

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2026
NAME OF PROVIDER OR SUPPLIER  Oak Glen Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  15 Ridgcrest Circle Lewisburg, PA 17837	
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 - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>Based on observations and staff interviews it was determined that the facility failed to keep confidential all information in a resident's medical record for three of eight residents reviewed (Residents 3, 5, and 8). Findings include: A review of the facility's policy titled, HIPAA Privacy and Security Policy, dated March 20, 2025, revealed that the facility, is committed to safeguarding the privacy and security of all Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA), including the Privacy Rule, Security Rule, and Breach Notification Rule. All employees, contractors, volunteers, students, medical staff, consultants, and other workforce members are responsible for protecting the confidentiality and security of all Protected Health Information (in oral, written, electronic, or any other recorded form) that is obtainable, handled, learned, heard, or viewed in the course of work or association with the Facility. The facility defines PHI as, Identifies or can reasonably be used to identify a resident or patient; and Relates to the individual's past, present, or future physical or mental health condition, provision of healthcare, or payment for healthcare services. Interview with Employee 1 (administration) on February 18, 2026, at 3:02 PM revealed that an email was sent to the responsible party of Resident 1 who requested contents of that resident's medical record. A concurrent observation of that email and further interview with Employee 1 revealed that PHI from additional facility residents that included the residents' progress notes from their clinical records were sent erroneously via email to Resident 1's responsible party. A review of the email sent to Resident 1's responsible party revealed that the email was sent February 10, 2026, at 3:01 PM and contained two attachments. One attachment contained PHI from multiple other facility residents including Residents 3, 5, and 8 that should not have been sent to Resident 1's responsible party since that person was not authorized to obtain these records for Residents 3, 5, and 8. The above information was reviewed in a phone meeting with the Nursing Home Administrator and Director of Nursing on February 19, 2026, at 3:00 PM. The Nursing Home Administrator confirmed the email sent containing the PHI for Residents 3, 5, and 8 was a mistake. 483.70(h) Medical Records Previously cited deficiency 8/22/25 28 Pa. Code 211.5(f) Medical records</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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