

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/07/2026
NAME OF PROVIDER OR SUPPLIER Oak Hill Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 1020 North Union Street Middletown, PA 17057	
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>Based on clinical record review and staff interview, it was determined that the facility failed to provide the highest practical well-being by not following physician orders for daily weights for two of six residents reviewed (Residents 1 and 6). Findings include: Review of Resident 1's clinical record revealed diagnoses that included heart failure (a chronic condition where the heart cannot pump blood efficiently enough to meet the body's needs) and GERD (gastroesophageal reflux disease - a chronic condition where stomach acid frequently flows back into the esophagus, causing irritation, heartburn, and potential damage). Review of Resident 1's physician's orders revealed an active order to obtain weight daily, report 2-3 lb (pound) weight gain overnight or weight gain of 5 lb in one week, with a start date of March 10, 2026. Review of Resident 1's care plan revealed the Resident was at risk for nutrition/hydration problems related to anxiety, chronic heart failure/stage 3 chronic kidney disease with therapeutic diet, GERD, weight changes caused by fluid, fluid restriction, diuretics use, and elevated BMI (body mass index - a screening tool calculating a person's body fat using height and weight); with an intervention to monitor weight as ordered, initiated on March 11, 2026. Review of Resident 1's weights summary task failed to reveal a weight was obtained for the Resident on March 11, 13, 15, 21, and 22, 2026. Review of Resident 6's clinical record revealed diagnoses that included hypertension (high blood pressure) and major depressive disorder (MDD - a serious mental health condition characterized by persistent sadness, low energy, and loss of interest in activities lasting at least two weeks). Review of Resident 6's physician's orders revealed an order to weigh the Resident every morning for 6 weeks, with a start date of February 17, 2026. Review of Resident 6's care plan revealed the Resident was at risk for nutrition/hydration problems related to pain, hypertension, MDD, and overweight BMI; with an intervention to monitor weight as ordered, initiated on June 10, 2025. Review of Resident 6's weight summary task failed to reveal a weight was obtained for the Resident on March 15 and 22, 2026. During an interview conducted with the Nursing Home Administrator on April 7, 2026, at 10:37 AM, he confirmed the Residents were not weighed on the dates listed above and will do education with the weekend nurses to ensure they are completing resident weights as ordered. 42 CFR 483.25 Quality of care 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</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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