

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  366001	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2025
NAME OF PROVIDER OR SUPPLIER  Harmar Place Rehab & Extended Care		STREET ADDRESS, CITY, STATE, ZIP CODE  401 Harmar Street Marietta, OH 45750	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on daily staffing assignment review, time &amp; attendance detail report review and interview, the facility failed to ensure they provided eight consecutive hours of registered nurse (RN) coverage a day. This affected all 73 residents residing in the facility. Findings include: 1. Review of the Report Time Sheets dated 09/01/25 revealed RN # 10 worked from 12:46 A.M. to 6:31 A.M. for a total of 5.75 hours. Review of the Report Time Sheets dated 09/01/25 revealed RN #30 worked from 5:36 A.M. to 8:22 A.M. for a total of 2.767 hours. RN #30 worked an additional six hours on 09/01/25 from 12:30 P.M. to 6:30 P.M. There was no evidence RN #10 or RN #30 worked eight consecutive hours on 09/01/25. On 12/16/25 at 11:34 A.M., interview with the Director of Nursing (DON) verified there was not a RN in the building for eight consecutive hours on 09/01/25. The DON verified the consecutive time worked between RN #10 and RN #30 was only seven hours and 36 minutes. 2. Review of the Daily Staffing Assignment dated 11/27/25 revealed no evidence a RN was scheduled to work on this day. Review of the Time &amp; Attendance -Detail Reports dated 11/27/25 revealed no evidence any RN worked at the facility on 11/27/25. On 12/16/25 at 10:12 A.M., interview with the DON verified the facility did not have a RN work at all on 11/27/25. At the time of the interview, the DON stated she did not know at the time that it was a federal regulation requiring eight consecutive RN hours until today. This deficiency represents an incidental finding of non-compliance investigated under Complaint Number 2645340.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 366001	If continuation sheet Page 1 of 1