STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395985	A. BLDG: 00 B. WING:	04/22/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
MIDTOWN OAKS HEALTH & REHAB CENTER STATE LICENSE NUMBER: **065402**	**1020 GREEN AVENUE** **ALTOONA, PA 16601**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 a complaint survey completed on April 22, 2025, it was determined that Midtown Oaks Health and Rehab Center was not in compliance with the following 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 0000		
F 0684 SS=D		F 0684		

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 0684 SS=D	Continued from page 1 483.25 Quality of Care § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:	F 0684	Resident #2 has had no adverse effects from moisture barrier not being documented. Current skin preventative creams and treatments will be reviewed with the physician or NP to determine necessary measures, and orders implemented as received. To identify residents who have the potential to be affected, the Director of nursing/ designee will complete a review of residents who are incontinent and receive moisture barrier to determine if any administrations missed. If missed administrations identified, a skin check will be conducted. To prevent recurrence, the licensed nursing staff will be educated on the physician/ provider orders policy including carrying out orders by the Director of nursing/ designee. To maintain and monitor compliance, audits of 5 residents receiving moisture barrier will be conducted by the Director of nursing/ designee to	Completion Date: **05/13/2025** Status: **APPROVED** Date: **05/12/2025**

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F 0684 SS=D	Continued from page 2	F 0684	ensure residents receive it as ordered weekly x 4 weeks and monthly x 2.	

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F 0684 SS=D	Continued from page 3 Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to follow physician's orders for one of five residents reviewed (Resident 2). Findings include: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) assessment for Resident 2, dated April 7, 2025, indicated that the resident was sometimes understood and able to sometimes understand others, was dependent on staff for personal hygiene care, and was always incontinent of urine and bowel. An incontinence care plan for Resident 2, dated July 4, 2023, revealed that the resident was to have barrier cream applied every shift and after every incontinent episode. Physician's orders for Resident 2, dated June 29, 2023, revealed that triad (barrier) cream was to be applied every shift and after each incontinent episode as needed.	F 0684		

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F 0684 SS=D	Continued from page 4 A wound care note for Resident 2, dated March 26, 2025, revealed that the resident was seen by wound care due to redness in the perineal region and denudement (missing the outer layer of skin). New orders were received to ensure that physician's orders were being followed to apply barrier cream every shift and as needed. Interview with Resident 2 on April 22, 2025, at 9:50 a.m. revealed that the staff apply cream every shift; however, they do not apply barrier cream after episodes of incontinence. Interview with Licensed Practical nurse 5 on April 22, 2025, at 2:01 p.m. confirmed that the Triad barrier cream was only applied every shift, and it was not applied after incontinent episodes per care plan and physician's order. A review of Resident 2's clinical record revealed no documented evidence that the Triad Cream was applied on first shift on March 1, 2, 4, 5, 6, 8, 14, 20, 21, 25, 29, and 30, 2025; on second shift on	F 0684		

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F 0684 SS=D	Continued from page 5 March 25 and 30, 2025; and third shift on March 5, 11, 19, and 20, 2025; and no documented evidence that it was applied after each incontinent episode as needed. Interview with the Director of Nursing on April 22, 2025, at 1:56 p.m. confirmed that Resident 2 did not have barrier cream applied as ordered by the physician. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.	F 0684		
F 0812 SS=F		F 0812		

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F 0812 SS=F	Continued from page 6 483.60(i)(1)(2) Food Procurement,Store/Prepare/Serve-Sanitary §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by:	F 0812	Dietary staff adorned appropriate hair restraints during food preparation and tray line service. Certified Dietary Manager and/or designee will educate dietary staff on Dress and Personal Hygiene and Employee Sanitary Practices Polices. Dietary Manager and/or supervisor will monitor compliance daily with kitchen observation. Administrator and/or designee will perform random audits to verify staff are wearing appropriate hair restraints during food preparation and tray line service. These audits will be completed 3 times weekly for two weeks and 1 time weekly for four weeks. The results of these audits will be reviewed by the Quality Assurance Performance Improvement team for further recommendations.	Completion Date: **05/13/2025** Status: **APPROVED** Date: **05/13/2025**

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F 0812 SS=F	Continued from page 7 Based on review of facility policies, as well as observations and staff interviews, it was determined that the facility failed to store and prepare food in accordance with professional standards for food service safety by failing to have staff wear appropriate hair restraints during food preparation and tray line service. Findings include: The facility's policy regarding dress and personal hygiene, dated February 14, 2025, revealed that staff working in Food and Nutrition Services will wear a clean and appropriate hairnet and hair restraint. The hairnet/hair restraint will cover all hair. Beards and facial hair will be contained. Observations in the main kitchen on April 22, 2025, at 8:34 a.m. revealed three dietary staff on the tray line. Dietary Staff 2 was plating the breakfast meal cheesy eggs, cinnamon rolls, toast, and hot cereal without wearing a facial hair restraint. Interview	F 0812		

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F 0812 SS=F	Continued from page 8 with Dietary Staff 2, on April 22, 2025, at 8:43 a.m. confirmed that he should be wearing a facial hair restraint, but he took it off because it was hot and he had to answer the phone multiple times. Observations in the main kitchen on April 22, 2025, at 12:20 p.m. revealed dietary staff on the tray line for lunch. Dietary Aide 3 was pushing carts in the main kitchen. Dietary Aide 3 was not wearing a hair restraint. Interview with Dietary Aide 3 at the time of the observation confirmed that she should have had a hair restraint on and it must have fallen off when she went outside. Interview with the Interim Certified Dietary Director on April 22, 2025, at 10:04 a.m. confirmed that the dietary department was fully staffed on April 21, 2025, and that staff should have had hair covered appropriately with hair restraints. 28 Pa. Code 211.6(f) Dietary Services.	F 0812		

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F 0842 SS=D	483.20(f)(5), 483.70(h)(1)-(5) Resident Records - Identifiable Information §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(h) Medical records. §483.70(h)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(h)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes,	F 0842	Resident #2 medical recorded updated marked progress note as invalid for incorrect documentation. To identify residents who have the potential to be affected, the Director Nursing/Designee will complete a review of nursing progress notes for the past 30 days to ensure that documentation is correct and accurate. To prevent recurrence, the licensed nursing staff will be educated on accurate and timely documentation of the medical record. To maintain and monitor compliance, the Director of Nursing/ designee will review progress notes of 5 residents weekly x's 4 weeks and monthly x's2 Step 4: To maintain and monitor compliance, the Director of Nursing/ designee will review progress notes of 5 residents weekly x's 4 weeks and monthly x's2	Completion Date: **05/13/2025** Status: **APPROVED** Date: **05/12/2025**

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F 0842 SS=D	Continued from page 10 organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(h)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(h)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(h)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:	F 0842		

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F 0842 SS=D	Continued from page 11 Based on review of clinical records, as well as staff interviews, it was determined that the facility failed to ensure that clinical records were complete and accurately documented for one of five residents reviewed (Resident 2). Findings included: A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) assessment for Resident 2, dated April 7, 2025, indicated that the resident was sometimes understood and able to sometimes understand others, and was dependent on staff for personal hygiene care. A nursing note for Resident 2, dated April 24, 2025, at 10:00 a.m., revealed that the Registered Nurse Supervisor was made aware that the resident's daughter was requesting testing be completed to check for urinary tract infection (UTI).	F 0842		

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F 0842 SS=D	Continued from page 12 A nursing note for Resident 2, dated April 2, 2025, at 11:54 p.m., revealed that a straight catheterization (a tube used to drain urine from the bladder) was attempted three times without success. Interview with the Director of Nursing on April 22, 2025, at 1:56 p.m. revealed that a straight catheterization was not attempted on Resident 2, and that the nursing note was placed in the wrong chart. 28 Pa. Code 211.5(f) Clinical Records.	F 0842		

Certified End Page

MIDTOWN OAKS HEALTH & REHAB CENTER

STATE LICENSE NUMBER: 065402

SURVEY EXIT DATE: 04/22/2025

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