

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395110	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/30/2024
NAME OF PROVIDER OR SUPPLIER  Oakwood Healthcare & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2109 Red Lion Road Philadelphia, PA 19115	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>41471</p> <p>Based on the review of clinical records, interviews with resident and staff, it was determined that the facility failed to ensure that the resident had the right to choose healthcare and providers of healthcare consistent with resident's interests and plan of care for one of three residents reviewed. (Resident R1)</p> <p>Findings Include:</p> <p>Interview with Resident R1 on May 30, 2024, at 10:00 a.m. stated he did not want Employee E4, Licensed Nurse, to provide care for him. He stated after the last survey by the State Survey Agency in September 2023, he did not want her to provide him care and administer medications. Resident also stated she made mistakes with his medication administration, and he was told by the facility staff that Employee E3 would not administer him his medications. Resident R1 stated Employee E4 prepared and administered his medications numerous times even after he requested not to have Employee E4 as his nurse.</p> <p>Interview with Employee E3, Unit Manager on May 30, 2024, at 10:00 a.m. stated Licesed nurse, Employee E4 should not administer medication to Resident R1. She stated there was some concern with Employee E4 and Resident R1, and Resident R1 requested not to have Employee E4 administer him the medication since January 2024. Employee E3 stated Resident R1's medication was administered by other nurses.</p> <p>Review of care plan for Resident R1 dated July 13, 2021, stated to allow Resident R1 to make safe independent decisions regarding plan of care, maintain compliance with resident's rights, and empower resident by involving in all aspects of care.</p> <p>Review of Medication Administration Record for Resident R1 for the month of March 2024 revealed that Licensed nurse, Employee E4 administered medications to Resident R1 on March 2, 5, 7, 8, 11, 12, 13, 14, 17, 18, 19, 21, 22, 25, 26, 27 and 28. A total of 17 days.</p> <p>Review of Medication Administration Record for Resident R1 for the month of April 2024 revealed that Licensed nurse, Employee E4 administered medications to Resident R1 on April 1, 2, 4, 14, 15, 16, 26, 29 and 30. A total of 9 days.</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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Medication Administration Record for Resident R1 for the month of May 2024 revealed that Employee Licensed nurse, E4 administered medications to Resident R1 on May 2, 5, 7, 8 ,11, 12, 13, 14, 17, 18, 19 ,21, 22, 24, 25, 26, 27 and 28. A total of 18 days.</p> <p>28 Pa. Code 201.29 (a) Resident rights</p> <p>28 Pa. Code 201.18 (b)(2) Management</p>		