

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395985	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2025
NAME OF PROVIDER OR SUPPLIER  Midtown Oaks Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1020 Green Avenue Altoona, PA 16601	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>38012</p> <p>Based on clinical record reviews, as well as staff interviews, it was determined that the facility failed to ensure that dependent residents were provided with the necessary services to maintain personal hygiene by failing to provide showers as scheduled for one of six residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated January 16, 2025, revealed that the resident was cognitively impaired, required assistance from staff for daily care needs, required extensive assistance from staff for personal hygiene, was dependent on staff for bathing, and had diagnoses that included stroke. The resident's care plan, dated October 31, 2024, indicated that the resident preferred showers on Sunday and Wednesday during the second shift. However, the resident's bathing records for January, February, and March 2025 revealed that the resident did not receive a shower at all in those months. There was no documented evidence that the resident was offered a shower and refused in January, February, or March 2025.</p> <p>Interview with the Director of Nursing on March 4, 2025, at 1:18 p.m. confirmed that Resident 2 was not showered in January, February, or March, and that there was no indication that she refused a shower.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</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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