

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395594	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/13/2025
NAME OF PROVIDER OR SUPPLIER  Oil City Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1293 Grandview Road Oil City, PA 16301	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40832</b></p> <p>Based on review of facility policy and clinical records, and staff interview, it was determined that the facility failed to review and revise comprehensive care plans to reflect the current necessary care and services for one of 19 residents reviewed (Resident R60).</p> <p>Findings include:</p> <p>A facility policy entitled, Care Plans, Comprehensive Person-Centered dated 10/29/24, indicated that assessments of residents are on-going and care plans are revised as information about the resident and the resident's condition changes, and the interdisciplinary team must review and update the care plan at least quarterly, in conjunction with the required quarterly Minimum Data Set (MDS- standardized assessment tool that measures health status in nursing home residents).</p> <p>Resident R60's clinical record revealed an admitted [DATE], with diagnoses that included long-term kidney disease, sudden kidney failure, and high blood pressure.</p> <p>Review of Resident R60's clinical record revealed a physician's order dated 6/18/24, for removal of his/her dialysis (a procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly) catheter (a soft, flexible tube used to access a patient's blood for hemodialysis). A departmental progress note dated 6/21/24, indicated that the dialysis catheter was removed due to Resident R60 no longer requiring dialysis treatment.</p> <p>A care plan entitled end stage renal disease initiated 6/05/24, with the most recent target date of 11/16/24, included interventions to transport Resident R60 to dialysis on Tuesdays and Saturdays at 10:30 a.m., coordinate dialysis care with the dialysis treatment facility, arrange for transportation to and from dialysis, and confer with physician and/or dialysis treatment facility regarding changes in medication administration times/dosages pre-dialysis as needed.</p> <p>Review of Resident R60's MDS's revealed the following:</p> <p>Quarterly MDS dated [DATE], Section O - Special Treatments and Programs, O0110-J2 was coded as not receiving dialysis services.</p> <p>Quarterly MDS dated [DATE], Section O - Special Treatments and Programs, O0110-J2 was coded as not receiving dialysis services.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Quarterly MDS dated [DATE], Section O - Special Treatments and Programs, O0110-J2 was coded as not receiving dialysis services.</p> <p>Significant Change in Status Assessment MDS dated [DATE], Section O - Special Treatments and Programs, O0110-J2 was coded as not receiving dialysis services.</p> <p>Significant Change in Status Assessment MDS dated [DATE], Section O - Special Treatments and Programs, O0110-J2 was coded as not receiving dialysis services.</p> <p>Interview on 3/12/25, at 12:57 p.m. the Registered Nurse Assessment Coordinator confirmed that Resident R60's care plan lacked evidence of being updated to reflect the current necessary care and services.</p> <p>28 Pa. Code 211.5(f)(ii) Medical records</p> <p>28 Pa. Code 211.10(c) Resident care policies</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>40832</p> <p>Based on review of facility policy, observations, and staff interview, it was determined that the facility failed to store Schedule II-V medications in a separately locked, permanently affixed compartment in one of two medication rooms (Units A, C, and D medication room).</p> <p>Findings include:</p> <p>A facility policy entitled, Medication Storage in the Facility-Controlled Substance Storage dated 10/29/24, indicated that Schedule II-V (controlled substances that have an increased risk of resulting in addiction and/or substance use disorder) medications and other medications subject to abuse or diversion are stored in a permanently affixed, double-locked compartment separated from all other medications.</p> <p>Observation on 2/26/25, at 1:26 p.m. of the Unit A, C, and D medication refrigerator revealed one locked compartment that contained two boxes of injectable Lorazepam (controlled substance used to treat anxiety disorders) was affixed to the rack of the refrigerator and that the rack was not permanently affixed inside the refrigerator.</p> <p>During an interview at that time, the Assistant Director of Nursing confirmed that the refrigerator rack was not permanently affixed to the refrigerator.</p> <p>28 Pa. Code 201.18(b)(1) Management</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy services</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47356</p> <p>Based on review of facility policies and clinical records, and staff interview, it was determined that the facility failed to ensure fluid intake and urinary output were documented as per physician's orders in the Treatment Administration Record (TAR) and in the Tasks Record for two of three residents reviewed with foley catheters (a medical device with tubing that drains urine from the bladder) (Residents R49 and R83).</p> <p>Findings include:</p> <p>The facility policy entitled Emptying a Urinary Drainage Bag, dated 10/29/24, revealed to empty the urinary drainage bag at least every eight hours and document the amount of urine emptied from the drainage bag.</p> <p>The facility policy entitled Intake, Measuring and Recording, dated 10/29/24, revealed the amount of liquids consumed should be recorded in the resident's medical record.</p> <p>Resident R49's clinical record revealed an admitted [DATE], with diagnoses that included chronic obstructive pulmonary disease (a group of diseases in the lungs that block airflow making it difficult to breath), hypertension (high blood pressure), and chronic kidney disease.</p> <p>Review of Resident R49's physician's orders dated 1/7/25, revealed an order to document fluid intake and foley output every shift.</p> <p>Review of R49's TAR which is completed by the Licensed Nurses for January 2025, February 2025, and March 2025 revealed his/her fluid intake and urinary output were not documented every shift per physician's orders on 1/7/25, 1/8/25, 1/10/25, 1/11/25, 1/12/25, 1/13/25, 1/15/25, 1/17/25, 1/19/25, 1/20/25, 1/22/25, 1/25/25, 1/28/25, 2/13/25, 2/14/25, 2/17/25, 2/18/25, 2/20/25, 2/21/25, 2/22/25, 2/24/25, 3/3/25, and 3/11/25.</p> <p>Review of R49's Tasks Record which is completed by Nursing Assistants from 2/11/25 through 3/11/25, revealed his/her fluid intake was not documented every shift per physician's orders on 2/14/25, 2/17/25, 2/22/25, 2/25/25, and 3/5/25, and urinary output was not documented every shift per physician's orders on 2/14/25, 2/28/25, 3/1/25, 3/4/35, and 3/5/25.</p> <p>Resident R83's clinical record revealed an admitted [DATE], with diagnoses that included rhabdomyolysis (muscle breakdown that damages kidneys due to protein in the blood), weakness, and malignant neoplasm of prostate (cancer of the prostate gland).</p> <p>Review of Resident R83's physician's orders dated 1/31/25, revealed an order to document fluid intake and output every shift.</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R83's Treatment Administration Record (TAR) which is completed by the Licensed Nurses for February 2025 and March 2025 revealed his/her fluid intake and urinary output were not documented every shift per physician's orders on 2/1/25, 2/7/25, 2/13/25, 2/14/25, 2/15/25, 2/17/25, 2/18/25, 2/20/25, 2/21/25, 2/22/25, 2/24/25, 3/3/25, and 3/11/25.</p> <p>Review of R83's Tasks Record which is completed by Nursing Assistants from 2/11/25 through 3/11/25, revealed his/her fluid intake was not documented every shift per physician's orders on 2/14/25, 2/17/25, 2/22/25, 2/25/25, 3/5/25, and urinary output was not documented every shift per physician's orders on 2/14/25, 2/28/25, 3/1/25, 3/4/25, and 3/5/25.</p> <p>During an interview on 3/12/25, at 10:46 a.m. the Director of Nursing confirmed that the clinical records lacked evidence that the TAR and Tasks Record documentation were completed per physician's orders for fluid intake and urinary output for Residents R49 and R83 on the dates listed above.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		