

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Woodland Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 Oakview Road Ashland, KY 41101	

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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview, record review, and review of the facility's policies, the facility failed to document a resident's concern for lost, missing, or stolen items for 1 of 21 sampled residents, Resident (R) 363.</p> <p>In interviews with the Complainant and the facility's staff, they stated R363's dentures were lost, missing, or stolen. However, the facility failed to document the missing, lost, or stolen item on the grievance log, provide a facility investigation, and offer a replacement for the missing, lost, or stolen dentures.</p> <p>The findings include:</p> <p>Review of the facility's policy titled, Reporting Abuse to Facility Management, undated, revealed each resident had the right to be free from abuse, neglect, misappropriation of resident's property, and exploitation.</p> <p>Review of the facility's policy titled, Grievance Policy, effective 01/27/2025, revealed the Administrator was responsible to ensure the investigation of grievances and complaints. Per the policy, the Administrator could designate the Social Services Director or a different designee who would serve as the Grievance Coordinator.</p> <p>Review of R363's Face Sheet, from the residents's closed electronic medical record (EMR), revealed the facility admitted the resident on 03/08/2024 with diagnoses of cellulitis of the left lower limb, injury of the head, and chronic kidney disease.</p> <p>Review of R363's quarterly Minimum Data Set [MDS], with an Assessment Reference Date (ARD) of 04/09/2024, from the residents's closed EMR, revealed the facility assessed the resident to have a Brief Interview for Mental Status [BIMS] score of nine of 15, indicating she was moderately impaired.</p> <p>Review of 363's Comprehensive Care Plan (CCP), created on 03/09/2024, from the residents's closed EMR, revealed R363's oral/dental status was resident wears full dentures.</p> <p>Review of the facility's Grievance Logs, dated April 2024, revealed the missing dentures were not documented as missing, lost, or stolen.</p> <p>Review of R363's Progress Note, dated 04/06/2024, written by the Social Services Director (SSD), and located in R363's closed EMR, revealed the resident's Guardian was informed that a dental company had been contacted by the SSD and required more information to schedule an appointment for R363. Per</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 185392	If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Woodland Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 Oakview Road Ashland, KY 41101	
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)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the note, the Guardian stated, She would call [the dental company] on Monday.</p> <p>Review of the Administrator's typed note, located in R363's closed EMR and dated 04/15/2024, revealed she [the Administrator] spoke with the Complainant about the lost dentures and stated the resident thought he threw them away. The note stated she informed the Complainant she had looked in the laundry room and kitchen. The typed note further revealed the Administrator would continue to look for the dentures, and she gave the Complainant information on denture services in the area.</p> <p>During an interview with the Complainant on 04/15/2025 at 6:34 PM, she stated once she got R363 home and noticed his dentures were missing, she contacted the facility and spoke with the SSD. The Complainant stated the SSD told her she would look for the dentures and give her a call back with any information if they were found or not. The Complainant stated the SSD did call her back and told the Complainant she could not find the missing dentures. The Complainant stated that at no time did the SSD imply the facility was going to replace the resident's missing dentures. The Complainant stated that after two weeks of no communication from the facility, she received a call from the SSD stating she needed to call a dental company to provide more information to schedule an appointment. The Complainant stated she did not bother calling the facility back because she had already taken the resident to an appointment, and the dentures were in the process of being made. The Complainant stated she paid \$800 for the replacement dentures for R363.</p> <p>During an interview with State Registered Nurse Aide (SRNA) 7 on 04/17/2025 at 1:40 PM, she stated she had never received any education on receiving grievances from residents.</p> <p>During an interview with Licensed Practical Nurse (LPN) 9 on 04/17/2025 at 1:41 PM, she stated there was a paper residents could fill out or a form a facility staff could complete and give to the SSD for grievances. LPN9 stated she could also tell her unit manager, and the unit manager would write the grievance on their report sheet to pass to the next nurse on duty if an item was not found on her shift.</p> <p>During an interview with LPN10 on 04/17/2025 at 1:44 PM, she stated she would tell a nurse on duty if a resident had a grievance to report. LPN10 stated she thought there was a piece of paper a staff member could fill out concerning a grievance. LPN10 stated she might have seen the grievance form before, but she was unsure.</p> <p>During an interview with the Social Services Director (SSD) on 04/17/2025 at 2:49 PM, she stated all grievances were taken seriously and were investigated. The SSD stated once a grievance was filed, she tried to locate the missing item. She stated if the item was not found, the facility would replace the missing item. The SSD stated she did not think to complete the grievance form and conduct an investigation for the missing dentures because she told the Complainant the resident had thrown them away. The SSD stated she called the dental company to get the resident an appointment to replace the dentures. The SSD stated, during the phone call with the dental company, she did not have all the resident's information. The SSD stated she then called the Complainant to explain to her she needed to call the dental company to provide more information, so the resident could be scheduled for an appointment for the dentures. The SSD stated, after this communication with the Complainant, she had not had any further ones.</p> <p>During an interview with the Director of Nursing (DON) on 04/17/2025 at 3:52 PM, she stated the Grievance Compliance Officer for the facility was the SSD. She stated if items like dentures were missing, staff would look through the trash, as she had found many residents took their dentures out of</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2025
NAME OF PROVIDER OR SUPPLIER Woodland Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 1820 Oakview Road Ashland, KY 41101	

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)
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>their mouths after dinner, wrapped them in a napkin, and placed them on the food tray. The DON stated when residents placed their wrapped dentures on their food tray, if the SRNA's picked up the food trays and did not notice the wrapped dentures, the dentures mistakenly went in the trash. The DON stated staff working in resident care had been educated only to tell the Administrator, SSD, or DON of any compliant or grievance they received from a resident. The DON stated when she received a grievance, she investigated as thoroughly as possible. She stated she had the SSD contact the family to get any information about the grievance, and she scheduled a follow-up appointment to make sure the grievance was resolved.</p> <p>During an interview with the Administrator on 04/17/2025 at 3:21 PM, she stated any resident could file a grievance. The Administrator stated the grievance forms were located at the nurse's station. However, she stated staff was accustomed to going to the SSD, Assistant Director of Nursing, or DON to discuss a grievance filed by a resident. The Administrator stated if an item was reported missing, she, the SSD, and all facility staff tried to locate the item. She stated if the item could not be located, the facility would replace the item. The Administrator stated once a grievance had been filed, she had five working days to revisit the grievance and provide a resolution.</p>