

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/12/2025
NAME OF PROVIDER OR SUPPLIER Oak Ridge Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 500 West Hospital Street Taylor, PA 18517	

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)
F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. (continued on next page)

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on clinical record review, interview, and policy review, it was determined the facility failed to provide residents and/or their representatives with the required written notice of Medicare coverage termination, including an explanation of the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF-ABN) and the right to appeal, prior to the end of Medicare Part A services for two of three sampled residents reviewed for Medicare coverage notices (Resident 1 and Resident 2). Findings Include: A review of Resident 1's clinical record revealed admission to the facility on May 14, 2025, with diagnoses to include Parkinsons disease (a progressive, neurological disease), muscle weakness and diabetes. Review of the resident's Medicare coverage documentation revealed the last day of covered Medicare Part A services was June 5, 2025. Further review of the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF-ABN) form dated June 3, 2025, which is a standardized written notice that facilities are required to issue to a Medicare beneficiary when services are expected to end or coverage will be denied. The notice must explain the reason for non-coverage; the date coverage will end and inform the resident or their representative of their right to appeal the decision. The form indicated Resident 1 requested the form be reviewed with her responsible party, her daughter. The facility social worker documented the responsible party's name and telephone number, the date June 3, 2025, and noted no appeal. There was no evidence that the resident or her responsible party received the notice, reviewed the form, or were informed of the opportunity to appeal the coverage termination. During a telephone interview conducted on August 12, 2025, at 12:00 P.M., Resident 1's daughter stated that the facility did not contact her regarding the SNF-ABN and that she was not advised of her right to appeal the denial of coverage. A review of Resident 2's clinical record revealed admission to the facility on July 14, 2025, with diagnoses to include Parkinson's disease (a progressive, neurological disease) and a history of falls. The clinical record indicated the resident was his own responsible party. A review of an admission minimum data set assessment (MDS a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated July 17, 2025 revealed a BIMS score of 10 (Brief Interview for Mental Status a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information. A score between 8 and 12 indicates moderate cognitive impairment). Review of the resident's Medicare coverage documentation revealed the last day of covered Medicare Part A services was July 31, 2025. Further review of the SNF-ABN form dated July 29, 2025, revealed the resident signed the form, and the social worker documented no appeal. There was no evidence that the resident was provided with an explanation of the form or informed of the right to appeal. During an interview on August 12, 2025, at 12:30 P.M., Resident 2 stated that he was asked by someone to sign the form. He stated he was not given an explanation about the SNF-ABN and was not advised that he could appeal the denial of coverage. An interview with the Nursing Home Administrator (NHA) on August 12, 2025, at 1:30 PM the aforementioned information was reviewed with the NHA. The NHA acknowledged the information which was provided by the surveyor. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 201.29(a) Resident Rights.</p>		