STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395594	A. Building B. Wing	03/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oil City Nursing and Rehab	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on review of clinical records, facility documentation, and staff interview, it was determined that the facility failed to maintain complete and accurate records for one of 19 residents reviewed (Resident R96). Findings include: Resident R96's clinical record revealed an admission date of 2/18/26, with diagnoses that included syncope and collapse, end stage renal disease, and dependance on dialysis (life sustaining treatment that filters waste, excess fluid and salt from the blood when kidneys are no longer functioning properly). Clinical record review revealed a nurse's note dated 2/27/26, that Resident R96 was at dialysis and would not be able to receive dialysis due to a decline in health status and was sent to the hospital. As of 3/27/26, Resident R96's clinical record revealed an Minimum Data Set (MDS-periodic assessment of resident care needs) dated 2/27/26, that indicated discharged return anticipated. Resident R96's clinical record lacked evidence of the status of the resident after being sent to the emergency room from dialysis, as of 3/27/26. During an interview on 3/27/26, at 11:30 a.m. the Director of Nursing confirmed that Resident R96's clinical record did not reflect the resident's status after being sent to the hospital while at dialysis on 2/27/26. 28 Pa. Code 211.5(f)(iv) Medical records 28 Pa. Code 211.12(d)(1)(5) Nursing services

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