

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 03/10/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43923</p> <p>Based on clinical record review, facility policy, and staff interview, it was determined that the facility failed to ensure complete and accurate medication administration for one of 9 residents reviewed (Resident CR1).</p> <p>Findings include:</p> <p>The Facility Policy titled Administering Medication revised on [DATE], revealed Medications are administered in a safe and timely manner, and as prescribed. It further under policy interpretation and implementation 23. states As required or indicated for a medication, the individual administering the medication records in the resident's medication record. A. the date and time the medication was administered, b. the dosage, c. the route of administration, d. the injection site (if applicable), e. any complaint or symptoms for which the drug was administered, f. any results achieved and when those results were observed, and g. the signature and title of the person administering the drug.</p> <p>Clinical record review revealed the facility admitted Resident CR1 on [DATE], and expired on [DATE]. Resident CR1 had the following diagnosis of sequelae of cerebral infarction (complications from a stroke), Parkinson's disease without dyskinesia without mention of fluctuations, dementia with other behavioral disturbance.</p> <p>Review of Resident CR1's physician orders revealed that the order for Acetaminophen Table 500 milligrams give 1 table by mouth every 4 hours as needed for Temp >100 Fahrenheit.</p> <p>A clinical progress note documented on [DATE], by the license nurse, Employee E6 revealed that</p> <p>Resident CL1 received in bed awake alert . resident temp is 100.3 Tylenol was given with cold compress, fever decrease to 99.1. [Medical Physician, Employee E7] was in the facility new order given for chest X-ray, call placed stat (immediate) with claim number Start Levaquin 500 mg one time a day for 7 days for infections no adverse reaction.</p> <p>Review of the Medication Administration for [DATE] did not show any medication administration of the Acetaminophen Table 500 as it stated per the progress note.</p> <p>On [DATE], at 12:27 p.m. an interview with the license nurse, Employee E6 reveled that she did provide the Acetaminophen (Tylenol); however, did not document in the medication administration record.</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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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE], at 2:47 p.m., an interview with the Director of Nursing, Employee E2, confirmed that licensed nurse, Employee E6, did not document the complete and accurate administration of Acetaminophen.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services</p>		