



October 27, 2025

Koryn Mascioli, Administrator
Oak Ridge Rehabilitation & Healthcare Center
500 West Hospital Street
Taylor, PA 18517

License # 201302
CCN 395564
Survey Ending Date: October 22, 2025

Ms. Mascioli:

A representative of the Division of Nursing Care Facilities, Scranton Field Office completed an abbreviated complaint survey and state revisit on **October 22, 2025**, to determine if your facility meets the requirements to participate in the federal certification and state licensure programs. All references to regulatory requirements contained in this letter are found in Title 42, CFR Part 483, Subpart B, Requirements for Long Term Care, and the 28 PA Code.

There were no federal deficiencies identified during this survey; however, state deficiencies were identified as a result of the abbreviated licensure complaint and revisit survey. This survey found that the facility was not in compliance with the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations, whereas, continuing deficient facility practice was identified under these state requirements.

Nursing Services

P 5520	§211.12 (f.1) (1) (3) (new)
P 5530	§211.12 (f.1) (1) (4) (new)
P 5640	§211.12 (i)(2) (new)

Please Note, failure to achieve compliance may result in State sanctions.

You must submit your plan of correction electronically. This plan must be available for our review on the Department of Health Facility Site at <https://sais.health.pa.gov/commonpoc/Login/Login.aspx>, by **November 6, 2025**. If the deficiencies are not available on the day following this notice, please notify the field office. Failure to submit an acceptable plan of correction within the required time frame may result in the

recommendation of the imposition of additional remedies.

Your plan of correction must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
- How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?
- What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?
- How the corrective action will be monitored to ensure that the deficient practice will not recur; i.e., what quality assurance programs will be established?
- Dates of when the corrective action will be completed.

If your plan of correction fails to contain these components for each deficiency cited, it will not be accepted. The specific target dates that you identify for your facility to achieve correction should reasonably reflect your facility's concern for the health and safety of your residents in relation to the deficiencies cited. If we conclude that your date of presumed compliance does not meet these criteria, it will not be accepted. The latest date identified for the completion of corrective actions will be accepted as the facility's allegation of compliance.

Please direct any questions regarding this survey to the Scranton Field Office.

Sincerely,

Christine Mazza

Christine Mazza
Health Care Surveyor Supervisor
Scranton Field Office
Division of Nursing Care Facilities

By Email megbrandt@pa.gov; RA-PWMAFacility@pa.gov; kibarge@pa.gov;
rbarnard@pa.gov; rebconway@pa.gov