

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395502	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/21/2025
NAME OF PROVIDER OR SUPPLIER: OAKWOOD HEIGHTS VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 VO TECH DRIVE OIL CITY, PA 16301		
STATE LICENSE NUMBER: 424402				
(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 Based on an Abbreviated Complaint Survey completed on January 21, 2025, at Oakwood Heights Village it was determined that there were no federal deficiencies identified under the requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities as it relates to the Health portion of the survey process; however, the facility was not in compliance with 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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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P 5520		P 5520		

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P 5520	Continued from page 1 Nursing services. (3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight. This REGULATION is not met as evidenced by:	P 5520	The facility acknowledges that, as of 1/21/2024, we are unable to change the results of the staffing ratio of nurse aides of one NA per 10 residents on the day shift for eight of 14 days reviewed (1/01/25, 1/02/25, 1/04/25, 1/05/25, 1/06/25, 1/07/25, 1/11/25, and 1/13/25); failed to ensure a minimum of one NA per 11 residents for the evening shift for two of 14 days reviewed (1/05/25, and 1/06/25); and failed to ensure a minimum of one NA per 15 residents for the overnight shift for six of 14 days reviewed (1/04/25, 1/05/25, 1/07/25, 1/09/25, 1/12/25 and 1/14/25). The upcoming schedules are created by the scheduler and reviewed with the Director of Nursing (DON) and Administrator for approval. Instruction have been provided to the DON, Scheduler and Nursing Supervisors to insure that they know how staffing ratios are met in creating schedules and deal with call offs Oakwood has advanced a recruitment and retention effort to	Completion Date: 03/03/2025 Status: APPROVED Date: 02/07/2025

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P 5520	Continued from page 2	P 5520	<p>entice additional employees to us and keep the ones that we hire. The facility has also acquired agency staff to augment our staff. Bonuses and incentives are offered to staff who pick up shifts and stay overtime.</p> <p>The Administrator performs a spot audit of schedules versus actual hours of care to track adherence to regulations. This will be applied to at least three days a week to insure that staffing ratios are within prescribed parameters. The results of the audits will be provided to the Quality Assurance and Performance Improvement (QAPI) Committee for the next three meetings</p>	

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P 5520	Continued from page 3 Based on review of the facility nursing staffing documents and staff interview, it was determined that the facility failed to ensure a minimum of one Nurse Aide (NA) per 10 residents for the day shift for eight of 14 days reviewed (1/01/25, 1/02/25, 1/04/25, 1/05/25, 1/06/25, 1/07/25, 1/11/25, and 1/13/25); failed to ensure a minimum of one NA per 11 residents for the evening shift for two of 14 days reviewed (1/05/25, and 1/06/25); and failed to ensure a minimum of one NA per 15 residents for the overnight shift for six of 14 days reviewed (1/04/25, 1/05/25, 1/07/25, 1/09/25, 1/12/25 and 1/14/25). Findings include: Review of facility nursing staffing documents for the time period from 1/01/25 through 1/14/25, revealed the following NA staffing shortages for the day shift where the NA ratios were not met: 1/01/25 census of 86 residents 7.09 NA worked and 8.60 were required.	P 5520		

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P 5520	Continued from page 4 1/02/25 census of 86 residents 8.16 NA worked and 8.60 were required. 1/04/25 census of 84 residents 7.81 NA worked and 8.40 were required. 1/05/25 census of 84 residents 7.25 NA worked and 8.40 were required. 1/06/25 census of 83 residents 7.77 NA worked and 8.30 were required. 1/07/25 census of 84 residents 7.83 NA worked and 8.40 were required. 1/11/25 census of 82 residents 6.91 NA worked and 8.20 were required 1/13/25 census of 83 residents 8.27 NA worked and 8.30 were required. Review of facility nursing staffing documents for the time period from 1/01/25 through 1/14/25, revealed the following NA staffing shortages for the evening shift where the NA ratios were not met: 1/05/25 census of 84 residents 7.24 NA worked and 7.64 were required.	P 5520		

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P 5520	Continued from page 5 1/06/25 census of 83 residents 6.36 NA worked and 7.55 were required. Review of facility nursing staffing documents for the time period from 1/01/25 through 1/14/25, revealed the following NA staffing shortages for the overnight shift where the NA ratios were not met: 1/04/25 census of 84 residents 3.40 NA worked and 5.60 were required. 1/05/25 census of 84 residents 3.67 NA worked and 5.60 were required. 1/07/25 census of 84 residents 4.45 NA worked and 5.60 were required. 1/09/25 census of 84 residents 5.27 NA worked and 5.60 were required. 1/12/25 census of 82 residents 5.19 NA worked and 5.47 were required. 1/14/25 census of 84 residents 5.51 NA worked and 5.60 were required. During a telephone interview on 1/21/25, at 10:45	P 5520		

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P 5520	Continued from page 6 a.m. the Nursing Home Administrator confirmed that the facility failed to meet the minimum NA ratio requirements on the dates and shifts listed above.	P 5520			
P 5640		P 5640			

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P 5640	Continued from page 7 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	The facility acknowledges that, as of 1/21/2025, the facility failed to provide the minimum number of general nursing care hours of 3.2 hours of direct resident care hours per resident in a twenty-four-hour period for six of 14 days reviewed (1/01/25, 1/03/25, 1/04/25, 1/05/25, 1/06/25 and 1/08/25). The upcoming schedules are created by the scheduler and reviewed with the Director of Nursing (DON) and Administrator for approval. Instruction have been provided to the DON, Scheduler and Nursing Supervisors to insure that they know how to achieve a 3.2 hours PPD in creating schedules and deal with call offs. Oakwood has advanced a recruitment and retention effort to entice additional employees to us and keep the ones that we hire. The facility has also acquired agency staff to augment our staff. Bonuses and incentives are offered to staff who pick up shifts and stay overtime.	Completion Date: 03/03/2025 Status: APPROVED Date: 02/07/2025

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P 5640	Continued from page 8	P 5640	The Administrator performs a spot audit of schedules versus actual hours of care to track adherence to regulations. This will be applied to at least three days a week to insure that staffing ratios are within prescribed parameters. The results of the audits will be provided to the Quality Assurance and Performance Improvement (QAPI) Committee for the next three meetings.	

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P 5640	Continued from page 9 Based on review of facility nursing staffing documents and staff interview, it was determined that the facility failed to provide the minimum number of general nursing care hours of 3.2 hours of direct resident care hours per resident in a twenty-four-hour period for six of 14 days reviewed (1/01/25, 1/03/25, 1/04/25, 1/05/25, 1/06/25 and 1/08/25). Findings include: Review of facility nursing staffing documents for the time period of 1/01/25, through 1/14/25, revealed that the hours of direct resident care was below 3.2 minimum per patient per day (PPD) on the following dates: 1/01/25 3.15 PPD 1/03/25 3.19 PPD 1/04/25 2.86 PPD 1/05/25 2.64 PPD 1/06/25 3.05 PPD 1/08/25 3.07 PPD	P 5640		

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P 5640	Continued from page 10 During a telephone interview on 1/21/25, at 10:45 a.m. the Nursing Home Administrator confirmed that the facility did not meet the 3.2 minimum hours of direct resident care on above dates.	P 5640			

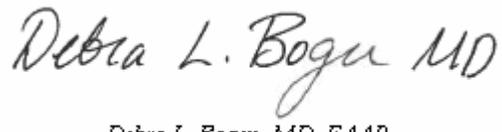


Certified End Page

OAKWOOD HEIGHTS VILLAGE
STATE LICENSE NUMBER: 424402
SURVEY EXIT DATE: 01/21/2025

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