STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395110	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Healthcare & Rehabilitation Center	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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on review of food safety standards, observations, and staff interview it was determined that the facility failed to ensure beverages were stored in accordance with standards for food service safety.Findings Include: Review of Refrigeration & Food Safety guidelines by the United States Department of Agriculture (USDA), Food Safety and Inspection Service, revealed cold food should be kept at or below 40 degrees Fahrenheit (F). Further review of guidelines by the USDA revealed the danger zone is defined as temperatures between 40 and 140 degrees F where bacteria grow most rapidly. A tour of the main kitchen conducted on May 4, 2026, at 9:30 a.m. with the Food Service Director, Employee E11, and District Manager, Employee E12, revealed the following: Observations of the milk cooler revealed the gasket (a sealing component used to keep the milk at correct temperatures by maintaining an airtight seal between the cooler's body and its lid) was broken and needed to be replaced. Observations inside the milk cooler revealed it was fully stocked with a fresh delivery of individual milk cartons that was reportedly delivered at approximately 8:00 a.m. The thermometer inside the milk box was broken and therefore the temperature of the milk cooler was unable to be determined. Subsequently, District Manager, Employee E12, checked the temperature of two individual milk cartons (one pulled from the top and the other from the bottom), both reading 50 degrees Fahrenheit. 28 Pa. Code 201.14 (a) Responsibility of Licensee

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395110	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Healthcare & Rehabilitation Center	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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on review of clinical records, observations and staff interviews, it was determined that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for one of two sampled residents (Residents R2).Findings include:A review of Resident R2's clinical record revealed an admission date of January 23, 2026, with diagnoses including chronic respiratory failure with hypoxia, epilepsy, tracheostomy (surgically created opening in the neck into trachea to assist with breathing), dysphagia (difficulty swallowing). A physician's order dated January 23, 2026, revealed, Administer oxygen at 5 liters per min via trach continuously. A comprehensive care plan, last revised on January 26, 2026, revealed, oxygen as ordered via trach mask. On May 4, 2026, at 11:24 a.m., an observation was conducted with Licensed Nurse, Employee E3, who confirmed that Resident R2's oxygen was set at 1.5 liters, which was inconsistent with the physician's order. On May 5, 2026, at 2:0 p.m., an observation was conducted with the Unit Manager, Employee E4, who confirmed that Resident R2's oxygen was set at 4 liter, which was also inconsistent with the physician's order of 5 liters continuously. 28 Pa Code 211.12(d)(1)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395110	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Healthcare & Rehabilitation Center	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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation and staff interview, the facility failed to ensure medications were stored according to required temperature ranges and failed to maintain refrigeration equipment in a sanitary and operational condition.Findings Included: Review of Medication Room Temperature Log states, temperature are to remain between 36-41 degrees. Defrost freezer monthly on the fifteenth. Observation conducted on May 4, 2026, at 10:30 am, with Nurse Manager, Employee E4 of Medication Room Refrigerator revealed two out of three days the refrigerator temperature exceeded the acceptable range of 36-41 degrees. The facility failed to notify maintenance of the temperature variance and failed to remove or quarantine medications exposed to out of range temperatures. On Monday May 4, 2026, at 10:30 am, with Nurse Manager, Employee E4 observation of Medication Room Refrigerator revealed approximately five inches of ice accumulation in the freezer compartment. The facility failed to notify maintenance of excessive ice buildup and failed to defrost the refrigerator. 28 Pa. Code 201.18(b)(1) Management

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395110	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Healthcare & Rehabilitation Center	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	Provide and implement an infection prevention and control program. Based on a review of facility policy, observations, and staff interviews, it was determined that the facility failed to implement Enhanced Barrier Precautions for one of two residents reviewed who had a tracheostomy, feeding tube, and an indwelling urinary Foley catheter (Resident R2).Findings include:Review of facility policy and procedure titled Enhanced Barrier Precaution (EBP) revealed All applicable employee to adhere to Enhanced Barrier Precautions, per guidelines. Under Process: A physician order for enhanced barrier precautions is entered in the EHR. The order will contain the a reason for the EBP. EBP will be Care Planned and tasked out to the Care Kardex. An Enhanced Barrier Precautions sign will be posted on the door/outside of the room, of Residents that required Enhanced Barrier Precautions. A red Dot (Sticker) will be placed on the affected Resident's door tag to indicate which Resident requires Enhanced Barrier Precautions. The Unit Manger is responsible for: Updating and completion of the Enhanced Barrier Precautions log, Providing the IP or designee an updated EBP log weekly, Enhanced Barrier Precautions signage on the door, A red Dot (Sticker)placed on the affected Resident's door tag. Unit round audits checking for: Proper Signage/Dots, Staff adherence to precautions. A review of Resident R2's clinical record revealed an admission date of January 23, 2026, with diagnoses including chronic respiratory failure with hypoxia, epilepsy, tracheostomy (surgically created opening in the neck into trachea to assist with breathing) , dysphagia (difficulty swallowing). A review of physician orders revealed an order dated January 24, 2026, for a suction tracheostomy, change trach ties every shift. Maintain transmission Based Precautions: Enhance Barrier Precautions due to: trach, foley, peg tube, history ESBL (urine). On May 4, 2026, at 11:30 a.m., an observation conducted with Licensed Nurse, Employee E3, revealed a sign posted outside Resident R2's room stating, Enhanced Barrier, which indicated that anyone providing direct care was required to wear a gown and gloves when touching the resident. Employee E11 was asked to assist certified nursing assistants (CNAs), Employees E10 and E6, with transferring Resident R2 from the bed to a wheelchair. During the transfer, Employees E11, E10, and E6 wore gloves only and did not wear gowns as required. Both CNAs transferred resident using a Hoyer lift, while Licensed Nurse Employee E11 assisted with the tracheostomy, oxygen, and feeding tube during the transfer. Employee E11 also unhooked the trach and disconnected the feeding tube to facilitate the transfer. On May 6, 2026, at 9:07 a.m., an observation of a licensed nurse, Employee E5, who was providing tracheostomy care to Resident R2, revealed that she was not wearing an appropriate PPE gown. The Unit Manager, Employee E4, confirmed that Licensed Nurse E5 was not wearing PPE while providing tracheostomy care. On May 6, 2026, at 2:47 p.m. Director of Nursing confirmed that that Employee E5 was not wearing appropriate PPE when providing tracheostomy care to Resident R2. 28 Pa. Code 211.10 (d) Resident care policies 28 Pa. Code 211.12 (d)(5) Nursing services