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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395594 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                               | (X3) DATE SURVEY COMPLETED<br><br>04/05/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Oil City Healthcare and Rehabilitation Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br>1293 Grandview Road<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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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31185</b></p> <p>Based on review of facility policy and clinical records and facility documentation, and staff interviews, it was determined that the facility failed to fully investigate an incident with injury of unknown origin for one of 18 residents reviewed (Resident R15).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Investigating Injuries dated 2/20/24, revealed that an Injury of unknown source is defined as an injury that meets both of the following conditions:</p> <p>a. The source of the injury was not observed by any person or the injury could not be explained by the resident; and</p> <p>b. The injury is suspicious because of:</p> <p>(1) The extent of the injury</p> <p>The policy also indicated with the help of the staff and management, the investigator will compile a list of all personnel, including consultants, contract employees, visitors, family members, etc., who have had contact with the resident during the past 48 hours.</p> <p>Review of Resident R15's clinical record revealed an admitted [DATE], with diagnoses that included fractured left hip, pressure ulcer left heel, and atrial fibrillation (abnormal heart rhythm).</p> <p>Review of Resident R15's quarterly Minimum Data Set (MDS-periodic assessment of resident care needs), assessment dated [DATE], revealed that Resident R15 was cognitively impaired and his/her transfer status was an extensive assist, two-person physical assist.</p> <p>Review of a Physical Therapy Treatment Encounter Note dated 3/14/24, revealed Resident R15 was a maximal assist of two for standing. During an interview on 4/4/24, at 10:35 a.m. the Director of Physical Therapy Employee E1 confirmed Resident R15 was a maximal assist of two for all transfers.</p> <p>(continued on next page)</p> |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Review of a nurse's note dated 3/19/24, at 1:18 p.m. by Assistant Director of Nursing (ADON) revealed that Resident R15 had increased pain, bruising and swelling to the left lower extremity, physician notified, and orders received for x-ray of left foot and ankle. Nursing note written by Registered Nurse (RN) Employee E2 at 5:02 p.m. for x-ray results revealed acute bimalleolar fracture deformity of the left ankle, orders received to send Resident R15 to the emergency room .</p> <p>Review of the Employee Witness Statement Form written on 3/19/24, by Nursing Assistant (NA) Employee E3 revealed that he/she had transferred Resident R15 on 3/17/24, using the sit-to-stand lift in the shower area with only an assist of one.</p> <p>Review of the Employee Witness Statement Form written on 3/19/24, by NA Employee E4 revealed that he/she was providing care at 8:45 a.m. on 3/18/24, and noticed a bruise on Resident R15's ankle.</p> <p>Review of the Employee Witness Statement Form written by the ADON on 3/22/24, revealed that NA Employee E5 was providing care for Resident R15's roommate with the curtain closed and stated that NA employee E6 transferred Resident R15 from chair to bed alone using the sit-to-stand lift. When NA Employee E5 finished caring for the roommate, he/she helped NA Employee E6 with care for Resident R15 who was in bed at this time.</p> <p>Review of the Employee Witness Statement form written on 3/19/24, by NA Employee E6 revealed that he/she transferred Resident R15 into bed with assist of two at approximately 7:15 p.m. and that around 9:55 p.m. Resident R15 wanted out of bed due to foot pain. NA Employee E6 indicated that he/she would inform the nurse regarding the resident's complaint of pain. During an interview on 4/4/24, at 2:45 p.m. NA Employee E6 indicated that he/she transferred Resident R15 from chair to bed using assist of two but could not recall who assisted and NA Employee E6 could also not recall whom he/she notified of Resident R15's complaint of foot pain.</p> <p>Review of Resident R15's clinical record revealed no documentation regarding the resident's complaint of foot pain or any bruising until 3/19/24, at 1:55 p.m.</p> <p>The only other statements in the investigation were written by Licensed Practical Nurse (LPN) Employee E7 who worked the day shift on 3/18/24 and the NA Employee E8 who had never gotten the resident out of bed since the resident's admission.</p> <p>Review of an incident report dated 3/19/24, at 1:21 p.m. revealed that Resident R15 complained of left lower leg pain and had bruising. The resident had no falls or incidents of rolling out of bed. Resident R15 was cognitively impaired and unable to state how the injury happened.</p> <p>Review of an x-ray completed at the hospital on 3/19/24, revealed an acute bimalleolar fracture deformity of the left ankle.</p> <p>Review of information submitted by the facility dated 3/19/24, identified that Resident R15 was identified as a two-person assist with transfers; investigation with staff and resident revealed no inconsistencies of how care was provided, and staff witness statements did not indicate where or how the injury occurred.</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of Resident R15's clinical record and documentation of incident investigation lacked evidence that a full investigation was completed. The information lacked statements from all staff working during the timeframe when the alleged incident may have occurred from 3/17/24 until 3/19/24, at 1:55 p.m. when Resident R15's left lower leg had bruising and swelling documented.</p> <p>During an interview on 4/5/2024, at 9:45 a.m. the Nursing Home Administrator confirmed that the investigation completed on Resident R15's incident with injury of unknown origin was incomplete and had inconsistent statements that should have been further investigated. The NHA also confirmed that the investigation should have been more thorough with additional staff witness statements.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p> |

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| <p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 31185</p> <p>Based on review of facility policy, clinical records, and facility documentation, and staff interviews, it was determined that the facility failed to implement appropriate safety measures in a manner that protected a resident from injury of unknown origin and resulted in actual harm when the resident received an ankle fracture that required medical treatment at a hospital for one of 18 residents reviewed (Resident R15).</p> <p>Findings include:</p> <p>Review of a facility policy entitled Investigating Injuries dated 2/20/24, revealed that an Injury of unknown source is defined as an injury that meets both of the following conditions:</p> <p>a. The source of the injury was not observed by any person or the injury could not be explained by the resident; and</p> <p>b. The injury is suspicious because of:</p> <p>(1) The extent of the injury</p> <p>The policy also indicated with the help of the staff and management, the investigator will compile a list of all personnel, including consultants, contract employees, visitors, family members, etc., who have had contact with the resident during the past 48 hours.</p> <p>Review of facility policy entitled Lifting Machine, Using a Mechanical dated 2/20/24, indicated that at least two staff are needed to safely move a resident with a mechanical lift.</p> <p>Review of the Job Description Nurse Aide (NA) revealed that the nurse aide will provide quality routine daily nursing care to residents according to the residents' care plan.</p> <p>Review of Resident R15's clinical record revealed an admitted [DATE], with diagnoses that included fractured left hip, pressure ulcer left heel, and atrial fibrillation (abnormal heart rhythm).</p> <p>Review of Resident R15's quarterly Minimum Data Set (MDS-periodic assessment of resident care needs), assessment dated [DATE], revealed that Resident R15 was cognitively impaired and his/her transfer status was an extensive assist, two-person physical assist.</p> <p>Review of a Physical Therapy Treatment Encounter Note dated 3/14/24, revealed Resident R15 was a maximal assist of two for standing. During an interview on 4/4/24, at 10:35 a.m. with the Director of Physical Therapy Employee E1 confirmed Resident R15 was a maximal assist of two for all transfers.</p> <p>Review of Resident R15's physician's orders dated 3/15/24, revealed an order for extensive assist times two, stand and pivot for transfers and showers. The physician orders lacked any orders for the use of any mechanical lift.</p> <p>(continued on next page)</p> |

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