

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 04/20/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, facility policy, and staff interview, it was determined that the facility failed to ensure comfortable air temperature levels were provided for eight of ten resident rooms/areas (Rooms 211-2, Day room [ROOM NUMBER]A Unit, Day room [ROOM NUMBER]BC Unit, room [ROOM NUMBER]-2, room [ROOM NUMBER]-1, Day room [ROOM NUMBER]A Unit, Day room [ROOM NUMBER]BC Unit, and room [ROOM NUMBER]-1). Findings Include: Review of the facility policy Safe and Homelike Environment, dated 7/1/25, indicated in accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. The facility will maintain comfortable and safe temperature levels. The facility should strive to keep the temperature in common resident areas between 71 and 81 degrees Fahrenheit. During an interview and tour on 4/20/26, at 9:28 a.m., with the Maintenance Director Employee E1 the following areas indicated inadequate temperatures: 2nd Floor:room [ROOM NUMBER]-2 - 69 degrees FahrenheitDay room [ROOM NUMBER]A Unit - 66 degrees FahrenheitDay room [ROOM NUMBER]BC Unit - 68 degrees Fahrenheitroom [ROOM NUMBER]-2 - 69 degrees Fahrenheit 3rd Floor:room [ROOM NUMBER]-1 - 69 degrees FahrenheitDay room [ROOM NUMBER]A Unit - 66 degrees FahrenheitDay room [ROOM NUMBER]BC Unit - 69 degrees Fahrenheitroom [ROOM NUMBER]-1 - 70 degrees Fahrenheit During an interview on 4/20/26, at 9:38 a.m., Resident R1 stated It is cold in here. During an interview on 4/20/26, at 9:48 a.m., Resident R2 was sitting in the Day room [ROOM NUMBER]BC Unit and stated, It's freezing in here today. During an interview on 4/20/26, at 9:50 a.m. Maintenance Director Employee E1 confirmed the facility failed to ensure comfortable air temperature levels were provided for eight of ten resident rooms/areas (Rooms 211-2, Day room [ROOM NUMBER]A Unit, Day room [ROOM NUMBER]BC Unit, room [ROOM NUMBER]-2, room [ROOM NUMBER]-1, Day room [ROOM NUMBER]A Unit, Day room [ROOM NUMBER]BC Unit, and room [ROOM NUMBER]-1). 28 Pa. Code: 201.18(b)(3) Management</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and clinical records, and staff interviews, it was determined that the facility failed to provide the resident/resident's responsible party with complete information and failed to set up home care services in preparation for discharge for one of four residents reviewed (Resident R3). Findings include: Review of the facility policy Transfer and discharge date d 7/1/25, indicated for anticipated discharge to the community, the facility will obtain a physician's order for discharge and instructions on precautions for ongoing care. A post discharge plan of care that is developed with the participation of the resident, and the residents' representative which will assist the resident to adjust to his or her new living environment. Review of the admission record indicated Resident R3 admitted to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/13/26, indicated diagnoses of atrial fibrillation (irregular heart rhythm), heart failure (heart doesn't pump blood as well as it should), and chronic obstructive pulmonary disease (COPD- a group of diseases that block airflow and make it hard to breathe). Review of Resident R3's care plan dated 3/5/26, indicated resident would like to discharge back to the community. Review of Resident R3' progress note dated 4/17/26, at 12:20 p.m. indicated resident discharged from facility via stretcher van. All belongings and medications with resident. Medication list faxed to primary care physician. Discharge instructions explained to resident and wife this morning. Both verbalized understanding. Review of Resident R3's Discharge Transition Packet dated 4/10/26, on 4/20/26, at 12:30 p.m. indicated the Social Services Section was blank, including services that has been recommended upon discharge such as home health nursing services, home therapy services, outpatient therapy services, etc. Review of facility provided documentation on 4/20/26, at 12:35 p.m. indicated Resident R3's spouse called the facility on 4/17/26, at 10:00 p.m. concerned that resident services had not been set up by Social Services. Interview on 4/20/26, at 1:02 p.m. Social Service Employee E2 indicated they had a day off on 4/17/26, and ordering the home care services and therapy simply got missed. Interview on 4/20/26, at 1:03 p.m. Social Service Employee E2 confirmed that the facility failed to provide the resident/resident's responsible party with complete information and failed to set up home care services in preparation for discharge for one of four residents reviewed (Resident R3). 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(2) Management</p>		