

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395471 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>12/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Armstrong Rehabilitation and Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>265 South McKean Street<br>Kittanning, PA 16201 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)     |
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>(continued on next page) |

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

|  |   |  |  |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395471  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>12/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Armstrong Rehabilitation and Nursing Center  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>265 South McKean Street<br>Kittanning, PA 16201 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |  |  |
| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on a review of facility policy, clinical record, and staff interview, it was determined that the facility failed to provide medications as ordered by the physician for two of four residents (Resident R1 and R2). Findings include: Review of Resident R1's admission record indicated the resident was admitted on [DATE], and readmitted on [DATE]. Review of Resident R1's MDS assessment (MDS: Minimum Data Set assessment-a periodic assessment of resident care needs) dated 9/24/25, indicated she had diagnoses that included high blood pressure, chronic obstructive pulmonary disease (COPD: a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), and retention of urine. Review of Resident R1's progress note dated 9/25/25, revealed the resident had a raised rash noted on the left side of trunk, under axillary area to hip. Right side of trunk, petechiae noted mid rib area. Review of Resident R1's follow up note entered by Certified Registered Nurse Practitioner (CRNP), Employee E1 dated 9/29/25, revealed Resident R1 was evaluated for a rash. Resident R1 had a generalized rash on their torso, appears to have scratched at it also. The rash was described as a macular rash with linear excoriations. Review of Resident R1's progress note dated 10/12/25, revealed the resident was picking and scratching at bilateral upper extremities. Review of Resident R1's physician order dated 10/15/25, indicated to administer 25 milligram (mg) of hydroxyzine HCL, one tablet by mouth every eight hours as needed for itching. Review of Resident R1's progress note dated 10/20/25, revealed the resident continues to scratch at both arms, chest, and armpits. Residents bedding had to be changed due to it being covered with blood. Review of Resident R1's October 2025 Medication Administration Record revealed the resident did not receive 25 mg hydroxyzine HCL for itching from 10/15/25, to 10/20/25. During an interview on 10/21/25, at 1:38 p.m. Licensed Practical Nurse (LPN), Employee E5 confirmed Resident R1 was ordered hydroxyzine for itching and the facility failed to administer the medication as ordered. During an interview on 10/21/25, at 10:31 a.m. LPN, Employee E2 indicated Resident R1 and R2 have been itching like crazy. During an observation on 10/21/25, 10:51 a.m. Resident R1 was observed sleeping in bed in a double occupancy room. A visible rash was observed on the resident's left shoulder. A scabbed area was observed on the resident's right forearm and right ring finger. During an interview on 10/21/25, at 10:53 AM Nurse Aide, Employee E3 stated Resident R1 itches all the time. NA, Employee E3 also indicated Resident R2 was complaining of a rash and itching. Review of Resident R2's admission record indicated the resident was admitted on [DATE]. Review of Resident R2's MDS assessment (MDS: Minimum Data Set assessment-a periodic assessment of resident care needs) dated 9/13/25, indicated she had diagnoses that included rash and other nonspecific skin eruption, chronic obstructive pulmonary disease (COPD: a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), and depression. Review of Resident R2's progress note dated 9/10/25, revealed the resident stated they feel itchy, states they developed a rash. A slight red, rash noted on bilateral upper extremities, abdomen, and back, patchy areas. Review of Resident R2's physician order dated 9/23/25, indicated to apply hydrocortisone external 1% topical cream to left arm every 12 hours as needed for rash. The order was discontinued on 9/24/25. Review of Resident R2's physician order dated 10/15/25, indicated to apply hydrocortisone external 1% topical cream to affected areas every 12 hours as needed for rash. A total of 22 days after it was discontinued. Review of Resident R2's physician order dated 10/15/25, indicated to administer 25 milligram (mg) of hydroxyzine HCL, one tablet by mouth every eight hours as needed for itching. Review of Resident R2's October 2025 Medication Administration Record revealed the resident did not receive 25 mg hydroxyzine HCL for itching as ordered from 10/15/25, to 10/21/25. During an interview and observation on 10/21/25, at 10:56 a.m. Resident R2 had a visible raised rash on both arms and upper thighs, abdomen, and back. Resident R2 stated the rash started about a month ago on their upper thighs. Resident R2 indicated staff do nothing to help with the itching. Resident R2 was observed itching their back and scratching their arms during the interview. During an interview on 10/21/25, at 1:38 p.m. Licensed Practical Nurse (LPN), Employee E5 confirmed Resident R2 was ordered hydroxyzine for itching and the facility failed to administer the medication as ordered. During an interview on 10/21/25, at 2:35 p.m. the Director of Nursing (DON) and Nursing Home Administrator (NHA) confirmed the facility failed to provide medications as ordered by the physician for two of four residents (Resident R1 and R2). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18 (h)(1) Management 28 Pa. Code: 211.10 (c)(d) Resident Care policies 28 Pa. Code:</p> |  |  |

|   |  |  |  |
|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395471 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>12/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Armstrong Rehabilitation and Nursing Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>265 South McKean Street<br>Kittanning, PA 16201 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|---|
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>(continued on next page)</p>                 |

|  |  |  |  |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395471   | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>12/03/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Armstrong Rehabilitation and Nursing Center  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>265 South McKean Street<br>Kittanning, PA 16201 |  |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |  |  |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, resident records, a facility tour, and staff and resident interview it was determined that the facility failed to implement transmission-based precautions and test for scabies for two of four residents (Residents R1 and R2). Findings include: The facility Head Lice and Scabies Exposure and Treatment policy dated 7/2/25 and last reviewed 10/13/25, indicated it is the policy of the facility to ensure residents who contract scabies are treated according to current standards of practice to eradicate the infestation and prevent further exposure and transmission. Human scabies is caused by the human itch mite. It is contagious and can be transmitted by direct prolonged skin contact with an affected person. Proper treatment and infection control measures should be utilized to prevent outbreaks within the facility. The nurse will assess the resident who complains of signs and symptoms of scabies (such as itching, scratching, papular rash, or burrows). The nurse will notify the practitioner of the findings to obtain a treatment regimen for the specific infestation. The infested resident will be placed in a single occupancy room away from their residents to avoid transmission. Staff will follow appropriate transmission based precautions, including PPE, when providing care to affected residents. Staff or residents who may have had potential contact with affected residents should be assessed for signs of scabies. Review of the facility's report submitted to the Department of Health on 8/20/25, revealed two separate residents and three staff members have developed a rash of unknown cause. Rash as petechiae appearance with small raised bumps that are itchy. PPE provided and worn by all staff members while rash is present. The report failed to include the resident or staff member names. Review of the facility's August Infection Surveillance tracking revealed Resident R3 and Resident R4 were being treated with Ivermectin (treatment for scabies), and symptoms of itching began on 8/19/25. Review of Resident R1's admission record indicated the resident was admitted on [DATE], and readmitted on [DATE]. Review of Resident R1's MDS assessment (MDS: Minimum Data Set assessment-a periodic assessment of resident care needs) dated 9/24/25, indicated she had diagnoses that included high blood pressure, chronic obstructive pulmonary disease (COPD: a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), and retention of urine. Review of Resident R1's progress note dated 9/25/25, revealed the resident had a raised rash noted on the left side of trunk, under axillary area to hip. Right side of trunk, petechiae noted mid rib area. Review of Resident R1's follow up note entered by Certified Registered Nurse Practitioner (CRNP), Employee E1 dated 9/29/25, revealed Resident R1 was evaluated for a rash. Resident R1 had a generalized rash on their torso, appears to have scratched at it also. The rash was described as a macular rash with linear excoriations. Review of Resident R1's progress note dated 10/12/25, revealed the resident was picking and scratching at bilateral upper extremities. Review of Resident R1's progress note dated 10/20/25, revealed the resident continues to scratch at both arms, chest, and armpits. Residents bedding had to be changed due to it being covered with blood. Review of Resident R1's physician orders from 9/29/25, to 10/21/25, failed to include an order for a skin scraping to rule out scabies or contact precautions. During an interview on 10/21/25, at 10:31 a.m. Licensed Practical Nurse, Employee E2 was asked if they had a concern for scabies in the facility. LPN, Employee E2 responded Yes, I have concerns, I actually had them. LPN, Employee E2 indicated Resident R1 and R2 have been itching like crazy. During an observation on 10/21/25, 10:51 a.m. Resident R1 was observed sleeping in bed in a double occupancy room. A visible rash was observed on the resident's left shoulder. A scabbed area was observed on the resident's right forearm and right ring finger. No contact precautions signage was observed posted at the entrance of Resident R1's door. During an interview on 10/21/25, at 10:53 AM Nurse Aide, Employee E3 stated Resident R1 itches all the time. NA, Employee E3 also indicated Resident R2 was complaining of a rash. Review of Resident R2's admission record indicated the resident was admitted on [DATE]. Review of Resident R2's MDS assessment (MDS: Minimum Data Set assessment-a periodic assessment of resident care needs) dated 9/13/25, indicated she had diagnoses that included rash and other nonspecific skin eruption, chronic obstructive pulmonary disease (COPD: a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), and depression. Review of Resident R2's progress note dated 9/10/25, revealed the resident stated they feel itchy, states they developed a rash. A slight red, rash noted on bilateral upper extremities, abdomen, and back, patchy areas. Review of Resident R2's physician orders from 9/29/25 to 10/21/25 failed to include an order for a skin scraping to rule out</p> |  |  |