

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395471	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2026
NAME OF PROVIDER OR SUPPLIER  Armstrong Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  265 South McKean Street 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 (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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on a review of facility policy, clinical records, and staff interview, it was determined that the facility staff failed to follow a physician order for a Bi-pap machine (used to facilitate breathing during sleep for certain types of sleep apnea. Sleep apnea is a condition that causes breathing to stop and start several times during sleep. A bi-pap machine pushes air into the lungs with two settings a higher pressure when you inhale and a lower pressure when you exhale) for one of three residents (discharged Resident R1). Findings include: Review of facility policy admission Orders last reviewed 8/8/25, indicated A physician must personally approve, in writing, a recommendation that an individual be admitted to a facility. A physician, physician assistant, nurse practitioner or clinical nurse specialist must provide written and/or verbal orders for the residents' immediate care and needs. The orders should allow facility staff to provide essential care to the residents consistent with the resident's mental and physical status on admission. Review of the facility policy Oxygen Administration last reviewed 8/8/25, indicated Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans and the resident's goals and preferences. Types of delivery systems include but not inclusive to Bi-level Positive Pressure Airway Pressure (BiPap) mask this mask is part of a system that is capable of generating two adjustable pressure levels during inhalation and exhalation. Review of the clinical record indicated discharged Resident R1 was admitted to the facility on [DATE]. Review of discharged Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/23/25, indicated diagnoses of with the diagnosis of cancer, high blood pressure and Chronic Obstructive pulmonary disease (COPD- lung condition that restricts breathing). Review of discharged Resident R1's physician order dated 11/12/25, indicated BiPap at hours of sleep at present parameters at bedtime and remove per schedule. The order start date was 11/13/25. Review of discharged Resident R1's physician order dated 11/13/25, indicated BiPap at hours of sleep at present parameters for 45% - 6.0 centimeters (CM) water (H2O) and remove per schedule. Review of discharged Resident R1's Treatment Administration Record (TAR) for November 2025, indicated three occurrences of physician ordered treatment for the BiPap was not provided 11/12/25, 11/19/25, and 11/20/25. During an interview completed on 3/18/26, at 3:10 p.m. Upon asking Registered Nurse RN Employee E1 concerning discharged Resident R1's Bi pap orders Stated The BiPap was not put on until 11/13/25, the orders were put in on 11/12/25, however, it was not scheduled until the 11/13/25. Upon asking RN Employee E1 what a 9 meant on the TAR for 11/19/25, and 11/20/25, stated see nursing note when asked about the nursing notes confirmed there were not any to coincide with the BiPap not being used on 11/19/25, and 11/20/25, and that the facility staff failed to follow a physician order for a Bi-pap machine for one of three residents (discharged Resident R1). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12(d)(1)(5) Nursing services.</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
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