

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 04/25/2025
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)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>39929</p> <p>Based on a review of the facility's abuse prohibition policy, employee personnel files and staff interviews, it was determined the facility failed to fully develop and implement its established abuse prohibition procedures by not adequately screening two of five employees for employment (Employee 2 and 3).</p> <p>Findings include:</p> <p>A review of the facility's Resident Abuse policy last reviewed by the facility April 2025, revealed the requirement for screening potential employees included obtaining references from the most recent or previous employer.</p> <p>Review of employee personnel files revealed the following:</p> <p>Employee 2 (Dietary Manager): Hired on March 3, 2025. The application listed previous employers, but there was no documentation showing the facility had contacted the most recent former employer.</p> <p>Employee 3 (Housekeeping): Hired on January 10, 2025. The application listed prior employers, yet no evidence was found to verify that the facility obtained references or employment information from previous employers.</p> <p>Interview with the Nursing Home Administrator (NHA) on April 25, 2025, at 12:15 p.m. the NHA verified there was no evidence that previous employers were contacted for information regarding the employees' past work history. The facility failed to follow its own abuse prohibition policy by not verifying previous employment for two out of five new hires.</p> <p>28 Pa. Code 201.18 (e)(1) Management</p> <p>28 Pa. Code 201.29 (a)(c) Resident Rights</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>28 Pa. Code 201.19 (1) Personnel records</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
---	-------	-----------

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 04/25/2025
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)
<p>F 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43944</p> <p>Based on a review of clinical records and the Resident Assessment Instrument (RAI) and staff interviews, it was determined the facility failed to conduct a significant change Minimum Data Set Assessments (MDS - a federally mandated standardized assessment process conducted at specific intervals to plan resident care) for one of 27 residents reviewed (Resident 76).</p> <p>Findings include:</p> <p>According to the RAI User's Manual dated October 2023 a Significant Change in Status MDS assessment is required within 14 days of the determination of the significant change when:</p> <p>A resident enrolls in a hospice program; or</p> <p>A resident changes hospice providers and remains in the facility; or</p> <p>A resident receiving hospice services discontinues those services; or</p> <p>A resident experiences a consistent pattern of changes, with either two or more areas of decline or two or more areas of improvement, from baseline (as indicated by comparison of the resident's current status to the most recent CMS-required MDS).</p> <p>A review of the clinical record revealed that Resident 76 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's dementia and hyperlipidemia.</p> <p>A review of the clinical record revealed that Resident 76 had experienced a significant decline in condition and elected Hospice Services/Care (a type of care and philosophy of care that focuses on the palliation of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, attending to their emotional and spiritual needs) on July 1, 2024.</p> <p>There was no documented evidence a significant change MDS was completed to reflect that Resident 76's hospice services were initiated.</p> <p>Interview with the Director of Nursing on April 24, 2025, at approximately 1:45 PM, confirmed that a comprehensive significant change MDS assessment was not completed as required.</p> <p>28 Pa. Code 211.12(c)(d)(3)(5) Nursing services</p>

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 04/25/2025
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)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43944</p> <p>Based on review of clinical records and select facility investigative reports and staff interview it was determined the facility failed to fully develop and implement person-centered comprehensive care plans to meet the individualized toileting and safety needs of two residents (Residents 18 and 11) out of 27 sampled.</p> <p>Findings included:</p> <p>A review of Resident 18's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses that included hemiplegia (paralysis on one side of the body) and hemiparesis (one-sided muscle weakness that occurs due to disruptions in brain, spinal cord, or the nerves that connect to the affected muscles) following cerebral infarction (also known as an ischemic stroke, is the pathologic process that results in an area of necrotic tissue in the brain (cerebral infarct) that is caused by disrupted blood supply (ischemia) and restricted oxygen supply), abnormalities of gait (walking [NAME]) and mobility, lack of coordination, and narcolepsy (a neurological condition that disturb the sleep wake cycles and characterized by excessive sleepiness in the daytime and may also suddenly fall asleep during any activity).</p> <p>A review of a Resident 18's quarterly-Day MDS (Minimum Data Set - a federally mandated standardized assessment process conducted periodically to plan resident care) dated November 9, 2024, revealed the resident was cognitively intact, used a wheelchair as primary mobility devise, required supervision or touching assistance with transfers and toilet use, and required partial to moderate assistance with walking on the unit. Additionally, the resident's assessment indicated the resident was occasionally incontinent of bowel and bladder without a toileting program.</p> <p>The resident's care plan, initiated on November 10, 2023, and revised on January 13, 2025, indicated the resident was at risk for falls related CVA with left hemiparesis/hemiplegia, decreased strength and endurance, history of falls, impaired cognition with decreased safety awareness, and gait dysfunction. Planned fall prevention/safety interventions were to educate the resident and family to call for assistance before transferring and add visual reminders and implement preventative fall interventions/devices.</p> <p>Additionally, Resident 18's care plan also indicated the resident had episodes of bladder and bowel incontinence with planned interventions to assist the resident with toileting needs, periodically evaluate resident's pattern of urination and episodes of incontinence, and scheduled toileting upon rising, after meals, and at 10:00 PM.</p> <p>A review of Resident 18's clinical record revealed that the resident had a fall in the bathroom on October 29, 2025, at 10:36 PM, and sustained a laceration to the left forehead. The resident was placed on temporary every fifteen minute checks and neurological checks.</p> <p>On January 13, 2025, at 4:50 AM, nurse aides found Resident 18 sitting on the floor of her bathroom. The resident stated that she went to the bathroom on her own while trying to get back into her chair. No injuries.</p> <p>(continued on next page)</p>		

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 04/25/2025
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)
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Further review of the clinical record for Resident 18 revealed documentation of a fall in the resident's bathroom, during which the resident was found seated on the floor in front of the toilet. A small hematoma was noted to the back of the head. Documentation indicated that the resident reported falling while attempting to stand and pull up pants after toileting. Fall interventions noted at that time included a reminder for the resident to call for staff assistance and to initiate a three-day bowel and bladder tracking assessment.</p> <p>Further review of the clinical record failed to reveal documentation that the three-day bowel and bladder assessment had been completed or implemented following the fall.</p> <p>Review of the resident's person-centered plan of care failed to reveal timely revisions to reflect post-fall interventions or the inclusion of bowel and bladder assessment results.</p> <p>An interview conducted with the Director of Nursing (DON) on April 24, 2025, at 9:45 AM confirmed the fall-related interventions, including the three-day bowel and bladder assessment, were not implemented and that the comprehensive care plan was not revised in a timely manner to address the post-fall needs of Resident 18.</p> <p>A review of the clinical record revealed Resident 11 was admitted to the facility on [DATE], with diagnoses to include Diabetes Mellitus (a metabolic disorder in which the body has high sugar levels for prolonged periods of time, and Congestive heart failure (a long-term condition where the heart cannot pump blood effectively causing a build up of fluid in the lungs and legs).</p> <p>A review of the clinical record revealed Resident 11's quarterly Minimum Data Set assessment (MDS - a federally mandated standardized assessment process conducted periodically to plan resident care) dated for January 31,2025, revealed Resident 11 had a BIMS (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) score of 12 (a score of 8 to 12 indicates moderate cognitive impairment).</p> <p>A review of the clinical record reveals a progress note dated for January 24,2025, revealed documentation of a fall with injuries in the resident room while trying to go to the bathroom.</p> <p>A review of Resident 11's care plan initiated on November 9,2023 and revised on January 24,2025, revealed Resident 11 was at risk for falls related to bladder and bowel incontinence, decreased strength and endurance, generalized weakness, history of self-transfers, history of falls, obesity, pain and unsteady gait. Planned interventions were to educate resident to call for assistance prior to transferring, a 3-day bowel and bladder tracking assessment and a bed alarm to alert staff of unsafe transfers.</p> <p>Further review of the clinical record failed to reveal the facility completed the implemented fall intervention to complete a 3-day bowel and bladder assessment.</p> <p>An interview with the Director of Nursing on April 25 ,2025, at approximately 10:50 AM confirmed the facility failed to implement the planned fall interventions and 3-day bowel and bladder assessment for Resident 11.</p> <p>28 Pa Code 211.12 (d)(1)(5) Nursing services</p>

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 04/25/2025
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52054</p> <p>Based on observation, a review of select facility policy, review of clinical records and staff and resident interviews it was determined the facility failed to provide nursing services consistent with professional standards of quality to ensure that licensed nurses follow physician's orders and ensure accurate medication administration as prescribed for one resident (Resident 31) out of one sampled.</p> <p>Findings include:</p> <p>The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing 21.11 (a)(1)(2)(4) indicated the registered nurse is responsible for assessing human responses and plans, implementing nursing care, analyzing/comparing data with the norm in determining care needs, and carrying out nursing care actions that promote, maintain and restore the well-being of individuals.</p> <p>According to the Pennsylvania Code Title 49, Professional and Vocational Standards Department of State, Chapter 21 State Board of Nursing, Chapter 21.14 Functions of the RN (Registered Nurse) requires the following:</p> <p>The RN is prepared to function as a member of the health care team by exercising sound nursing judgement based on preparations, knowledge, skills, understandings and past experiences in nursing situations. The RN participates in the planning, implementation and evaluation of nursing care in settings where nursing takes place. (a) A licensed RN may administer a drug ordered for a patient in the dosage and manner prescribed in accordance with the following: (d) The Board recognizes codes of behavior as developed by appropriate practical nursing associations as the criteria for assuring safe and effective practice.</p> <p>A review of Facility Policy Labeled Administering Medications last reviewed on April 8, 2025, revealed insulin pens are clearly labeled with the resident's name and other identifying information. Prior to administering insulin with an insulin pen, the nurse is to verify the correct pen is used for that resident.</p> <p>A clinical record review revealed Resident 31 was admitted to the facility on [DATE], with diagnosis to include Type 2 Diabetes Mellitus (a condition in which the body does not use insulin normally and therefore cannot control the amount of sugar in the blood) and parkinsonism (a neurological condition causing movement problems).</p> <p>A review of a quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment process conducted periodically to plan resident care) dated February 15, 2025, revealed Resident 31 is cognitively intact with a BIMS score of 14 (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 of 13-15 indicates cognition is intact).</p> <p>(continued on next page)</p>		

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 04/25/2025
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)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 24, 2025, at 8:10 AM, during a medication administration observation, Employee 1, Registered Nurse (RN), checked Resident 31's blood sugar, which registered 169 mg/dL. Employee 1 then administered 10 units of Novolog Flex Pen Reli On (insulin aspart), a short-acting insulin which replaces the insulin that is normally produced by the body by helping move sugar from the blood into other body tissues where it is used for energy), to Resident 31.</p> <p>Review of physician orders revealed an active order dated March 19, 2025, for Basaglar Kwik Pen (insulin glargine a long-acting insulin) to be administered 10 units subcutaneously once daily. Additionally, a separate sliding scale order for Novolog dated December 8, 2024, required administration only when blood glucose readings exceeded 200 mg/dL (201-250 = 2 units; 251-300 = 4 units, 301-350= inject 6 units; 351-400= inject 8 units).</p> <p>Resident 31's blood glucose of 169 mg/dL did not meet criteria for Novolog administration under the physician's sliding scale. The insulin administered was not the ordered long-acting Basaglar, nor was it indicated by the blood glucose reading.</p> <p>At 11:15 AM on April 24, 2025, inspection of the facility medication cart revealed Basaglar insulin was not available for Resident 31 for the daily scheduled injection. A medication usage analysis of the Novolog Flex Pen, opened on March 19, 2025, showed that 64 units had been administered, without qualifying blood sugar levels per the sliding scale order.</p> <p>During an interview with Employee 1 at approximately 12:00 PM on April 24, 2025, the RN stated she administered Novolog insulin, but documented Basaglar was given. She acknowledged failing to verify the medication type against the physician's orders prior to administration.</p> <p>An interview with the Director of Nursing (DON) on April 25, 2025, at approximately 9:00 AM, confirmed that Employee 1 failed to verify the insulin type, administered an incorrect medication, and failed to provide nursing services in accordance with professional standards of practice.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services</p>		

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 04/25/2025
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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52054</p> <p>Based on clinical record and select facility policy review and staff interview, it was determined the facility failed to attempt non-pharmacological interventions to alleviate pain prior to the administration of a narcotic pain medication prescribed on an as needed (PRN) basis for one resident out of twenty-seven sampled (Resident 52).</p> <p>Findings include:</p> <p>Review of the facility policy titled Pain Assessment and Management, last reviewed by the facility on April 8, 2025, revealed non-pharmacological interventions may be appropriate alone or in conjunction with medications to manage pain. Examples of non-pharmacological interventions included environmental adjustments (such as adjusting room temperature or providing pressure-reducing surfaces), physical interventions (such as ices packs or warm compresses), exercise (such as range of motion exercises), and cognitive or behavioral strategies (such as relaxation techniques, music, or diversional activities). The policy indicated that while pharmacological interventions (such as analgesics) may be prescribed to manage pain, they do not usually address the underlying cause of the pain and can have adverse effects on the resident, including drowsiness, increased risk of falling, and loss of appetite.</p> <p>A clinical record review revealed Resident 52 was admitted to the facility on [DATE], with diagnoses that included osteoarthritis of the right knee (a chronic joint disease that causes the breakdown of cartilage).</p> <p>A review of a Quarterly Minimum Data Set assessment (MDS-a federally mandated standardized assessment process conducted periodically to plan resident care) dated February 25, 2025, revealed Resident 52 is cognitively intact with a BIMS score of 15 (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 of 13-15 indicates cognition is intact).</p> <p>Review of physician's orders dated March 19, 2025, revealed an order for Oxycodone HCl Capsule 5 MG, give 1 tablet by mouth every 8 hours as needed for moderate to severe pain 4-10 (pain scale of 1-10 indicates 1 no pain and 10 as worst amount of pain).</p> <p>A review the resident's medication administration record (MAR) dated March 1, 2025, through April 24, 2025, revealed Oxycodone HCL Oral Tablet 5mg, give 1 tablet by mouth every 8 hours as needed (PRN) for pain - Moderate (4-6) or Severe (7-10) was administered without documented attempts of nonpharmacological interventions on the following dates as follows:</p> <p>March 26, 2025, at 08:15 AM, administered an opioid PRN pain medication for a reported pain level at 6 (moderate pain) without attempted nonpharmacological interventions.</p> <p>March 28, 2025, at 01:42 AM, administered an opioid PRN pain medication for a reported pain level at 7 (severe pain) without attempted nonpharmacological interventions.</p> <p>(continued on next page)</p>		

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 04/25/2025
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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>March 29, 2025, at 09:11AM, administered an opioid PRN pain medication for a reported pain level at 5 (moderate pain) without attempted nonpharmacological interventions.</p> <p>March 30, 2025, at 03:02 AM, administered an opioid PRN pain medication for a reported pain level at 6 (moderate pain) without attempted nonpharmacological interventions.</p> <p>March 31, 2025, at 08:00PM, administered an opioid PRN pain medication for a reported pain level at 6 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 1, 2025, at 11:00AM, administered an opioid PRN pain medication for a reported pain level at 4 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 2, 2025, at 02:02 AM, administered an opioid PRN pain medication for a reported pain level at 7 (severe pain) without attempted nonpharmacological interventions.</p> <p>April 2, 2025, at 10:00AM, administered an opioid PRN pain medication for a reported pain level at 5 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 3, 2025, at 08:59 AM, administered an opioid PRN pain medication for a reported pain level at 6 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 4, 2025, at 3:26 PM, administered an opioid PRN pain medication for a reported pain level at 5 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 5, 2025, at 12:10AM, administered an opioid PRN pain medication for a reported pain level of 9 (severe pain) without attempted nonpharmacological interventions.</p> <p>April 8, 2025, at 09:37 AM, administered an opioid PRN pain medication for a reported pain level of 6 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 12, 2025, at 09:43AM, administered an opioid PRN pain medication for a reported pain level of 5 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 13, 2025, at 11:48PM, administered an opioid PRN pain medication for a reported pain level of 8(severe pain) without attempted nonpharmacological interventions.</p> <p>April 14, 2025, at 5:23 PM, administered an opioid PRN pain medication for a reported pain level of 5 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 15, 2025, at 01:49 AM, administered an opioid PRN pain medication for a reported pain level of 5 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 16, 2025, at 12:55 AM, administered an opioid PRN pain medication for a reported pain level of 7 (severe pain) without attempted nonpharmacological interventions.</p> <p>April 17, 2025, at 5:51 PM, administered an opioid PRN pain medication for a reported pain level of 8 (severe pain) without attempted nonpharmacological interventions.</p> <p>(continued on next page)</p>		

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 04/25/2025
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)		
<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>April 18, 2025, at 02:07 AM, administered an opioid PRN pain medication for a reported pain level of 8 (severe pain) without attempted nonpharmacological interventions.</p> <p>April 18, 2025, at 3:48PM, administered an opioid PRN pain medication for a reported pain level of 5 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 19, 2025, at 03:30AM, administered an opioid PRN pain medication for a reported pain level of 6 (moderate pain) without attempted nonpharmacological interventions.</p> <p>April 20, 2025, at 08:42 AM, administered an opioid PRN pain medication for a reported pain level of 4(moderate pain) without attempted nonpharmacological interventions.</p> <p>April 20, 2025, at 9:40PM, administered an opioid PRN pain medication for a reported pain level of 7(severe pain) without attempted nonpharmacological interventions.</p> <p>April 21, 2025, at 08:23 AM, administered an opioid PRN pain medication for a reported pain level of 4(moderate pain) without attempted nonpharmacological interventions.</p> <p>April 22, 2025, at 1:07 PM, administered an opioid PRN pain medication for a reported pain level of 7 (severe pain) without attempted nonpharmacological interventions.</p> <p>April 23, 2025, at 09:51 AM, administered an opioid PRN pain medication for a reported pain level of 8 (severe pain) without attempted nonpharmacological interventions.</p> <p>An interview with the Director of Nursing (DON) on April 24, 2025, at 11:00 AM, confirmed there was no documented evidence that non-pharmacological interventions were attempted prior to the administration of opioid pain medication to Resident 52.</p> <p>28 Pa. Code 211.5(f)(ix) Medical records</p> <p>28 Pa. Code 211.12 (c)(d)(1)(5) Nursing Services</p>		

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 04/25/2025
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)
<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39929</p> <p>Based on a review of clinical records and staff interview, it was determined the facility failed to develop and implement an individualized person-centered plan to address a resident's dementia-related behavioral symptoms for one out of 27 residents (Resident 115).</p> <p>Findings include:</p> <p>A review of Resident 115's clinical record revealed the resident was admitted to the facility on [DATE], with diagnoses which included dementia (a chronic or persistent disorder of the mental processes caused by brain disease or injury and marked by memory disorders, personality changes, and impaired reasoning).</p> <p>A review of Resident 115's Quarterly Minimum Data Set Assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated April 2, 2025, revealed the resident was severely cognitively impaired.</p> <p>A review of Resident 115's nursing progress notes for the month of April 2025, revealed the resident had increased behaviors, almost daily, of self rising and increased anxiety and restlessness.</p> <p>A review of the resident's current care plan, initially dated March 15, 2024, last revised June 20, 2024 revealed these new and increased behaviors were not addressed in the her care plan there were no new interventions to address these mood and behavioral concerns . Further review revealed no documented evidence the facility had developed an individualized person-centered plan for the resident's dementia care, while maximizing the resident's dignity, autonomy, privacy, socialization, independence, choice, and safety and using individualized, non-pharmacological approaches to care, including purposeful and meaningful activities that address the resident's customary routines, interests, preferences, and choices to enhance the resident's well-being.</p> <p>The facility failed to develop and implement an individualized person-centered plan to address, modify and manage this resident's dementia-related behaviors. The resident's care plan for dementia failed to include individualized interventions based on an assessment of the resident's preferences, social/past life history, customary routines, and interests in an effort to manage, modify or decrease the resident's dementia-related behavioral symptoms.</p> <p>Interview with Nursing Home Administrator on April 25, 2025, at approximately 10:00 AM, confirmed the facility was unable to provide evidence of the development and implementation of an individualized person-centered plan to address the resident's dementia care.</p> <p>28 Pa Code 211.12 (d)(3)(5) Nursing services</p>

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 04/25/2025
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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52054</p> <p>Based on observation, clinical record review, and staff interviews, it was determined that the facility failed to ensure proper labeling and storage of medications and failed to prevent significant medication errors for one resident (Resident 31) out of 27 residents sampled. Specifically, a registered nurse administered a medication that was both expired and not prescribed, resulting in a significant medication error.</p> <p>Findings include:</p> <p>A clinical record review revealed that Resident 31 was admitted to the facility on [DATE], with diagnoses including Type 2 Diabetes Mellitus (a condition in which the body does not use insulin normally and cannot control blood glucose levels) and parkinsonism (a neurological disorder that affects movement and muscle control).</p> <p>A review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], identified that Resident 31 was cognitively intact with a Brief Interview for Mental Status (BIMS) score of 14. A BIMS score of ,d+[DATE] indicates intact cognition, meaning the resident is capable of reporting symptoms and recognizing errors.</p> <p>Review of facility policy titled Administering Medications, last reviewed on [DATE], indicated that nurses are required to verify medication labels for expiration dates prior to administration. The policy further stated that insulin pens must be clearly labeled and verified against physician orders before use.</p> <p>On [DATE], at 8:10 AM, an observation of medication administration revealed that Employee 1, a registered nurse, checked Resident 31's blood sugar, which measured 169 mg/dL. Employee 1 then administered 10 units of Novolog Flex Pen ReliOn Subcutaneous Solution Pen Injector 100 unit/mL (insulin aspart a short-acting insulin which replaces the insulin that is normally produced by the body by helping move sugar from the blood into other body tissues where it is used for energy) to Resident 31.</p> <p>Inspection of the Novolog Flex Pen revealed it had been opened on [DATE], and exceeded the manufacturer-recommended usage period, which states the pen should be discarded 28 days after opening. Therefore, the pen had expired as of [DATE].</p> <p>Further review of physician orders revealed:</p> <p>An active order dated [DATE], for Basaglar Kwik Pen Subcutaneous Solution 100 unit/mL (insulin glargine a long-acting insulin) to be administered 10 units once daily.</p> <p>A separate order dated [DATE], for Novolog FlexPen to be administered per a sliding scale, ,d+[DATE]= inject 2 units; ,d+[DATE]= inject 4 units; ,d+[DATE]= inject 6 units; ,d+[DATE]= inject 8 units.</p> <p>Resident 31's blood glucose at the time of administration (169 mg/dL) did not meet the threshold for Novolog per the sliding scale. In addition, no Basaglar insulin was available on the medication cart as required for the scheduled daily injection.</p> <p>(continued on next page)</p>		

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 04/25/2025
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)		
<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A reconciliation of documentation revealed that 64 units of Novolog insulin had been administered to Resident 31 between [DATE] and [DATE], without corresponding elevated blood sugar readings as defined in the physician's sliding scale order.</p> <p>An interview with Employee 1, RN, conducted on [DATE], at approximately 12:00 PM, revealed she documented that Basaglar insulin was administered, but admitted to having administered Novolog insulin instead. She further acknowledged not checking the expiration date on the pen.</p> <p>An interview with the Director of Nursing (DON) confirmed that Employee 1 administered the incorrect insulin, failed to verify the medication expiration date, and did not follow the physician's order, resulting in a significant medication error.</p> <p>28 Pa. Code 211.12 (c)(d)(1)(3)(5) Nursing services.</p>		