STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365795	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oasis Center for Rehabilitation and Healing	850 East Midlothian Blvd Youngstown, OH 44507

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure Resident #40 was provided with timely care and services following a fall. This finding affected one (Resident #40) of three residents reviewed for falls.Findings include:Review of Resident #40's medical record revealed the resident was admitted on [DATE] with diagnoses including a nondisplaced intertrochanteric fracture of the right femur, muscle weakness and chronic obstructive pulmonary disease.Review of Resident #40's Unwitnessed Fall investigation report dated 02/02/26 at 4:20 P.M. revealed the resident was heard yelling in the hallway by staff and the resident was noted in a sitting position on the floor. The resident was leaning on the wheel of the unlocked wheelchair beside the bed. Resident #40 stated her elbow was hurting and bruising was noted along with swelling to the right elbow. Normal range of motion was noted. Upon going back to room to obtain vitals post fall, the resident told the nurse that her right hip and right upper leg area were hurting and requested that staff call her brother. The brother and Director of Nursing (DON) were notified. X-rays were ordered. The resident stated she was trying to transfer by herself from the bed to the wheelchair when her brakes were unlocked and she fell to the floor.Review of Resident #40's physician orders revealed an order dated 02/02/26 revealed an X-ray to the right elbow, right femur, and right hip; an order dated 02/03/26 (discontinued 02/06/26) for Acetaminophen extended release (ER) 650 mg (milligrams) give two tablets every 8 hours as needed for fever greater than 100; and an order dated 02/03/26 (discontinued 02/06/26) for Ibuprofen oral tablet 800 mg give one tablet every eight hours as needed for pain.The medication administration records (MARS) and treatment administration records (TARS) from 02/02/26 to 02/28/26 revealed the X-ray was completed on 02/03/26 at 8:37 A.M. The MARS revealed the resident received Acetaminophen on 02/03/26 at 9:34 A.M. and Ibuprofen on 02/03/26 at 9:37 A.M. for a pain level of 7 (1 the least pain and 10 the worst pain). Review of Resident #40's progress note dated 02/02/26 at 4:25 P.M. authored by Licensed Practical Nurse (LPN) #840 revealed the resident was found on a sitting position on the floor, leaning on the wheel of the unlocked wheelchair beside the bed. The resident stated her elbow hurt with bruising and swelling to the right elbow. The resident's range of motion was normal. The resident was assisted back to bed.Review of Resident #40's Interact Change in Condition Evaluation dated 02/02/26 at 6:27 P.M. revealed the resident had marked localized bruising, swelling or pain on the right elbow, right trochanter and right thigh. The form indicated the resident had pain.Review of Resident #40's Radiology Results Report dated 02/03/26 at 9:52 A.M. revealed the X-ray of the unilateral hips revealed the resident had an acute intertrochanteric fracture of the proximal right femur was noted. An area of sclerosis in the femoral head was noted which could represent early avascular necrosis. No other bony abnormalities were identified.Review of Resident #40's Radiology Results Report dated 02/03/26 at 9:52 A.M. revealed an X-ray of the right elbow showed an acute comminuted fracture through the olecranon process of the proximal ulna. An area of osteopenia at the fracture was noted. A two joint effusion soft tissue swelling over the elbow was noted.Review of Resident #40's progress note dated 02/03/26 at 10:05 A.M. revealed the right elbow had +4 edema and was warm to the touch. Ice was applied for 20 minutes to the right elbow, and the arm was elevated on a pillow.Review of Resident #40's progress note dated 02/03/26 at 11:00 A.M. (continued on next page)

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed the X-ray results were reported to the physician, and the resident was to be sent to the emergency room (ER).Review of Resident #40's progress note dated 02/03/26 at 11:12 A.M. revealed the ambulance transported the resident to the ER.Review of Resident #40's hospital History and Physical form dated 02/03/26 at 5:20 P.M. revealed a right intertrochanteric hip fracture and fractures involving the right superior and inferior pubic rami with medial displacement of the medial aspect of the pubic bone. The form also indicated redemonstration of an impacted fracture involving the proximal humeral diaphysis which was similar in position with evidence of healing and a comminuted fracture involving the olecranon of the ulna. The plan was for the resident to be seen by orthopedic surgery in the emergency room (ER) with a right open reduction internal fixation (ORIF) possibly on 02/04/26 and right elbow brace with possible surgery later.Review of Resident #40's progress note dated 02/04/26 at 12:24 A.M. revealed the son reported that the resident would have surgery on the right arm on 02/05/26 in the afternoon.Review of Resident #40's Orthopedic Surgery Resident Progress Note dated 02/05/26 at 5:55 A.M. revealed the resident had a right hip ORIF.Review of Resident #40's 72-Hour Review Incidents form dated 02/06/26 at 3:43 P.M. revealed bruising to the right elbow started post-fall. X-rays revealed fractures present and the resident was sent to the hospital for surgical repair. A right hip fracture was noted as well. The resident had osteoporosis and avascular necrosis.Review of Resident #40's progress note dated 02/06/26 at 4:32 P.M. revealed the resident was readmitted to the facility.Review of Resident #40's Quarterly Minimum Data Set (MDS) 3.0 assessment dated [DATE] revealed the resident exhibited moderate cognitive impairment.Interview on 03/26/26 at 11:25 A.M. with the DON confirmed Resident #40's X-rays were not obtained status post fall on 02/02/26 because the X-ray company could not make it to the facility on [DATE] due to inclement weather conditions. The DON confirmed the X-rays were not obtained until 02/03/26 which showed fractures and the resident was not sent to the ER on [DATE] to obtain the X-rays as an emergency measure due to the X-ray company not being able to drive to the facility in inclement weather.Interview with Resident #40 on 03/26/26 at 11:28 A.M. revealed the resident was in her room sitting in a wheelchair. She appeared alert and was able to answer questions. The resident stated she fell in the room from her wheelchair.Interview on 03/26/26 at 11:30 A.M. with Resident #40's brother revealed Resident #40 had a fall prior to admission to the facility and fell going from the wheelchair to the bed again while a resident in the facility. The brother confirmed the accident happened on 02/02/26 and the resident was not sent out to the hospital until 02/03/26 and it took almost 24 hours to find out the resident had broken bones. The brother expressed concerns with the delay in treatment.Telephone interview 03/26/26 at 12:27 P.M. with LPN #840 revealed she had heard Resident #40 yell for help and found the resident on the floor. She stated the resident complained of pain in her right elbow but did not want to go to the hospital. She stated she had assessed the resident and found bruising to her right elbow with swelling and the resident was assisted to the bed. While assisting the resident, she stated the resident then complained of right leg and thigh pain. LPN #840 confirmed the physician was notified and immediate X-rays were ordered.Telephone interview on 03/26/26 at 12:35 P.M. with Medical Director (MD) #950 revealed he was aware Resident #40 had sustained a fall and had ordered X-rays for the resident. MD #950 revealed the facility could not control the X-ray company and was aware the X-ray company did not obtain the immediate X-rays until 02/03/26 at which point fractures were identified and the resident was sent to the ER.Review of the Managing Falls and Fall Risk policy dated 03/2018 revealed based on previous evaluations and current data, the staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling.This deficiency represents non-compliance investigated under Complaint Number 2788530.