

TYPE "A" CITATION

January 12, 2009

Woodland Oaks Healthcare Center  
1820 Oakview Road  
Ashland, KY 41101

ADMINISTRATOR: Kimberly Tice

**This citation is issued pursuant to KRS 216.555 and KRS 216.557 and 900 KAR 2:040 Section 2 for violations of 902 KAR 20:300 Section (5)(3), 902 KAR 20:300 Section 8, 42 CFR 483.13, and 42 CFR 483.25. This citation may be appealed according to the provisions of 900 KAR 2:020, which state that a written request of hearing must be made to the Secretary of the Cabinet for Health and Family Services within twenty (20) days of the receipt of the written notice of the action. Any penalty assessed for this citation may be appealed under the same provisions.**

Based on the findings of an abbreviated survey conducted 01/05/09 through 01/09/09, it was determined the facility failed to provide necessary care and services and failed to protect one resident (Resident #8) from neglect. The facility staff failed to initiate Cardiovascular Pulmonary Resuscitation (CPR) on Resident #8. Resident #8 had directed the facility staff, by signing the Full Code Consent Form, to "use cardiac massage or artificial ventilation (CPR) to resuscitate him/her." Resident #8 was found unresponsive on 12/24/08 at approximately 7:00 AM and the facility failed to implement Resident #8's Advanced Directive, Full Code Consent Form, and Care Plan directing the facility to use CPR to resuscitate him/her. Resident #8 expired at 7:31 AM on 12/24/08. The facility failed to ensure their system for identifying residents' code status was accurate and effective. In addition, the facility failed to identify the incident as potential neglect which prevented the facility from initiating an investigation, reporting the incident to the appropriate state agencies and implementing corrective action.

The facility failed to have an effective system in place to ensure residents were provided the necessary care and services to prevent neglect. The facility's failure placed residents in imminent danger and at substantial risk of death or serious harm. The facility was notified of the imminent danger on 01/09/09.

ISSUED BY: Jim Lamb  
TITLE: NCF  
DATE: 1/12/09

RECEIVED BY: Kimberly B Tice  
TITLE: Administator  
DATE: 1/12/09