

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/16/2024
NAME OF PROVIDER OR SUPPLIER Oakwood Heights Village		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Vo Tech Drive Oil City, PA 16301	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17260</p> <p>Based on review of clinical records and facility documents, and staff interview, it was determined that the facility failed to provide the highest practicable care regarding correct medication administration for one of six residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Resident R1's clinical record revealed an admitted [DATE], with diagnoses that included diabetes, kidney disease and high blood pressure.</p> <p>Clinical record review for Resident R1 documented that on 6/25/24, at 11:55 p.m. Resident R1 was observed to be clammy and sweaty with a low blood glucose (sugar) level.</p> <p>Review of a facility investigation medication error document, dated 6/26/24, revealed that Resident R1 used Novolog 70/30 mix insulin (a mix of two types of insulin-a medication used to maintain blood glucose at normal levels) at home, but that he/she was administered Novolog (a single type of insulin) following admission to the facility. Physician orders dated 6/26/24, directed that the Novolog insulin be replaced with Novolog 70/30 mix insulin.</p> <p>During an interview on 8/09/24, at approximately 3:50 p.m., Registered Nurse (RN) Employee E1 confirmed that on admission Resident R1 should have been ordered Novolog 70/30 mix insulin on admission but was ordered the Novolog insulin instead. RN Employee E1 further indicated that Resident R1 was administered the incorrect insulin type from admission on 6/05/24 until 6/26/24, when the error was discovered.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.12(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
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