

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>02/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Oakwood Heights Village                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10 Vo Tech Drive<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                     |                                                 |
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| F 0565<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on resident interviews, review of facility policy and resident council minutes, and resident and staff interviews, it was determined that the facility failed to respond to resident concerns identified during resident council minutes for three of three months reviewed (November 2025, December 2025, and January 2026). Findings include: Review of a facility policy entitled, Resident Council dated 1/28/26, indicated that a Resident Council Response Form will be utilized to track issues and their resolution and the facility department related to any issues will be responsible for addressing the item(s) of concern. During an interview on 2/04/26, at 10:45 a.m. Resident Council Members (Residents R5, R56, R58, R67, R79, and R86) confirmed they do not receive responses to previous Resident Council concerns and do not believe Resident Council concerns are resolved in a timely manner due to the number of ongoing concerns voiced by the group. Review of November 2025, Resident Council Meeting Minutes revealed: new business included a leaking faucet, broken call bell, and missing clothing; ongoing business included residents upset with dirty floors and bathrooms, windows needed cleaning, and staff wearing name tags; resolved business included a beautician was hired. There was no evidence that the facility utilized a Resident Council Response Form to track issues and their resolution, and that the department related to any issues addressed the item(s) of concern. Review of December 2025, Resident Council Meeting Minutes revealed: new business included the same broken call bell, requests of a Nurse Aid to help in the dining room, the beautician leaving; ongoing business included residents upset with dirty floors and bathrooms, the leaking faucet, and staff still not wearing name tags. There was no evidence resident concerns from the previous month's meeting were resolved and/or discussed, and there was no evidence that the facility utilized a Resident Council Response Form to track issues and their resolution, and that the department related to any issues addressed the item(s) of concern. Review of January 2026, Resident Council Meeting Minutes revealed: new business included poor floor care, wrinkled clothing, call bell response times, staffing, missing clothing, activities, room temperatures, and Administrator participation in the meetings. There was no evidence resident concerns from the previous month's meeting were resolved and/or discussed, and there was no evidence that the facility utilized a Resident Council Response Form to track issues and their resolution, and that the department related to any issues addressed the item(s) of concern. Review of facility Concern, Comment, Procedure Forms revealed: On 8/23/25, a concern was submitted that room [ROOM NUMBER] and the bathroom needed a deep clean and the floors were sticky, and that the resident needed help with eating. Facility findings included, the floor scrubber was broken. Corrective action included, Environmental Services Director and Administrator were notified and that the room would be cleaned. On 9/02/25, a concern was submitted that room [ROOM NUMBER]'s bathroom floor was dirty and that family cleaned it. The corrective action included, Environmental Services Director would handle this with his/her team. During an interview on 2/04/26, at 1:15 p.m. the Nursing Home Administrator confirmed that there was lack of evidence that the repeated concerns from Resident Council and/or Concern, Comment, Procedure Forms were resolved, and there was a lack of evidence that the Resident Council was informed of the concern outcomes and was satisfied with the outcomes by the facility. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 201.18(e)(1)(4) Management</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                                   | (X6) DATE                             |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>Facility ID:<br>395502 | If continuation sheet<br>Page 1 of 17 |

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| F 0567<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to manage his or her financial affairs.</p> <p>Based on review of facility documents, observations, and resident and staff interviews, it was determined that the facility failed to ensure residents access to petty cash on an ongoing basis, and to ensure have access to their funds from the resident's petty cash fund the same day for amounts less than \$100.00 (\$50.00 for Medicaid residents) and on weekends for all 89 of 89 residents in the facility. Findings include: Review of the facility Admissions Agreement Section 18 (iv) page 22 revealed the facility shall provide cash, if requested within one day of the request or a check, if requested within three days of the request. During interviews on 2/04/26, at 10:45 a.m. Residents R5, R56, R58, R67, R79 and R86 confirmed that they cannot access petty cash on the same day during the week and not at all on weekends. Residents stated that they must give at least 24-hour notice of cash requests to allow the Nursing Home Administrator (NHA) time to go to the bank. During an interview on 2/04/26, 1:15 p.m. the NHA confirmed the cash box contains \$400 and is kept in the Business Office. Residents sign a receipt for the amount of money they wish, and the Business Office Manager (BOM) issues a check to the NHA to cash and reimburse the petty cash box, and there is no one in the building on weekends to access the petty cash to fulfill resident requests for money. Observation and confirmation from the BOM on 2/05/26, at 8:46 a.m. of the petty cash box revealed there was a \$5 bill, a few \$1 bills and change, receipts and resident checks dated in December. During an interview at that time the NHA confirmed that he/she has had the check to take to the bank since last week and that he/she hasn't gotten the chance to cash it. Review of facility Checking Account Statement printed 2/05/26, revealed that a check was issued to the NHA on 1/23/26, for \$400. 28 Pa. Code 201.14(a) Responsibility of licensee28 Pa. Code 201.18(b)(2)(3) Management28 Pa. Code 201.18(e)(1) Management.28 Pa. Code 201.29(a) Resident rights</p> |                                                                                     |                                                 |

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| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observations, review of facility policies and documents, and staff interviews, it was determined that the facility failed to provide housekeeping services necessary to maintain a clean environment for multiple resident rooms on the first floor (101, 102, 103, 104, 105, 107, 108, 109, 111, and 113) and multiple resident rooms on the third floor (303, 304, 305, 309, 316 and 317). Findings include: Review of facility policy entitled Homelike Environment dated 1/28/26, indicated residents are provided with a safe, clean, comfortable and homelike environment. Review of the facility admission Agreement page 10 revealed that the facility will provide clean lodging. A facility document entitled, Room Cleaning Process revealed that daily housekeeper tasks included remove trash, sweep/mop floor, clean bathroom surfaces then toilet, and sweep/mop bathroom. Observations on 2/03/26, between 10:50 a.m. and 1:15 p.m. and on 2/04/26, between 8:45 a.m. and 9:30 a.m. revealed resident Rooms 101, 102, 103, 104, 105, 107, 108, 109, 111, and 113 to have a removable build-up of a black substance covering much of the bedroom and bathroom floors. During an interview on 2/04/26, at 9:30 a.m. the Environmental Services Manager confirmed the presence of black substance and that it was removable with minor effort. Observations on 2/3/26, between 10:00 a.m. and 12:45 p.m. and again on 2/4/26, between 8:30 a.m. and 9:17 a.m. revealed resident bathrooms in rooms 303, 304, 305, 309, 316 and 317 had large areas of a dry black substance on the bedroom and bathroom floors. During an interview on 2/4/26, at 9:17 a.m. Licensed Practical Nurse Employee E3 confirmed the black substance on the bedroom and bathroom floors and confirmed that it was removable with minimal effort. 28 Pa. Code 201.14(a) Responsibility of Licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 201.18(e)(2.1) Management</p> |                                                                                     |                                                 |

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| <p>F 0628</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on review of facility policies, clinical records, and staff interviews it was determined that the facility failed to provide the resident and/or resident representative with a written notice of the facility bed-hold policy (explanation of how long a bed can be held during a leave of absence and the cost per day), and failed to make certain that the necessary resident information was communicated to the receiving health care provider upon transfer to the hospital, for four of four residents reviewed (Residents R11, R12, R76, and R90). Review of facility policy entitled Transfer and Discharge dated 1-28-26, indicated Provide a notice of transfer and the facility's bed hold policy to the resident and representative as indicated. And For a transfer to another provider, for any reason, the following information must be provided to the receiving provider: Contact information of the practitioner who was responsible for the care of the resident Resident representative information, including contact information Advance directive information All other information necessary to meet the resident's needs. All special instructions and/or precautions for ongoing care. The residents' comprehensive care plan goals All other information necessary to meet the residents' needs which includes, but may not be limited to: Resident status. Diagnosis and allergies Medications Most relevant labs. Review of Resident R11's clinical record revealed an admission date of 2/13/24, with diagnoses that included diabetes (a health condition that is caused by the body's inability to produce enough insulin), peripheral vascular disease (a condition when there is restricted blood flow to the limb, usually legs), and hypertension (high blood pressure). Review of Resident R11's progress notes revealed notes dated 9/3/25, and 9/20/25, indicating transfer to the hospital, the clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. His/her clinical record also lacked evidence indicating that he/she and/or his/her representative were provided with a copy of the bed-hold policy upon transfer on 9/20/25. Review of Resident R12's clinical record revealed an admission date of 10/9/24, with diagnoses that included chronic respiratory failure (a condition where your lungs don't exchange air properly), diabetes (a health condition that is caused by the body's inability to produce enough insulin), and congestive heart failure (the inability of the heart to maintain an adequate supply of blood to organs and tissues). Review of Resident R12's progress notes revealed notes dated 4/8/25, 9/6/25, 10/14/25, and 10/21/25, indicating transfer to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. His/her clinical record also lacked evidence indicating that he/she and/or his/her representative were provided with a copy of the bed-hold policy upon transfer on 9/6/25, and 10/14/25. Review of Resident R76's clinical record revealed an admission date of 12/17/21, with diagnoses that included dementia (a disease that affects short term memory and the ability to think logically), hypertension (high blood pressure), and gastro esophageal reflux disease (a condition when stomach acid repeatedly flows back up into your throat). Review of Resident R76's progress notes revealed notes dated 12/26/25, and 1/31/26, indicating transfer to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. His/her clinical record also lacked evidence indicating that he/she and/or his/her representative were provided with a copy of the bed-hold policy upon transfer on 12/26/25. Review of Resident R90's clinical record revealed an admission date of 9/13/25, with diagnoses that included chronic obstructive pulmonary disease (when your lungs do not have adequate air flow), anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and diabetes (a health condition that is caused by the body's inability to produce enough insulin). Review of Resident R90's progress notes revealed a note dated 11/18/25, indicating transfer to the hospital. The clinical record lacked evidence that his/her necessary clinical information was communicated to the receiving health care provider. During an interview on 2/5/26, at 3:00 p.m. the Director of Nursing (continued on next page)</p> |                                                                                     |                                                 |

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| F 0628<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | confirmed that Resident's R11, R12, R76 and R90's clinical records lacked evidence that the necessary clinical information was provided to the receiving healthcare provider upon transfer. He/she confirmed that Resident's R11, R12, and R76's clinical records lacked evidence indicating that he/she and/or his/her representative were provided with a copy of the bed-hold policy upon transfer. He/she also confirmed when the transfers occurred clinical information should have been provided to the receiving healthcare provider and bed hold policy should be provided to the resident/representative upon transfer. 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.29(c.3)(2) Resident rights |                                                                                     |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>02/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Oakwood Heights Village                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on review of facility policy and clinical records, observations, and staff interviews, it was determined that the facility failed to maintain proper care of respiratory equipment and failed to provide oxygen according to physician's orders for seven residents reviewed for respiratory care (Residents R12, R19, R22, R25, R56, R50, and R29). Findings include: Review of facility policy entitled Oxygen Administration dated 1/28/26, indicated Oxygen is administered under orders of a physician., and Keep delivery devices covered in plastic bag when not in use. Review of Resident R12's clinical record revealed an admission date of 10/9/24, with diagnoses that include chronic respiratory failure (a condition where your lungs don't exchange air properly), diabetes (a health condition that is caused by the body's inability to produce enough insulin), and congestive heart failure (the inability of the heart to maintain an adequate supply of blood to organs and tissues). Review of Resident R12's physician orders revealed an order for Oxygen at two liters/minute via nasal cannula (a thin tube with two prongs that fit into the resident's nostrils to deliver oxygen) every shift dated 11/18/25. Observations on 2/3/26, at 9:30 a.m., and again at 10:45 a.m. revealed Resident R12 lying in his/her bed with supplemental oxygen in place and the oxygen concentrator (machine used to deliver concentrated oxygen to patients) flow rate set at three liters/minute. Review of Resident R19's clinical record revealed an admission date of 2/25/25, with diagnoses that include chronic obstructive pulmonary disease (COPD-- when your lungs do not have adequate air flow) heart failure (the inability of the heart to maintain an adequate supply of blood to organs and tissues), and hyperlipidemia (high cholesterol). Observations on 2/3/26, at 10:00 a.m. and again at 12:22 p.m. revealed Resident R19's nasal cannula was connected to the oxygen concentrator and the prongs that go into Resident R19's nostrils were lying on the floor. Resident R22's clinical record revealed an admission date of 9/04/19, with diagnoses including heart disease/failure, COPD, and Type 2 Diabetes (condition when the body cannot use insulin correctly and sugar builds up in the blood). The clinical record revealed a physician's order dated 7/12/24, to use two liters/minute of supplemental oxygen via nasal cannula at night. Observations on 2/03/26 between 10:50 a.m. and 12:15 p.m. revealed Resident R22's oxygen tubing and nasal cannula hanging over the top of the oxygen concentrator and not in a plastic bag. Resident R25's clinical record revealed an admission date of 1/16/26, with diagnoses that included COPD, Type 2 Diabetes, communication deficit, and seizures. The clinical record also revealed a physician's order dated 1/21/26, for oxygen at four liters/minute every shift. Observations on 2/03/26 between 10:50 a.m. and 12:15 p.m. revealed Resident R25's oxygen tubing and nasal cannula laying on the floor and not in a plastic bag. Resident R29's clinical record revealed an admission date of 1/13/26, with diagnoses including Type 2 Diabetes, heart failure, difficulty swallowing, and long-term kidney disease, a physician's note dated 1/13/26, for oxygen at two liters/minute via nasal cannula as needed. Observations on 2/03/26 between 10:50 a.m. and 12:15 p.m. revealed Resident R29's oxygen tubing and nasal cannula hanging over the top of the oxygen concentrator and not in a plastic bag. Resident R50's clinical record revealed an admission date of 8/07/24, with diagnoses that included sudden and ongoing respiratory failure, COPD, irregular heartbeat, and heart failure. The clinical record also revealed a physician's order dated 2/14/25, for oxygen at two liters/minutes via nasal cannula as needed. Observations on 2/03/26, between 10:50 a.m. and 12:15 p.m. revealed Resident R50's oxygen tubing and nasal cannula laying on the floor and not in a plastic bag. Resident R56's clinical record revealed an admission date of 9/08/21, with diagnoses that included COPD, Alzheimer's Disease (brain disorder that slowly destroys a person's memory and thinking skills), asthma, and irregular heartbeat,. The clinical record also revealed a physician's order dated 7/01/25, for oxygen at two liters/minute via nasal cannula every night. Observations on 2/03/26 between 10:50 a.m. and 12:15 p.m. revealed Resident R56's oxygen tubing and nasal cannula hanging over the top of the bed rail and not in a plastic bag. During an interview on 2/3/26 at 12:55 p.m. Registered Nurse Employee E6 confirmed that Resident R12's oxygen flow rate was set at three liters per min (continued on next page)</p> |                                                                                     |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>02/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Oakwood Heights Village                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10 Vo Tech Drive<br>Oil City, PA 16301 |                                                 |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>and that Resident R19's nasal cannula was lying on the floor. He/she also confirmed that Resident R12's oxygen flow rate was not per physician orders and that Resident R19's nasal cannula should not be on the floor. During an interview on 2/03/26, at 12:45 p.m. Licensed Practical Nurse Employee E4 confirmed that Resident's R22, R25, R29, R50, and R56's oxygen tubing and nasal cannulas were lying on the floor and hanging over equipment and that the tubing and cannulas should be in plastic bags when not in use. During an interview on 2/03/26, at 12:47 p.m. the Director of Nursing confirmed that oxygen tubing and cannulas are to be stored in a plastic bag when not in use. 28 Pa. Code 211.12(d)(1)(5) Nursing services 28 Pa. Code 211.10(c) Resident care policies</p> |                                                                                     |                                                 |

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| <p>F 0711</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p>Based on review of facility policy and clinical records, and staff interviews, it was determined that the facility failed to ensure that the physician signed and dated all orders during visits for nine of 21 residents reviewed (Residents R4, R7, R10, R18, R19, R22, R23, R58, and R67). Findings include: Review of facility policy entitled Physician Visits and Physician Delegation dated 1/28/26, revealed The physician should: See resident within 30 days of initial admission to the facility. The resident must be seen at least once every 30 calendar days for the first 90 calendar days after admission and at least every 60 days thereafter by physician or physician delegate as appropriate by state law. Sign and date all orders. Review of resident R4's clinical record revealed an admission date of 11/26/18, with diagnoses that included Alzheimer's disease (a progressive disorder that affects memory, thinking skills, and ability to perform simple tasks), diabetes (a chronic disease where the body does not produce enough insulin or cannot use it efficiently), and muscle weakness. Review of Resident R4's clinical record revealed that his/her physician orders were signed and dated 9/12/25, and not again until 1/26/26, which was beyond the required 60 days. Review of Resident R7's clinical record revealed an admission date of 1/7/25, with diagnoses that included asthma (a long term lung disease that causes the airways to narrow and make it difficult to breath), anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and hypertension (high blood pressure). Review of Resident R7's clinical record revealed that his/her physician orders were signed and dated 9/12/25, and not again until 1/26/26, which was beyond the required 60 days. Review of Resident R10's clinical record revealed an admission date of 5/30/25, with diagnoses that included hypertension, hyperlipidemia (high cholesterol) and muscle weakness. Review of Resident R10's clinical record revealed that his/her physician orders were signed and dated 9/12/25, and not again until 1/26/26, which was beyond the required 60 days. Review of Resident R18's clinical record revealed an admission date of 12/1/24, with diagnoses that included chronic obstructive pulmonary disease (when your lungs do not have adequate air flow), diabetes, and chronic kidney disease. Review of Resident R18's clinical record revealed that his/her physician orders were signed and dated 9/12/25, and not again until 1/26/26, which was beyond the required 60 days. Review of Resident R19's clinical record revealed an admission date of 2/25/25, with diagnoses that included chronic obstructive pulmonary disease, heart failure (the inability of the heart to maintain an adequate supply of blood to organs and tissues), and hyperlipidemia. Review of Resident R19's clinical record revealed that his/her physician orders were signed and dated 9/12/25, and not again until 1/26/26, which was beyond the required 60 days. Resident R22's clinical record revealed an admission date of 9/04/19, with diagnoses including heart disease/failure, COPD, and Type 2 Diabetes (condition that happens when the body cannot use insulin correctly and sugar builds up in the blood). Review of Resident R22's clinical record revealed that his/her physician orders were signed on 9/12/25, and not again until 1/26/26, which was beyond the required 60 days. Review of Resident R23's clinical record revealed an admission date of 10/25/24 with diagnoses that included heart failure, hypertension, and atrial fibrillation (irregular heartbeat). Review of Resident R23's clinical record revealed that his/her physician orders were signed and dated 9/12/25, and not again until 1/26/26, which was beyond the required 60 days. Review of Resident R58's clinical record revealed an admission date of 4/8/22, with diagnoses that included hypertension, gastro esophageal reflux disease (a condition when stomach acid repeatedly flows back up into your throat), and hyperlipidemia. Review of Resident R58's clinical record revealed that his/her physician orders were signed and dated 9/12/25, and not again until 1/26/26, which was beyond the required 60 days. Review of Resident R67's clinical record revealed an admission date of 10/19/25, with diagnoses that included hypertension, chronic kidney disease, and muscle weakness. Review of Resident R67's clinical record revealed that his/her physician orders were signed until 1/26/26, which was beyond the required 60 days. During an interview on (continued on next page)</p> |                                                                                     |                                                 |



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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395502                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                            | (X3) DATE SURVEY<br>COMPLETED<br><br>02/06/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Oakwood Heights Village                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>10 Vo Tech Drive<br>Oil City, PA 16301 |                                                 |
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| F 0711<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | 2/5/26, at 2:06 p.m. the Director of Nursing confirmed that physician orders for Residents R4, R7, R10, R18, R19, R22, R23, R58, and R67 were not reviewed and signed by the physician in the required 60 days and confirmed that physician orders should be reviewed and signed with every physician visit on admission then every 30 days for the first 90 days then every 60 days. Refer to F841 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.5(f)(i) Medical records |                                                                                     |                                                 |

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| <p>F 0583</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Keep residents' personal and medical records private and confidential.</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to provide resident privacy on one of five medication carts (Third floor 100 hall medication cart). Review of facility policy entitled Confidentiality of Information and Personal Privacy dated 1/28/26, revealed Ensure computer screens are in privacy mode or hidden when administering medications. Observations on 2/3/26, between 12:30 p.m. and 12:50 p.m. of the Third floor 100 hall medication cart revealed the medication cart sitting in the hallway against the wall with an open computer on top of the medication cart and resident health information visibly facing into the hallway. Continued observations revealed Licensed Practical Nurse (LPN) Employee E2 returned and walked away from the medication cart several times leaving resident health information visible while several visitors, residents and staff walked past the viewable health record. During an interview on 2/3/26, at 12:50 p.m. LPN Employee E2 confirmed that he/she left the medication cart with the computer open and did not cover resident health information. He/she also confirmed that resident information should be covered when not within view. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 211.12(d)(1)(5) Nursing services</p> |                                                                                     |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to provide evidence that non-pharmacological interventions (interventions attempted to calm a resident other than medication) were attempted prior to the administration of an as needed (PRN) psychotropic (mind altering) medication for one of 21 residents reviewed (Resident R4). Findings include: Review of facility policy entitled Psychotropic Medication Use dated 1/28/26, revealed that non-pharmacological approaches are used to minimize the need for medications, permit lowest possible dose, and allow for discontinuation of medications when possible. Review of Resident R4's clinical record revealed an admission date of 11/26/18, with diagnoses that included Alzheimer's disease (a progressive disorder that affects memory, thinking skills, and ability to perform simple tasks), diabetes (a chronic disease where the body does not produce enough insulin or cannot use it efficiently), and muscle weakness. The clinical record revealed that on 12/2/25, Resident R4's physician ordered Lorazepam (a medication ordered to treat anxiety) 0.5 milligrams (mg) every 4 hours PRN for anxiety. Review of Resident R4's December 2025 Medication Administration Record (MAR) and January 2026 MAR revealed that the PRN Lorazepam was used on 12/8/25,12/16/25,12/21/25,1/2/26, 1/14/26, 1/15/26, 1/17/26, and 1/22/26. Resident R4's clinical record lacked evidence of non-pharmacological interventions being attempted prior to the administration of the PRN Lorazepam for the eight administrations in December 2025 and January 2026. During an interview on 2/5/26, at 10:56 a.m. the Director of Nursing confirmed that Resident R4's clinical record lacked evidence that non-pharmacological interventions were attempted prior to the administration of a PRN psychotropic medication for the dates listed above and that non-pharmacological interventions should be attempted and documented in the clinical record. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p> |                                                                                     |                                                 |

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| <p>F 0712</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>Based on review of facility policy and clinical records, and staff interviews, it was determined that the facility failed to ensure the resident's initial visit was conducted by the physician and that the physician alternate required resident visits with the nurse practitioner or physician's assistant for two of 21 residents reviewed (Residents R22 and R29). Findings include: Facility policy entitled, Physician Visits and Physician Delegation dated, 1/28/26, revealed that the physician should: see the resident within 30 days of initial admission to the facility; date, write, and sign a progress note for each visit; at the option of the physician, required visits in skilled nursing facilities, after the initial visit, may alternate between personal visits by the physician and visit by a physician assistant, nurse practitioner, or clinical nurse specialist. Resident R29's clinical record revealed an admission date of 1/13/26, with diagnoses including Type 2 Diabetes (condition when the body cannot use insulin correctly and sugar builds up in the blood), heart failure, difficulty swallowing, and muscle weakness. Further review of Resident R29's clinical record revealed that on 1/25/26, a progress note indicated that the nurse practitioner conducted the initial assessment on Resident R29, and not the physician. Resident R22's clinical record revealed an admission date of 9/04/19, with diagnoses including heart disease/heart failure, Type 2 Diabetes, and chronic obstructive pulmonary disease, (group of lung disease that cause airflow blockage and breathing-related problems). Further review of Resident R22's clinical record lacked evidence that the resident had been seen by the physician since 1/31/25. Provider progress notes were completed and signed by the nurse practitioner on 3/18/25, 5/20/25, 6/17/25, and 8/26/25. During an interview on 2/06/26, at 9:00 a.m. the Director of Nursing confirmed that he/she could not determine the most recent date Resident R22 received a visit from the physician, and that Resident R29's initial visit at the facility was conducted by the nurse practitioner. Refer to F841 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.5(f)(ii)(vii) Medical records</p> |                                                                                     |                                                 |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>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>Based on review of facility policies, observations and staff interviews, it was determined that the facility failed to appropriately discard outdated medications for two of three medication carts reviewed (First floor rehab and Second floor medication carts) and failed to prevent the opportunity for potential unauthorized access of medications on one of five medication carts observed (Third floor 100 hall medication cart). Review of facility policy entitled Administering Medications date 1/28/26, revealed When opening a multi-dose container, the date opened is recorded on the container. and During administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse. and The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by. Review of facility policy entitled Labeling of Medications and Biologicals dated 1/28/26, revealed Labels for multi-dose vials must include: The date the vial was initially opened or accessed. Review of manufacturer's guidelines revealed that an open vial of Aspart Insulin must be used within 28 days after opening or be discarded. Manufacturer's guidelines for Trelegy Ellipta (medication used to treat Chronic Obstructive Pulmonary Disease [COPD - a condition that prevents airflow to the lungs resulting in difficulty breathing] and Asthma [a long-term inflammatory disease of the airways that cause the airways to narrow and swell causing symptoms such as wheezing, coughing, chest tightness, and shortness of breath], indicated that Trelegy should be discarded six weeks after opening the foil tray or when the counter read 0, whichever comes first. Observation of drug storage on 2/3/26, at 10:53 a.m. of the First-floor rehab medication cart revealed a Trelegy Ellipta Diskus out of the foil package, in use and lacking an open date. During an interview on 2/3/26, at the time of observations, Licensed Practical Nurse (LPN) Employee E4 confirmed that the Trelegy Ellipta Diskus in use lacked an open date, and staff were unable to determine the discard date. He/she she also confirmed that the Trelegy Ellipta Diskus should have been discarded. Observations of drug storage on 2/3/26, at 11:22 a.m. of the Second-floor medication cart revealed an open vial of Aspart insulin lacking an open date. Further observations revealed in the second and third drawers of the medication cart were several loose random pills. During an interview on 2/3/26, at the time of observations, LPN Employee E5 confirmed that the open vial of Aspart insulin lacked an open date, and staff were unable to determine the discard date and there were several loose random pills in the second and third drawers. He/she also confirmed that the vial of Aspart insulin and the random loose pills should have been discarded. Observations on 2/3/26, between 12:30 p.m. and 12:50 p.m. revealed LPN Employee E2 preparing medications from the Third floor 100 hall medication cart parked in the hall against the wall with the drawers facing into the hallway. Continued observations revealed PLN Employee E2 walked away from the medication cart entering resident rooms, and the pantry several times. LPN Employee E2 did not securely lock the Third floor 100 hall medication cart. LPN Employee E2 was unable to view medication cart from resident rooms and the pantry. During an interview on 2/3/26, at 12:50 p.m. LPN Employee E2 confirmed that he/she left the medication cart unlocked which was out of view while in resident rooms and the pantry. LPN employee E2 also confirmed that the medication cart should be locked when out of view. 28. Pa. Code 201.18(b)(1) Management 28. Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d)(1) Nursing services</p> |                                                                                     |                                                 |

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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to ensure that food was stored in accordance with standards for food safety in the main kitchen and failed to maintain sanitary conditions in one of three pantry refrigerators (First floor). Findings include: Review of a facility policy entitled, Dietary-Food Receiving and Storage dated 1/28/26, revealed that All foods stored in the refrigerator or freezer will be covered, labeled and dated. The policy also indicated that dining services, of other designated staff, will maintain clean food storage areas at all times. Observation on 2/03/26, at 9:30 a.m. in the main kitchen walk in cooler revealed two 48-ounce bottles of salsa, three 16 ounce jars of parmesan grated cheese and one bottle of sweet relish, all with no open dates. During an interview on 2/03/26, at 9:45 a.m. the Dietary Manager confirmed that the above food items should have been dated when opened. Observation on 2/03/26, 10:45 a.m. of the pantry refrigerator on First Floor revealed it had brown/tan dried liquid on the bottom floor of the main compartment and on the bottom shelf of the door. During an interview on 2/03/26, at 10:51 a.m. Housekeeping Employee E1 confirmed the above listed conditions in the First-Floor pantry refrigerator. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(e)(2.1) Management |                                                                                     |                                                 |

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| F 0841<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.<br><br>Based on review of the Medical Director agreement, facility records, and staff interview, it was determined that the facility failed to ensure that the Medical Director fulfilled his/her responsibilities to develop, review, and improve resident care policies. Findings include: Review of the Medical Director agreement revealed he/she is expected to guide, approve, and help oversee the development, implementation, and monitoring/evaluation of the facility's resident care policies and procedures in several areas. Review of facility's annual policy reviews dated 1/28/26, revealed no signature by the Medical Director. Interview with the Nursing Home Administrator on 2/6/26, at approximately 12:12 p.m. revealed that the Medical Director was not present at the facility throughout the year to fulfill his/her responsibility in the development, review, and improvement of resident care policies and the Medical Director was not a part of the annual policy review. Refer to F711, F712, and F86828 Pa. Code 201.18(e)(1)(3) Management 28 Pa. Code 211.10(c)(d) Resident care policies |                                                                                     |                                                 |

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| F 0868<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on review of facility policy, facility records, and staff interview, it was determined that the facility failed to ensure the required attendance of the Medical Director or his/her designee to Quality Assurance and Performance Improvement (QAPI) Committee meetings for four of four quarterly QAPI Committee meetings reviewed. Findings include: Review of facility policy entitled Quality Assurance and Performance Improvement dated 1/28/26, revealed The QAA Committee shall be interdisciplinary and shall consist at a minimum of . The Medical Director or his/her designee. Review of the QAPI Committee Attendance Records from March 2025, through December 2025, revealed no evidence on the attendance sign-in sheets for all required QAPI meetings that included the Medical Director or his/her designee was in attendance. During an interview on 2/06/26, at approximately 10:30 a.m. the Nursing Home Administrator confirmed the facility lacked evidence that the Medical Director or his/her designee attended the Quarterly QAPI Committee meetings as required. Refer to F84128 Pa. Code 201.18(e)(1)(3) Management</p> |                                                                                     |                                                 |



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| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                                                 |
| <p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>                                   | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records and staff interviews, it was determined that the facility failed to accurately code the Minimum Data Set (MDS-periodic assessment of resident care needs) and failed to ensure that the MDS assessment accurately reflected the status for three of 21 residents reviewed (Residents R11, R23 and R90). Findings include: Review of Resident R11's clinical record revealed an admission date of 2/13/24, with diagnoses that included diabetes (a health condition that is caused by the body's inability to produce enough insulin), peripheral vascular disease (a condition when there is restricted blood flow to the limb, usually legs), and hypertension (high blood pressure). Review of Resident R11's physician orders revealed an order for hospice with a start date of 12/30/25. Review of Resident R11's MDS dated [DATE], section O special treatments, procedures, and programs under O0110 hospice revealed Resident R11 was inaccurately coded yes. Review of Resident R23's clinical record revealed an admission date of 10/25/24, with diagnoses that included heart failure, hypertension, and atrial fibrillation (irregular heartbeat). Review of Resident R23's physician orders revealed an order for hospice with a start date of 10/25/24. Review of Resident R23's MDS dated [DATE], section O special treatments, procedures, and programs under O0110 hospice revealed Resident R11 was inaccurately coded no. Review of Resident R90's clinical record revealed an admission date of 9/13/25, with diagnoses that included chronic obstructive pulmonary disease (when your lungs do not have adequate air flow), anxiety (a condition that causes a person to be nervous, uneasy, or worried about something or someone), and diabetes. Review of Resident R90's discharge recapitulation of stay dated 12/15/25, under nursing services indicated that resident R90 was admitted to another facility. Review of Resident R90's MDS submissions revealed an MDS for a discharge return anticipated dated 11/18/25, MDS submissions lacked evidence that an MDS for return not anticipated was completed. During an interview on 2/5/26, at 10:47 p.m. the Registered Nurse Assessment Coordinator (RNAC) confirmed that Residents R11 and R23's MDS's were coded inaccurately for hospice services. During an interview on 2/6/26, at 10:47 a.m. the RNAC confirmed that Resident R90's discharge MDS was coded inaccurately. 28 Pa. Code 211.5(f) Medical records 28 Pa. Code 201.14 (a) Responsibility of Licensee</p> |                                                                                     |                                                 |