, but it was not included. A review of the facility's Face Sheet for Resident #53, revealed, she was admitted by the facility, on 08/02/2012, with [DIAGNOSES REDACTED].		
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.