

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395347</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/24/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>OAK HILL CENTER FOR REHABILITATION AND NURSING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>1020 NORTH UNION STREET MIDDLETOWN, PA 17057</b>
STATE LICENSE NUMBER: <b>062102</b>	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0805 SS=D	Based on an abbreviated survey completed on April 24, 2025, it was determined that Oak Hill Center for Rehabilitation and Nursing did not meet the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0805		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0805  SS=D	Continued from page 1  483.60(d)(3) Food in Form to Meet Individual Needs  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(3) Food prepared in a form designed to meet individual needs.  This REQUIREMENT is not met as evidenced by:	F 0805	1 ) Facility cannot retroactively correct. Updated diet tickets were immediately printed fur current residents.  2) Director of Nursing/Dietary Manager/Designee conducted an audit of current residents' diet orders to ensure they were accurate on newly printed diet slips and to ensure that no other residents received an inaccurate diet. No other concerns were identified.  3) NHA/Designee reeducated the dietary manager and dietary staff on the components of this regulation with an emphasis on ensuring that dietary tickets are printed daily so that they may accurately reflect the residents most recent diet order.  4) NHA/Designee will conduct random audits of 5 residents meal trays and tray tickets 3x a week x 4 weeks, then once a week x 2 months to ensure that tickets have been printed daily, and that residents have received the correct physician	Completion Date: <b>05/15/2025</b> Status: <b>APPROVED</b> Date: <b>05/01/2025</b>

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F 0805  SS=D	Continued from page 2	F 0805	ordered meal. The findings of these audits will be brought to the QAPI committee monthly or until substantial compliance is met and maintained. Auditing schedule to be modified if needed.	

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F 0805  SS=D	Continued from page 3  Based on clinical record review, facility dietary manual review, observations, and staff interviews, it was determined that the facility failed to provide a meal that was designed to meet the needs of residents requiring a mechanical soft meal, and failed to provide a pureed meal for one of three residents reviewed (Resident 1).  Findings include:  Review of the facility's dietary manual, section titled, "Menus," revealed the facility's policy stated, "...Menus are implemented by the Dietary Manager in conjunction with the Dietician ..." Further, review of subsection titled, "Mechanical Soft Diet," stated, "Purpose: The mechanical diet is modified in consistency to reduce the amount of chewing required to consume food."  Review of the planned menu for April 22, 2025, lunch meal, revealed the mechanical soft lunch was to include ground chicken enchilada casserole and ground black beans.	F 0805		

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F 0805  SS=D	<p>Continued from page 4</p> <p>Review of the recipe for the chicken enchilada casserole revealed it included the instructions of, "Mechanical Soft Steps: Remove desired number of servings to chop for the mechanical soft diets. Use a knife/fork or processor to chop foods to the desired consistency."</p> <p>Observation of the lunch meal service on April 22, 2025, revealed mechanical soft meals were served a chicken enchilada with chopped meat inside of a flour tortilla. The flour tortilla was served whole; not cut or chopped. Observations of the black beans served revealed they were served whole, not ground.</p> <p>During a staff interview on April 24, 2025, at approximately 2:30 PM, the Nursing Home Administrator (NHA) confirmed that the planned menu textures should have been followed as identified on the menu.</p> <p>Review of Resident 1's clinical record revealed</p>	F 0805		

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F 0805  SS=D	Continued from page 5  diagnoses that included diabetes type II (decreased ability of the body to produce and utilize insulin) and essential hypertension (elevated/high blood pressure).  Review of Resident 1's interdisciplinary progress notes revealed a note dated April 22, 2025, at 1:01 PM, by Employee 1 (Social Services), that stated, "...[Resident 1] has been downgraded to puree texture [sic] [due to] difficulty swallowing pills ..."  Review of Resident 1's physician orders revealed a diet order entered by Employee 4 (Registered Nurse) on April 22, 2025 at 8:01, for "Liberalized Renal diet, Puree texture, Thin Liquids consistency."  Review of meal tickets (paper utilized by dietary staff to identify a residents' dietary needs, ordered texture, likes, dislikes, and other dietary requests) provided by Employee 2 (Director of Food Services) revealed the meal tickets were printed on April 22, 2025.	F 0805		

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F 0805  SS=D	<p>Continued from page 6</p> <p>Review of Resident 1's meal ticket revealed it identified Resident 1's diet as "Pureed, Liberalized Renal."</p> <p>Observation of lunch meal tray-line service on April 22, 2025, at approximately 11:30 AM, revealed the dietary slip for Resident 1 was dated (printed) on April 19, 2025. Observation of the dietary slip revealed it had Resident 1's diet listed as "Regular," which was crossed out with, "MS" (mechanical soft) written above. Subsequent observation of tray-line service revealed that the tray prepared for Resident 1 was a mechanical-soft texture diet.</p> <p>Observation of meal tray delivery on April 22, 2025, at approximately 12:00 PM, revealed Resident 1 was served the mechanical soft diet in the presence of Employee 3 (Speech Therapist).</p> <p>During a staff interview at approximately 12:05 PM, Employee 3 revealed that Resident 1 was being observed by Employee 3 for the lunch meal to observe how Resident 1 tolerated consuming the</p>	F 0805		

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F 0805  SS=D	Continued from page 7  puree diet. During the interview, Employee 3 revealed she was the staff that initiated the change to Resident 1's diet texture due to Resident 1 having difficulty swallowing food and Resident 1 not fully clearing food from her mouth as she was eating. Employee 3 stated that Resident 1 should have received a puree diet.  At approximately 12:20 PM, Resident 1's meal tray was replaced with a puree texture meal tray.  During a staff interview at that time, Employee 3 stated that, based on her professional judgement, Resident 1 was not able to safely consume the mechanical-soft texture meal. <b>During the staff interview, Employee 3 stated that once the change to Resident 1's dietary order was made, a "Dietary Communication Form," was completed and copies were provided to the unit licensed nurse, the dietary department, and the Director of Rehabilitation.</b>  During a staff interview on April 22, 2025, at approximately 1:15 PM, Employee 2 stated that the	F 0805		

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F 0805  SS=D	Continued from page 8  meal tickets are typically printed at the beginning of the week and used for duration of the week. During the interview, Employee 2 stated that changes to diets are typically made on the meal tickets as they are received by dietary.  During a staff interview on April 22, 2025, at approximately 2:30 PM, the NHA confirmed that Resident 1 should have received a puree textured.  28 Pa code 201.18(b)(1)(3) Management 28 Pa code 211.6(a) Dietary services	F 0805		



# Certified End Page

**OAK HILL CENTER FOR REHABILITATION AND NURSING**

**STATE LICENSE NUMBER: 062102**

**SURVEY EXIT DATE: 04/24/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY