

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 06/05/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies, clinical record reviews and interviews with staff, it was determined that the facility did not ensure that all allegations of abuse and neglect were reported immediately to the Pennsylvania Department of Health for two of 26 residents reviewed. (Resident R24, R433)</p> <p>Findings Include:</p> <p>A review of the facility policy titled Oakwood Health and Rehabilitation Center Policy and Procedure, revised September 2023, revealed the following under Section #6, Investigating and Reporting: Once an allegation of abuse has been made, the supervisor who initially received the report must inform the Administrator of Nursing immediately and initiate gathering the requested information. An investigation must be directed by the Administrator or designee immediately.</p> <p>Review of Resident 24's clinical record revealed the resident was admitted to the facility on [DATE], and had a diagnosis of muscle wasting and atrophy, heart failure, need for assistance with personal care, other abnormalities of gait and mobility, disorder of muscle, adult failure to thrive, difficulty in walking, muscle weakness.</p> <p>A review of Resident R24's annual Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 14, reflecting cognitive intact. The functional abilities section of the MDS indicated that Resident R24 requires partial/moderate assistance with toileting hygiene tasks.</p> <p>An interview conducted on June 2, 2025, at 12:35 p.m. revealed that Resident R24 reported pressing the call bell at 2:00 a.m. during the previous night shift due to being wet with urine and needing a brief change. However, the resident was not changed until 5:00 a.m. Resident R24 stated that she reported the incident to the current morning charge nurse, Employee E6, who advised her that she would notify the Director of Nursing, Employee E2.</p> <p>On June 2, 2025, at 2:45 p.m., the surveyor informed the Director of Nursing, Employee E2, that Resident R24 had made an allegation of neglect, which had been reported to Employee E6. Employee E2 stated she was not aware of the allegation and would begin an immediate investigation. It was confirmed that the charge nurse, Employee E6, did not report the allegation of neglect to the Director of Nursing.</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
---	-------	-----------

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 06/05/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 433's clinical record revealed the resident was admitted to the facility on [DATE], and had a diagnosis of adult failure to thrive, muscle wasting and atrophy, acquired absence of left leg above knee, and muscle spasm.</p> <p>A review of Resident R433's admission Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 15, reflecting cognitive intact. The functional abilities section of the MDS indicated that Resident R433 requires substantial/maximal assistance with toileting hygiene tasks.</p> <p>On June 5, 2025, at 10:35 a.m., a family interview was conducted for Resident R433. The interview revealed that when concerns are brought to the charge nurses, they remain at the nursing level and are not communicated to the administration. Earlier that morning, Resident R433 had been sitting in urine for approximately two hours while eating breakfast. She was not changed until the nursing aides had finished collecting breakfast trays. This concern was communicated to the Unit Manager, Employee E5, who apologized.</p> <p>On June 5, 2025, at 10:40 a.m., an interview was conducted with Resident R433, who reported that she pressed the call bell between 7:00 a.m. and 7:30 a.m. because she was wet with urine and needed a change. A nursing aide responded to the call bell but stated that it was breakfast time, and she needed to finish passing trays. Resident R433 expressed frustration, as she had to eat breakfast while sitting in urine.</p> <p>On June 5, 2025, at 10:50 a.m., an interview was conducted with the Unit Manager, Employee E5. She reported that she was aware of the allegation of neglect involving Resident R433 but did not report it to the Director of Nursing.</p> <p>On June 5, 2025, at 11:10 a.m., an interview with the charge nurse, Employee E6, revealed that she was aware of the allegation of neglect reported by Resident R24 and understood it needed to be reported within two hours. However, she failed to report it to the Director of Nursing due to the presence of surveyors on-site.</p> <p>28 Pa. Code: 201.14(a)(c) Responsibility of licensee.</p> <p>28 Pa. Code: 201.18(b)(1)(e)(1) Management.</p>		

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 06/05/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and interview with staff, it was determined that the facility did not ensure that care plans were revised in a timely manner related to fall interventions for one of three records reviewed for falls. (Resident R5).</p> <p>Findings include:</p> <p>Review of facility policy, Care Plans, Comprehensive Person Centered, revised March 2022, indicated that care plans are revised as information about the resident's change.</p> <p>Review of clinical documentation revealed that Resident R5 was readmitted to the facility on [DATE], had diagnoses including, but not limited to, muscle wasting, difficulty walking and atrophy, and muscle weakness.</p> <p>Review of Progress Note dated, October 15, 2024, revealed Resident R5 had an unwitnessed fall and was observed sitting on the floor next to her bed. Further review revealed that on October 16, 2024, Resident R5 complained of right femur pain post fall yesterday. On October 17, 2024, Resident R5 was admitted to the hospital with diagnosis of right femur fracture.</p> <p>Review of Resident R5's current Care Plan revealed that Fall care plan was initiated on December 27, 2025; and interventions including, assisting resident out of bed and monitoring for toilet needs were dated to be initiated on January 9, 2025.</p> <p>Interview with the Director of Nursing conducted on June 4, 2025, at 1:51 p.m. confirmed that the residents care plan had not been updated timely post fall.</p> <p>28 Pa. Code 211.10 (d) Resident care policies</p> <p>28 Pa. Code 211.12 (d)(5) Nursing services</p>		

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 06/05/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, and interviews with residents, family members, and staff, it was determined that the facility failed to provide the necessary assistance with activities of daily living (ADLs) to maintain proper grooming for five of the five residents reviewed (Residents R24, R53, R33, R93, R433)</p> <p>Findings:</p> <p>Review of Resident 24's clinical record revealed the resident was admitted to the facility on [DATE], and had a diagnosis of muscle wasting and atrophy, heart failure, need for assistance with personal care, other abnormalities of gait and mobility, disorder of muscle, adult failure to thrive, difficulty in walking, muscle weakness.</p> <p>A review of Resident R24's annual Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 14, reflecting cognitive intact. The functional abilities section of the MDS indicated that Resident R24 requires partial/moderate assistance with toileting hygiene tasks.</p> <p>An interview conducted on June 2, 2025, at 12:35 p.m. revealed that Resident R24 reported pressing the call bell at 2:00 a.m. during the previous night shift due to being wet with urine and needing a brief change. However, the resident was not changed until 5:00 a.m. Resident R24 stated that she reported the incident to the current morning charge nurse, Employee E6, who advised her that she would notify the Director of Nursing, Employee E2</p> <p>Review of Resident 93's clinical record revealed the resident was admitted to the facility on [DATE], and had a diagnosis Parkinson's disease, muscle wasting and atrophy right and left ankle and foot, lack of coordination, dementia (memory loss) , difficulty in walking.</p> <p>A review of Resident R93's quarterly Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 8, indicating the resident is moderately cognitively impaired. The functional abilities section of the MDS indicated that Resident R93 partial/moderate assistance with toileting hygiene tasks.</p> <p>On June 2, 2025, at 12:45 p.m. an observation of Resident R93 was conducted revealing facial hair on the chin. License nurse, Employee E4 confirmed the observations.</p> <p>Review of Resident 33's clinical record revealed the resident was admitted to the facility on [DATE], and had a diagnosis of dementia, muscle weakness, muscle wasting and atrophy, contracture right hand, disorder of muscle, difficulty in walking.</p> <p>A review of Resident R33's annual Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 3, indicating the resident is severely cognitively impaired. The functional abilities section of the MDS indicated that Resident R33 dependent with toileting, hygiene tasks.</p> <p>A comprehensive care plan dated March 21, 2023, revealed routine nail care and as needed.</p> <p>(continued on next page)</p>		

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 06/05/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On June 2, 2025, at 12:50 p.m. an observation was conducted of Resident R33 revealing long nails. Director of Nursing confirmed the observations and reported that staff will attempt to cut it.</p> <p>Resident R33 is nonverbal. A telephone interview with the family, conducted on June 2, 2025, at 1:32 p.m., revealed that the family desires for Resident R33 to have her nails kept short.</p> <p>Review of Resident 53's clinical record revealed the resident was admitted to the facility on [DATE], and had a diagnosis of dementia, muscle wasting. On May 1, 2025, Resident R53 was diagnosed with a fracture of the distal end of the right radius, with unspecified fracture morphology, and was provided with an arm sling for healing.</p> <p>A review of Resident R53's quarterly Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 4, indicating the resident is severely cognitively impaired. The functional abilities section of the MDS indicated that Resident R53 requires setup or clean-up assistance with toileting, hygiene tasks.</p> <p>An interview conducted on June 2, 2025, at 1:12 p.m. revealed that Resident R53 had long nails and was wearing an arm sling for her right fracture. Resident R53 wanted them to be cut. License Nurse, Employee E6 confirmed the observation.</p> <p>Review of Resident 433's clinical record revealed the resident was admitted to the facility on [DATE], and had a diagnosis of adult failure to thrive, muscle wasting and atrophy, acquired absence of left leg above knee, and muscle spasm.</p> <p>A review of Resident R433's admission Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 15, reflecting cognitive intact. The functional abilities section of the MDS indicated that Resident R433 requires substantial/maximal assistance with toileting hygiene tasks.</p> <p>On June 4, 2025, at 10:30 a.m., a resident council meeting was held with 12 alert and oriented residents (R7, R112, R104, R84, R26, R113, R56, R35, R87, R82, R68, R97). The residents reported that, on many occasions, nursing aides would turn off call bells without providing assistance, stating, I'm not your aide. They also noted that call bell response is worst during the shift change between 2:00 p.m. and 4:00 p.m., as well as during the evening shift from 3:00 p.m. to 11:00 p.m.</p> <p>On June 5, 2025, at 10:35 a.m., a family interview was conducted for Resident R433. The interview revealed that earlier that morning, Resident R433 had been sitting in urine for approximately two hours while eating her breakfast. She was not changed until the nursing aides finished collecting breakfast trays. This concern was communicated to the unit manager, employee E5 who apologized.</p> <p>On June 5, 2025, at 10:40 a.m., an interview was conducted with Resident R433, who reported that she pressed the call bell between 7:00 a.m. and 7:30 a.m. because she was wet with urine and needed a change. A nursing aide responded to the call bell but stated that it was breakfast time, and she needed to finish passing trays. Resident R433 expressed frustration, as she had to eat breakfast while sitting in urine.</p> <p>(continued on next page)</p>		

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 06/05/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At approximately 8:30 a.m., Resident R433 pressed the call bell. A nursing aide entered the room and stated that she was not sure if Resident R433 was on her assignment and then turned off the call bell. At 8:50 a.m., the same nursing aide returned, confirmed that Resident R433 was on her assignment, and proceeded to provide care.</p> <p>On June 5, 2025, at 10:50 a.m., an interview with the unit manager, Employee E4, confirmed that she was aware of the situation involving Resident R433.</p> <p>28 Pa. Code 211.10 (d) Resident care policies</p> <p>28 Pa code 211.12.(d)(1)(5) Nursing services</p>

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 06/05/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical record reviews and interviews with staff, it was determined that the facility failed to follow the physician orders related to medication administration for one of 26 residents reviewed (Residents R433).</p> <p>Findings include:</p> <p>Review of Resident 433's clinical record revealed the resident was admitted to the facility on [DATE], and had a diagnosis of adult failure to thrive, muscle wasting and atrophy, acquired absence of left leg above knee, and muscle spasm.</p> <p>A review of Resident R433's admission Minimum Data Set (MDS), dated [DATE], indicated a Brief Interview for Mental Status (BIMS) score of 15, reflecting cognitive intact.</p> <p>A review of the clinical progress notes indicated a progress physician note dated on May 16, 2025 indicated resident admitted to the facility. She is alert and oriented. All medication were reviewed and verified with physician, [Employee E3].</p> <p>Review of hospital's physician orders indicated that Resident R433 was prescribed Insulin Aspart Flex Pen 100 unit/ml Sopl inject 15-18 units under the skin in the morning and 15-18 units at noon and 15-18 units in the evening. Inject before meal take 15 u with breakfast and 18 units with lunch and dinner. Last time this was given: May 16, 2025, at 9:01 a.m. Sliding scale 200-250 =2 units, 251-300= 4 units, 301-350= 6 units, 351-400=8 units, call MD if BS<60 or >400 upon discharge on [DATE].</p> <p>On June 5, 2025, at 10:50 a.m., an interview was conducted with the Unit Manager, Employee E5, who confirmed that the Medication Administration Record (MAR) for May 2025 did not reflect that the sliding scale insulin order from the physician was created or administered until May 21, 2025. A review of the progress notes showed no changes in the insulin orders by the facility's physician. The sliding scale insulin order should have been created and administered upon the resident's admission to the facility on May 16, 2025, as indicated in the hospital discharge documentation.</p> <p>On June 5, 2025, at 11:30 a.m., an interview with the Director of Nursing confirmed that the facility failed to follow the physician's order to administer insulin based on a sliding scale. The facility did not have a sliding scale insulin order in place until May 21, 2025.</p> <p>28 Pa Code 211.12(d)(5) Nursing services</p>

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 06/05/2025
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, review of clinical records, and interview with staff, it was determined that the facility failed to implement non-pharmacological interventions in accordance with professional standards for one of 26 residents reviewed (Resident R120).</p> <p>Findings include:</p> <p>Review of facility policy Pain Evaluation and Management Policy, revised December 12, 2020, revealed that The comprehensive pain evaluation is reviewed by the nurse and the physician, and interventions are implemented as appropriate. Care plans will be developed to include both pharmacologic and non-pharmacologic interventions. Care plans will be reviewed and revised as new interventions are needed.</p> <p>Review of Resident R120's clinical record revealed the resident was admitted to the facility on [DATE], and had diagnoses including fracture of left femur(left hip fracture) with orthopedic aftercare.</p> <p>Review of Resident R120's care plan revised May 2, 2025, revealed the resident was at risk for pain related to the diagnosis of left femur fracture. The care plan did not include any non-pharmacological interventions.</p> <p>Review of physician orders for Resident R120 dated April 29, 2025, revealed an order for Oxycodone(opioid pain medication) 5 mg every 4 hours as needed for severe pain.</p> <p>Review of clinical record for Resident R120 revealed no documented evidence that the resident was offered or received non-pharmacological interventions.</p> <p>Review of Medication Administration Record for Resident R120 revealed that Resident R120 received 39 doses of oxycodone in May 2025.</p> <p>Review of Medication Administration Record for Resident R120 revealed that Resident R120 received 3 doses of oxycodone from June 2 to June 4.</p> <p>Interview with Director of Nursing, Employee E2, on June 5, 2025, at 11:00 a.m. confirmed that Resident R120 was not receiving any non-pharmacological interventions and stated staff should attempt non-pharmacological interventions prior to administering pharmacological interventions.</p> <p>28 Pa Code 211.12(d)(3)(5) Nursing services</p>

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 06/05/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on review of facility policy and procedures, observations, and staff interviews, it was determined that the facility failed to follow acceptable infection control practices related to the use of appropriate personal protective equipment for one of three nursing units on transmission-based isolation precautions. (B unit)</p> <p>Findings include:</p> <p>Review of a undated facility policy titled Managing Residents with COVID-19, revealed 1. Use of standard and transmission-based precautions for COVID-19, per current guidelines, with appropriate PPE use and signage.</p> <p>2. Place in a single-person room when able.</p> <p>3. If single-room quarantine is unavailable due to limited single rooms or multiple residents are identified as COVID-19 positive, resident~ positive for COVID-19 will be cohorted.</p> <p>5. Restrict the resident to their room when[possible.</p> <p>6. Provide the resident with a surgical mask if they need to leave their room.</p> <p>7. Restrict residents to medically necessary outings during the isolation period</p> <p>Review of CDC guidelines for COVID-19 revealed that Residents placed in Transmission-Based Precautions for acute respiratory infection should primarily remain in their rooms except for medically necessary purposes. If they must leave their room, they should practice physical distancing and wear a facemask for source control. HCP who enter the room of a resident with signs or symptoms of an unknown respiratory viral infection that is consistent with SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).</p> <p>Review of an isolation precaution sign placed outside Resident R120 room revealed instruction to wear N-95 masks, goggles/eye wear, and gowns.</p> <p>Observation of the B nursing unit on June 4, 2025, at 10:33 a.m. revealed that Employee E5, Nurse Aide, was transporting Resident R120 in the hallway towards the shower room. The aide was not wearing a gown or eye protection. Resident R120 did not wear facemask.</p> <p>Continued observation revealed that the aide took the resident back to the room. The aide was helping the resident inside the room without wearing a gown or eye protection.</p> <p>Interview with the Unit Manager, Employee E6 on June 4, 2025, at 10:40 a.m. confirmed that the resident was on respiratory isolation precaution and all staff should wear N-95 masks, goggles/eye wear, and gowns when entering resident room or providing care. Employee E6 stated when residents on respiratory isolation goes outside the room, they should wear N-95 mask.</p> <p>(continued on next page)</p>		

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 06/05/2025
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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(1) Nursing services