

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 02/26/2025
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 0689</p> <p>Level of Harm - 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31185</p> <p>Based on review of facility policy, investigation documents, and clinical records, and staff interviews, it was determined that the facility failed to maintain a safe environment regarding mechanical lift sling sizing for one of three residents that utilize a mechanical lift reviewed (Resident R46), that resulted in actual harm and required staple repair for a head laceration.</p> <p>Findings include:</p> <p>The facility's policy Safe Resident Handling/Transfers, dated 1/14/25, indicated that residents are to be transferred safely to prevent or minimize risks for injury. The policy further indicated that the facility will ensure that there are appropriate amounts of varying sizes of slings to accommodate residents and that residents will be measured correctly as per manufacturer's instructions on proper sling sizing.</p> <p>Review of Resident R46's clinical record revealed an admitted [DATE], with diagnoses that included respiratory failure, heart failure, anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and diabetes mellitus (high blood sugars).</p> <p>Review of Resident R46's Quarterly Minimum Data Set (MDS - an assessment tool used to facilitate the management of care for residents) assessment dated [DATE], revealed under section GG 0170 E, that Resident R46 was dependent on staff for transfer from chair to bed. The Quarterly MDS also revealed that Resident R46 was cognitively intact.</p> <p>Review of Resident R46's active physician's orders revealed an order for transfers by use of maxi lift (type of mechanical lift).</p> <p>Review of Resident R46's Care Plans under Activities of Daily Living (ADLs) revealed resident transfers with the maxi lift.</p> <p>Review of information submitted by facility dated 2/22/25, and interview with the Director of Nursing revealed Resident R46 was incorrectly transferred with a Hoyer lift (type of maxi lift) and sling that was too large. Resident R46 was transferred to the hospital related to a head laceration.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's investigation revealed that Nurse Aide (NA) Employees E10 and E11 utilized a blue extra-large sling on 2/21/25, when they transferred Resident R46 and the resident fell through the sling.</p> <p>Hospital documentation dated 2/21/25, revealed that Resident R46 slipped out of the Hoyer lift and fell and sustained a hematoma (bruise) and laceration to the back of the head with two staples to repair the laceration.</p> <p>During an interview on 2/25/25, at 9:00 a.m. Resident R46 revealed that staff had used a blue sling (extra-large) and not the normal medium size.</p> <p>During interviews on 2/24/25, at approximately 1:55 p.m. NA Employees E6, E7, and E9 all indicated that there was no process or documentation in the resident's clinical record to indicate what sling size to use when utilizing the Hoyer lift.</p> <p>During an interview on 2/25/25, at 10:45 a.m. the Director of Nursing confirmed that NA Employees E10 and E11 transferred Resident R46 by Hoyer lift using a blue sling that was too big and Resident R46 fell through the sling that resulted in harm of a head laceration. The DON also confirmed that there was not a process in place to ensure appropriate sling size determination.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 201.18(e)(1) Management</p> <p>28 Pa. Code 211.12(c) Nursing services</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48496</p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to provide a clinical rationale and duration for the continued use of a PRN (as needed) psychotropic (affecting the mind) medication beyond 14-days for one of five residents reviewed for psychotropic medications (Resident R17).</p> <p>Findings include:</p> <p>Review of facility policy entitled Use of Psychotropic Medications dated 1/14/25, indicated PRN orders for psychotropic medications . shall be limited to no more than 14 days . The medical record should include documentation from the physician or prescriber for the rational for the extended time period and indicate a specific duration.</p> <p>Review of Resident R17's clinical record revealed an admitted [DATE], with diagnoses that included diabetes (a health condition that caused by the body's inability to produce enough insulin), heart failure (a condition where the heart cannot supply the body with enough blood), and chronic obstructive pulmonary disease (when your lungs do not have adequate air flow).</p> <p>Review of Resident R17's medication orders revealed a physician's order dated 1/15/25, to administer Lunesta (a sleeping pill) 1 milligrams (mg) by mouth as needed at bedtime. Further review of medication orders revealed a physician's order dated 2/10/25, to increase Lunesta to 2 mg by mouth as needed at bedtime. The medication orders lacked the required stop date within 14 days or a clinical rationale for continuing beyond 14 days.</p> <p>During an interview on 2/26/25, at 9:30 a.m. Licensed Practical Nurse (LPN) Employee E8 confirmed that Resident R17's Lunesta orders lacked the required stop date within 14 days and a clinical rationale for continued use beyond 14 days. He/she also confirmed that the medication should have a clinical rationale and duration to continue beyond 14 days.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31185</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to label a multi-dose insulin (medication to treat elevated blood sugar levels) vial with the date it was opened and discard an expired multi-dose insulin vial in one of seven medication carts (Third floor cart A).</p> <p>Findings include:</p> <p>Review of the facility policy entitled Multi-Dose Vials dated [DATE], indicated multi-dose vials will be labeled with date open. It also indicated that insulin expires 28 days from the opened date.</p> <p>Observation on [DATE], at 9:10 a.m. revealed the Third-floor medication cart A contained a vial of opened undated Novolog insulin in a bag with an expiration date on the outside of the bag of [DATE]. Observation on [DATE], at 8:10 a.m. revealed the Third-floor medication cart A contained a bag with an expiration date of [DATE], on the outside of the bag contained two vials of opened Novolog insulin both were undated.</p> <p>During an interview at that time, LPN Employee E5 confirmed that multi-dose vials/containers of medication are to be dated upon opening to ensure that staff discard them in a timely manner and the medication is not to be utilized past the medication expiration.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy services</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48496</p> <p>Based on review of facility policies, observations, and staff interview, it was determined that the facility failed to serve food in a safe and sanitary manner during tray line and ensure that food was stored in accordance with standards for food safety in the main kitchen, and resident pantries (First and Third floor).</p> <p>Findings include:</p> <p>Review of facility policy entitled Dietary-Food Preparation and Service dated 1/14/25, indicated Gloves must be worn when handling food directly. However, gloves can also become contaminated and/or soiled and must be changed between tasks.</p> <p>Review of facility policy entitled Labeling and dating procedure for food and beverage dated 2/14/25, indicated We now have a total of 5 days to keep foods that are taken out of their original package. A product that is left in its original container can be used up to 7 days or the use by date whichever comes first. and The day that you open something is day 1 .</p> <p>Review of facility policy entitled Dietary-Food Receiving and Storage dated 2/14/25, indicated All foods belonging to residents must be labeled with resident's name, room number, the item and the use by date. And Pesticides and other toxic substances . will not be stored in storerooms for food .</p> <p>Review of facility policy entitled Foods Brought By Family-Visitors dated 2/14/25, indicated containers will be labeled with the resident name, the item, and the use by date. and Staff is responsible for discarding perishable foods on or before the use by date.</p> <p>Observations during kitchen tour on 2/23/25, at 9:00 a.m. revealed in the refrigerators a metal pan containing barbecue pork with a prepared date of 2/18/25, a metal pan containing chili with a prepared date of 2/18/25, a clear plastic tub containing three hard boiled eggs with a prepared date of 2/14/25, two cartons of potato salad with open dates of 2/11/25, and 2/13/25, a plastic tub of coleslaw with an open date of 2/13/25, and two open plastic tubs of strawberry yogurt with open dates of 2/12/25, and 2/15/25.</p> <p>During an interview with Dietary [NAME] Employee E1 at the time of observations, he/she expressed that food not kept in their original containers is discarded within five days and food that is open and kept in their original container are discarded within seven days or by the expiration date whichever comes first. He/she confirmed that the pan of barbecue pork, pan of chili, container of hard boiled eggs, cartons of potato salad, tub of coleslaw, and tubs of yogurt were beyond their use by date and/or expiration date. He/she also confirmed that the items should have been discarded by or before their use by date or expiration date.</p> <p>Observations on 2/23/25, at 1:00 p.m. of a refrigerator in the First Floor pantry used for residents revealed a jar of homemade jelly with no resident name and an open date of 10/22/23, observations of the freezer in the pantry revealed food items sitting next to ice packs that are used for treatments on residents and one of the ice packs remained in the cloth cover sitting on top of food items.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview at the time of observations with the Director of Nursing (DON), he/she confirmed that the homemade jelly in the refrigerator lacked a resident name and was beyond the use by date and that there were ice packs used for treatments on residents being stored in the same freezer with food. He/she also confirmed that food items should be labeled and discarded by the use by date, and ice packs used on residents should not be stored with food.</p> <p>Observation on 2/23/25, at 1:10 p.m. of a refrigerator in the Third Floor pantry used for residents revealed a loaf of homemade bread wrapped in tin foil with no resident name or date, and a pizza box with two pieces of pizza in the box with no date on the pizza box.</p> <p>During an interview at the time of observations, the Dietary Manager Employee E3 confirmed that the homemade bread lacked a resident name or date, and the pizza box lacked a date. He/she also confirmed that food items should have a resident's name and should be discarded by the use by date.</p> <p>Observations on 2/23/25, at 12:10 p.m. during tray line, revealed Homemaker Employee E2 washed his/her hands and placed gloves on then proceeded to take temperatures of the food, then picked up a three ring binder and pen and wrote the temperatures down, then proceeded to move residents tray tickets around on the steam table, then started to place food on the resident's plate, then took the plate and sat it on the counter, then held onto the food with his/her gloved hand and cut the meat. Homemaker Employee E2 failed to remove his/her gloves and wash his/her hands after touching several items before touching the resident's food.</p> <p>During an interview at the time of the observations, Homemaker Employee E2 confirmed that he/she touched several items then touched the resident's food with the same gloves. He/she also confirmed that they should have removed his/her gloves washed their hands and applied new gloves before touching the resident's food.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p>		