

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 01/16/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>51168</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that resident assessments accurately reflect the residents' status for three of 24 residents reviewed. (Resident 18, Resident 31, and Resident 52).</p> <p>Findings include:</p> <p>Review of Resident 18's quarterly MDS (Minimum Data Set - periodic assessment of resident needs) dated December 17, 2024, revealed under section N0350 - Insulin, that the resident was marked as receiving insulin medication.</p> <p>Review of Resident 18 physician's orders revealed that the resident was not ordered insulin.</p> <p>Review of the Medication Administration Record (MAR) revealed that the resident did not receive insulin.</p> <p>Interview with the licensed staff, Employee E3, on January 15, 2025, at 1:08 p.m. confirmed that the resident's MDS assessment was marked incorrectly.</p> <p>Review of Resident 31's quarterly MDS of December 6, 2024, section N0350-Insulin, indicated that the resident received an injection of insulin once in the last seven days. Review of physician's orders and MAR revealed no evidence that the resident received insulin.</p> <p>Interview with licensed staff, Employee E3, on January 15, 2025, at 1:08 p.m. confirmed that the MDS was marked incorrectly.</p> <p>Review of Resident 52's wound and skin documentation dated October 10, 2024, revealed resident had an unstageable pressure ulcer (full thickness tissue loss where the depth cannot be assessed due to the presence of necrotic tissue [dead or dying cells] to the right heel.</p> <p>Review of quarterly MDS of October 11, 2024, section M0210-Unhealed Pressure Ulcers indicated Resident 52 did not have any unhealed pressure ulcers.</p> <p>Interview with licensed staff, Employee E3, on January 16, 2025, at 11:14 a.m. confirmed that the MDS was marked incorrectly.</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
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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>483.20 Resident Assessments</p> <p>Previously cited 2/15/24</p> <p>28 Pa. Code 211.5(f) Clinical records</p> <p>Previously cited 2/15/24</p> <p>28 Pa. Code 211.12(c) Nursing services</p> <p>Previously cited 2/15/24</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p> <p>Previously cited 2/15/24</p>