

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  12/30/2025
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to maintain confidentiality of residents' personal health information for one of seven residents reviewed (Resident 4). Findings include:</p> <p>The facility's policy regarding privacy of health information, dated April 29, 2025, indicated that the facility was to protect the confidentiality of resident health information.</p> <p>A Quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 4, dated November 17, 2025, revealed that the resident was cognitively intact, was understood and able to understand others.</p> <p>Observations during the lunch service on December 30, 2025, at 12:38 p.m. revealed that Resident 4's Health Insurance Service Coordinator was standing next to her at the resident's dining table. There were two other residents at the same table, and two residents and a family member at another table that was approximately one foot behind Resident 4. There were multiple staff members present with the Health Insurance Service Coordinator and everyone was discussing Resident 4's private medical information including guardianship, her insurance plan, and dialysis information.</p> <p>Interview with the Health Insurance Service Coordinator on December 30, 2025, at 12:52 p.m. confirmed that she should have asked Resident 4 if she preferred to have the discussion somewhere private, or if it was ok to continue the conversation in the dining room since she discussed private health information with her.</p> <p>Interview with Resident 4 on December 30, 2025, at 1:05 p.m. who stated she does not like having her business put out there like that, and would have preferred to have the conversation with the Health Insurance Service Coordinator in a private area, which is why she did not want to answer her questions.</p> <p>Interview with the Nursing Home Administrator on December 30, 2025, at 1:46 p.m. confirmed that the Health Insurance Service Coordinator should have asked Resident 4 if she would have preferred to have the conversation in a private area.</p> <p>28 Pa. Code 211.5(b) Clinical 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
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