

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395367	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Oxford Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 7 East Locust Street Oxford, PA 19363	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on facility documentation review, clinical record review and staff interviews it was determined the facility failed to prevent accidents for one of one residents reviewed. (Resident 1) Findings Include:Review of Resident 1's diagnosis sheet revealed a diagnosis of Alzheimer's disease (a progressive brain disorder that causes memory loss and cognitive decline), osteoarthritis (a degenerative joint disease that happens when the protective cartilage in joints wears down, causing pain, stiffness, and reduced movement), and repeated falls.Review of facility incident report dated September 11, 2025, revealed resident was secure in stand-up lift when (they) moved (their) left arm and would not hold onto the bar causing a skin tear to the left forearm. Review of Resident 1's Occupational therapy notes dated September 8, 2025 revealed Resident 1 trialed in the stand up lift with standing tolerance of less than 30 sec (seconds) due to being anxious with standing. She needed assistance of 1 person to fix her feet on the platform for the lift going to bed, did not need assistance going back to wheelchair. Cues provided throughout to keep BLE (bilateral lower extremities or both feet) on the platform.Further review of Resident 1's incident report dated September 11, 2025 revealed a statement dated September 12, 2025 by licensed therapy employee E3, stating This OT discussed with the RN (Registered Nurse) on the unit that (Resident 1) is to stay a 2-person transfer for safety. In the event that she requires or may need a sit-to-stand up lift, it can only be done by CNAs familiar with her behavior and who has been educated as she tends to pull her fee back off the lift and requires readjustment and constant cues. Review of the incident report dated September 11, 2025 revealed a statement obtained from Nursing Employee E1 on September 12, 2025 stating I helped Nursing Employee 2 transfer (Resident 1) on the night in question. Typically nursing creates and updates the (assignment) sheets for CNAs . to know transfer statuses without having to log into the computer. I thought (OT) had said she was clear for a sit to stand lift about 2 weeks ago.An interview on October 28, 2025, at approximately 2:44 p.m. with Nursing Employee E1 revealed they assisted with the transfer and when they came into the resident's room, the resident was already in the lift. The resident wasn't holding arm rests during the transfer, but when the resident was unclipped from the lift, she witnessed the skin tear. She did not witness any other injury, and the resident was placed in bed.An interview with the Nursing Home Administrator on 10/28/25 at approximately 2:00 PM revealed that the facility conducts competency evaluations to all direct care staff on hire and annually.Review of Employee E1's new hire competency record dated July 3, 2025 revealed that the CNA who assisted with the transfer had been assessed as competent to transfer residents using mechanical lifts. This interview also revealed that the facility provides an orientation to all agency staff and they must be deemed competent to use the mechanical lifts.The facility failed to ensure that the assignment sheet accurately reflected the care needs of Resident 1 for staff to follow while transferring.28 Pa. Code 211.11(d) Resident care plan 28 Pa. Code 211.12 (c)(d)(1)(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
---	-------	-----------