

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395471                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>12/12/2025 |
| 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 0730<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | Observe each nurse aide's job performance and give regular training.<br><br>Based on review of facility policy, personnel records and staff interviews it was determined that the facility failed to complete annual performance evaluations for five of five nurse aides (NA) (NA Employees E4, E5, E6, E7, and E8). Findings include: Review of NA Employee E4's personnel record indicated a hire date of 9/19/11. Review of NA Employee E5's personnel record indicated a hire date of 9/21/18. Review of NA Employee E6's personnel record indicated a hire date of 2/26/23. Review of NA Employee E7's personnel record indicated a hire date of 8/27/23. Review of NA Employee E8's personnel record indicated a hire date of 10/2/23. Review of personnel records did not include an annual performance evaluation based on the date of hire for NA Employees E4, E5, E6, E7, and E8. During an interview on 12/9/25, at 1:57 p.m. Human Resources Employee E10 confirmed that the facility failed to complete annual performance evaluations for five of five nurse aides as required. 28 Pa Code: 201.14 (b) Responsibility of licensee 28 Pa Code: 201.18 (b)(1)(3) Management |                                                                                              |                                                 |

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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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policies, observations, and staff interviews, it was determined that the facility failed to properly store medications and/or biologicals in three of five medication rooms (Second Floor (2C) Medication Room, Third Floor (3A) Medication Room, and Third Floor (3C) Medication Room) and failed to properly store medication in two of three medication carts (3BC Medication Cart and 2BC Medication Cart). Findings include:</p> <p>Review of facility policy Medication Storage dated [DATE], indicated that medications will be stored in the medication rooms according to the manufacturer's recommendations. All medications rooms are routinely inspected by the consultant pharmacist for discontinued, outdated, defective, or deteriorated medications with worn, illegible, or missing labels. These medications are destroyed.</p> <p>Review of facility Insulin Storage policy dated [DATE], indicated that insulin must be stored securely in a locked area. Follow specific instructions for opened insulin vials/pens. Often good at room temperature for 28 days. Insulin vials/pens must be dated on the date they are initially used.</p> <p>During a medication cart review (3BC Medication Cart ) on [DATE], at 12:40 p.m. the following were observed:</p> <p>(2) Lantus (a medication used to treat high blood sugars) vial with an opened date marked [DATE].</p> <p>Insulin Lispro (a medication used to treat high blood sugars) vial with an opened date marked [DATE].</p> <p>Lantus pen with an opened date marked [DATE].</p> <p>Lispo vial with an opened date marked [DATE].</p> <p>Insulin Aspart (a medication used to treat high blood sugars) vial with an opened date marked [DATE].</p> <p>Lantus vial with an opened date of [DATE].</p> <p>Novolog (a medication used to treat high blood sugars) was missing an opened and expired date.</p> <p>Lantus vial with an opened date marked [DATE].</p> <p>Lispro vial with an opened date marked [DATE].</p> <p>During an interview on [DATE], at 12:53 p.m. Licensed Practical Nurse (LPN) E13 confirmed the above findings and confirmed that they were expired.</p> <p>During a medication cart review (2BC Medication Cart ) on [DATE], at 1:20 p.m. the following were observed:<br/>(continued on next page)</p> |                                                                                              |                                                 |

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| <p>F 0761</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Lantus vial with an expiration date marked [DATE].</p> <p>Lantus vial with an opened date marked [DATE].</p> <p>During an interview on [DATE], at 1:35 p.m, Registered Nurse Employee E14 confirmed the above findings and confirmed that they were expired.</p> <p>During an observation on [DATE], at 10:16 a.m. of the Second Floor (2C) Medication Room the following was observed:</p> <ul style="list-style-type: none"> <li>-(2) Gallons of opened undated Natural Spring Water</li> <li>-(1) Spedi Catheter Internment French 16 Expired [DATE]</li> <li>-(1) IV Tubing Administration Set Expired [DATE]</li> <li>-(3) IV Connecting Tubing 20' Length, 3/16' Diameter Expired [DATE]</li> <li>-(2) Gold Blood Tubes Expires [DATE]</li> <li>-(2) Blood Collection Set Expired [DATE]</li> <li>-(1) 300 milligram (mg) Bottle Fish Oil Expired 6/25</li> <li>-(3) 50 mg Bottle Zinc Expired 7/25</li> <li>-(1) Saccharomyces Boulardii Probiotic Expired 9/25</li> <li>-(1) 1000 mg Bottle B12 Expired [DATE]</li> <li>-(2) 500 mg Bottle Vitamin C Expired 11/25</li> </ul> <p>During an interview on [DATE], at 10:18 a.m. LPN Employee E19 confirmed the above items were expired.</p> <p>During an observation on [DATE], at 10:29 a.m. of the Third Floor (3A) Medication Room the following was observed:</p> <ul style="list-style-type: none"> <li>- (1) 50 mg Bottle Zinc Expired 7/25</li> <li>-(1) 325mg Bottle of Iron Expired 8/25</li> </ul> <p>During an interview on [DATE], at 10:30 a.m. LPN, Employee E16 confirmed the above items were expired.</p> <p>During an observation on [DATE], at 10:36 a.m. of the Third Floor (3C) Medication Room the following was observed:</p> <ul style="list-style-type: none"> <li>-(1) Secondary Administration Set Expired [DATE]</li> </ul> <p>(continued on next page)</p> |                                                                                              |                                                 |

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| F 0761<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>-(1) 400 mg Bottle Fish Oil Expired 7/25</p> <p>-(3) IV Administration Set Expired [DATE]</p> <p>-(1) 500 mg Bottle Vitamin C Expired 11/25</p> <p>During an interview on [DATE], at 10:40 a.m. LPN, Employee E13 confirmed the above items were expired.</p> <p>During an interview on [DATE], at approximately 3:00 p.m. the Nursing Home Administrator and the Director of Nursing confirmed the facility failed to properly store medications and/or biologicals in three of six medication rooms.</p> <p>28 Pa. Code: 211.9(a)(1)(j.1)(k) Pharmacy services.</p> <p>28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p> |                                                                                              |                                                 |

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| <p>F 0836</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility financial documents, interviews with residents, resident's families, and staff it was determined that the facility failed to pay bills in a timely manner. Findings include: Review of the Nursing Home Administrator job description indicated: position purpose: leads, guides, and directs the operations of the healthcare facility in accordance with local, state, and federal regulations, standards and established facility policies and procedures to provide appropriate care and services to residents. Resident R57 was admitted to the facility on [DATE]. Review of Resident R57 Minimum Data Set (MDS - a periodic assessment of resident needs) dated 11/14/25, indicated diagnosis of cerebral palsy (group of condition that affect movements and posture. I caused by damage that occurs to the developing brain, most often before birth) anxiety disorder (involve repeated episodes of sudden feelings of intense anxiety and or fear or terror), and abnormalities of gait (abnormal walking pattern). During an observation on the 2nd floor nursing unit on 12/11/25, at 329 p.m. Resident R57 Indicated they wanted to talk with a surveyor. Resident R57 with Resident R57 Family Member on the video screen and Nurse Aide in to help with communicating with Resident R57 - stated that he wanted to know why he couldn't go to his eye appointment. Resident R57 Family member wife expanded to say - they had made an original appointment in October that needed to be canceled but re-made his eye appointment for Friday - the facility cancelled it. The appointment was for eye surgery due to resident not being able to see well out of his eye. Resident R57 Family Member indicated that the eye appointment was cancelled due to facility not having transportation. During an interview on 12/12/25, at 10:24 a.m. Scheduler Employee E23 indicated the following: Scheduler Employee E23 is responsible for setting up appointments for residents for transportation and for taking residents who are in wheelchairs and able to walk independently/with cane/wheeled walker to appointments. Per Scheduler Employee E23 the appointment was cancelled by the facility and the reason for cancelling was due to the transportation company not being paid by the facility. Scheduler Employee E23 indicated that this has happened before, but this was the longest period of time (no exact date provided). Review of facility documentation: Optimal transport contract: This non-emergency wheelchair/stretchers transportation services agreement: Optimal transport is equipped and qualified to provide Non-Emergency Wheelchair/Stretchers transportation services to health care providers and assisted living facilities. Article 4- charges and billing - Optimal transport will invoice [NAME] Rehabilitation and Nursing monthly in accordance with the Fee schedule. Payment [NAME] Rehabilitation and nursing agree to pay Optimal Transport 100% of set rates. Review of facility documentation from October of 2025 to December 2025 indicated: 12 appointments being cancelled due to transportation not being available including Resident R57. During an interview on 12/12/25, at 2:00 p.m. Nursing Home Administrator confirmed that the facility failed to pay the transportation vendor in a timely manner. 28 Pa. Code 201.14 (a)(c) Responsibility of licensee 28 Pa. Code 201.18(b)(1)(e)(1) Management</p> |                                                                                              |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policies, review of clinical record, observations, and staff interviews, it was determined that the facility failed to maintain proper infection control practices related to failing to use Personal Protective Equipment (PPE) appropriately in Droplet Isolation (a type of isolation that requires a gown, gloves, N95 (a respirator mask), and eye protection, which created the potential for the cross-contamination and the spread of diseases and infections for four out of four resident rooms (Rooms 301, 304, 305, and 312), failed to clean residents rooms appropriately after isolation was discontinued for three of three rooms (rooms [ROOM NUMBER]), and failed to maintain a comprehensive program for water management to monitor the potential development and spread of Legionnaires (an infection of the lungs caused by bacteria, commonly spread by water) for 12 of 12 months. Findings Include: Review of facility Infection Prevention and Control Risk Assessment Procedure policy dated 10/13/25, indicated the facility documents a risk assessment that utilizes an all-hazard approach. This risk assessment will be used for prioritizing activities of the facility's infection prevention and control program. Review of facility Personal Protective Equipment policy dated 10/13/25, indicated the facility promotes appropriate use of personal protective equipment to prevent the transmission of pathogens to residents, visitors, and other staff. Review of facility Complete Room Cleaning policy dated 10/13/25, indicated when cleaning a complete room, the room should be emptied and ready for cleaning. Starting in a clockwise rotation, clean, polish, scrub, scrape, dust, disinfect, sweep, wipe, and mop everything in the room. Review of facility Water Management Program policy dated 10/13/25, indicated the facility will establish water management plans for reduction the risk of legionellosis and other opportunistic pathogens in the facility's water systems based on nationally accepted standards. During an interview on 12/8/25, at 9:33 a.m. Infection Preventionist (IP) Employee E20 confirmed that Covid-19 (a respiratory infection) was present on the third floor. During a tour of the third floor, yellow signs were hung outside of several rooms that indicated Standard Precaution - Airborne - Contact - Droplet Isolation. Prior to entering the room, clean hands, wear gown, N95, eye protection, and gloves. During multiple tours of the unit on 12/8/25, the following were observed with rooms that had isolation signs: - Nurse Aide (NA) Employee E11 was in a droplet isolation room with only a surgical mask on.- Licensed Practical Nurse (LPN) Employee E9 was in a droplet isolation room with a gown, gloves, and a surgical mask on.- NA Employee E12 exited a droplet isolation room and failed to discard N95 mask and was going into a non-isolation room with the N95 on. The State Agency (SA) requested the N95 be removed to prevent further spread of viruses.- NA Employee E11 was in a droplet isolation room with only a surgical mask on (Second time).- A family member stopped at nurses' station to talk to LPN Employee E9. The visitor had a mask on, however LPN Employee E9 failed to educate visitor prior to entering a droplet isolation room as to what should be worn to protect themselves.- NA Employee E11 was in a droplet isolation room with only a surgical mask (Third time).- NA Employee E12 was in a droplet isolation room with just a surgical mask and gloves on. During an interview on 12/8/25, at 12:10 p.m. LPN Employee E9 stated, I should have told the visitor she needed a gown, eye wear and gloves on as well as her mask before she visited resident while we were talking. During an interview on 12/8/25, at 12:15 p.m. LPN Employee E9, NA Employee E11 and NA Employee E12 confirmed that the appropriate PPE were not used in droplet isolation rooms, and a visitor was not educated on the appropriate PPE to be worn prior to entering a droplet isolation room to prevent the spread of Covid-19 during a visit. During an interview on 12/9/25, at 11:33 a.m. IP Employee E20 stated that three Covid-19 isolation rooms (rooms [ROOM NUMBER]) were discontinued due to residents testing negative for Covid-19 on this date. During a tour and observation on 12/9/25, at 1:10 p.m. residents in rooms [ROOM NUMBER] were lying in bed. During an interview on 12/9/25, at 1:17 p.m. Housekeeper Employee E17 stated that the rooms were cleaned after the isolation was discontinued. When asked, Were the residents in (continued on next page)</p> |                                                                                              |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395471                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>12/12/2025 |
| 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 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | those rooms out of bed during the deep clean?, Housekeeper Employee E17 stated No, they were still in bed. During an interview on 12/9/25, at 1:21 p.m. Housekeeper Employee E17 stated that when a room is deep cleaned after an isolation order was discontinued that residents should be out of bed so that beds, mattresses, and bedframes can be disinfected with cleaner and that bedding should be laundered. During an interview on 12/9/25, at 2:15 p.m. Nursing Home Administrator and Director of Nursing confirmed that the facility failed to maintain proper infection control practices related to failing to use PPE appropriately in Droplet Isolation which created the potential for the cross-contamination and the spread of diseases and infections for four out of four resident rooms (Rooms 301, 304, 305, and 312), and failed to clean residents rooms appropriately after isolation was discontinued for three of three rooms (rooms [ROOM NUMBER]). During an interview on 12/11/25, at 10:07 a.m. the Nursing Home Administrator (NHA) stated he was unable to provide the facilities Legionella water management plan that included monitoring or auditing of facility for potential Legionella and failed to provide mapping of high opportunity areas where Legionella could be found in the facility water pipes. During an interview on 12/11/25, at 10:13 the NHA confirmed that the facility failed to maintain a comprehensive program for water management to monitor the potential development and spread of Legionnaires for 12 of 12 months. 28 Pa. Code: 211.10(d) Resident Care Policies.28 Pa. Code: 211.12(d)(1)(5) Nursing Services. |                                                                                              |                                                 |

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| 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 |                                                 |
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| F 0941<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members.<br><br>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Effective Communication for five of seven staff members (Registered Nurse (RN) Employee E3, Nurse Aide (NA) Employees E5, E6, E8, and Licensed Practical Nurse (LPN) Employee E9). Findings include: Review of facility policy Training Requirements dated 8/13/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Effective Communication. Review of RN Employee E3's personnel file indicated a hire date of 10/1/23, and failed to include Effective Communication training between 10/1/24, and 10/1/25. Review of NA Employee E5's personnel file indicated a hire date of 9/21/18, and failed to include Effective Communication training between 9/21/24, and 9/21/25. Review of NA Employee E6's personnel file indicated a hire date of 2/26/23, and failed to include Effective Communication training between 2/26/24, and 2/26/25. Review of NA Employee E8's personnel file indicated a hire date of 10/2/23, and failed to include Effective Communication training between 10/2/24, and 10/2/25. Review of LPN Employee E9's personnel file indicated a hire date of 5/24/23, and failed to include Effective Communication training between 5/24/24, and 5/24/25. During an interview on 12/9/25, at 1:59 p.m. Human Resources Employee E10 confirmed that the facility failed to provide training on Effective Communication for five of seven staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a) Staff Development. |                                                                                              |                                                 |



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| 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                              |                                                 |
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| F 0942<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents.</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Resident Rights for six of seven staff members (Nurse Aide (NA) Employee E4, NA Employee E5, NA Employee E6, NA Employee E7, NA Employee E8, and Licensed Practical Nurse (LPN) E9). Findings include: Review of facility policy Training Requirements dated 8/13/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Resident Rights. Review of NA Employee E4's personnel file indicated a hire date of 9/19/11, and failed to include Resident Rights training between 9/19/24, and 9/19/25. Review of NA Employee E5's personnel file indicated a hire date of 9/21/18, and failed to include Resident Rights training between 9/21/24, and 9/21/25. Review of NA Employee E6's personnel file indicated a hire date of 2/26/23, and failed to include Resident Rights training between 2/26/24, and 2/26/25. Review of NA Employee E7's personnel file indicated a hire date of 8/27/23, and failed to include Resident Rights training between 8/27/24, and 8/27/25. Review of NA Employee E8's personnel file indicated a hire date of 10/2/23, and failed to include Resident Rights training between 10/2/24, and 10/2/25. Review of LPN Employee E9's personnel file indicated a hire date of 5/24/23, and failed to include Resident Rights training between 5/24/24, and 5/24/25. During an interview on 12/9/25, at 12:59 p.m. Human Resources Employee E10 confirmed that the facility failed to provide training on Resident Rights for six of seven staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a) Staff development.</p> |                                                                                              |                                                 |

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| 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 |                                                 |
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| F 0943<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Abuse, Neglect, and Exploitation for four of seven staff members (Nurse Aide (NA) Employees E5, E6, and E8, and Licensed Practical Nurse (LPN) E9). Findings include: Review of facility policy Training Requirements dated 8/13/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Abuse, Neglect, and Exploitation Prevention. Review of NA Employee E5's personnel file indicated a hire date of 9/21/18, and failed to include Abuse, Neglect, and Exploitation training between 9/21/24, and 9/21/25. Review of NA Employee E6's personnel file indicated a hire date of 2/26/23, and failed to include Abuse, Neglect, and Exploitation training between 2/26/24, and 2/26/25. Review of NA Employee E8's personnel file indicated a hire date of 10/2/23, and failed to include Abuse, Neglect, and Exploitation training between 10/2/24, and 10/2/25. Review of LPN Employee E9's personnel file indicated a hire date of 5/24/23, and failed to include Abuse, Neglect, and Exploitation training between 5/24/24, and 5/24/25. During an interview on 12/9/25, at 12:59 p.m. Human Resources Employee E10 confirmed that the facility failed to provide training on Abuse, Neglect, and Exploitation for four of seven staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a) Staff development.</p> |                                                                                              |                                                 |

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| F 0944<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program.</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on the Quality Assurance and Performance Improvement (QAPI) program for five of seven staff members (Registered Nurse (RN) Employee E3, Nurse Aide (NA) Employees E5, E6, and E8, and Licensed Practical Nurse (LPN) Employee E9). Findings include: Review of facility policy Training Requirements dated 8/13/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum QAPI program. Review of RN Employee E3's personnel file indicated a hire date of 10/1/23, and failed to include QAPI training between 10/1/24, and 10/1/25. Review of NA Employee E5's personnel file indicated a hire date of 9/21/18, and failed to include QAPI training between 9/21/24, and 9/21/25. Review of NA Employee E6's personnel file indicated a hire date of 2/26/23, and failed to include QAPI training between 2/26/24, and 2/26/25. Review of NA Employee E8's personnel file indicated a hire date of 10/2/23, and failed to include QAPI training between 10/2/24, and 10/2/25. Review of LPN Employee E9's personnel file indicated a hire date of 5/24/23, and failed to include QAPI training between 5/24/24, and 5/24/25. During an interview on 12/9/25, at 12:59 p.m. Human Resources Employee E10 confirmed that the facility failed to provide training on QAPI for five of seven staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a) Staff development.</p> |                                                                                              |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395471                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>12/12/2025 |
| 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 |                                                 |
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| F 0945<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program.</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Infection Control for four of seven staff members (Nurse Aide (NA) Employees E5, E6, and E8, and Licensed Practical Nurse (LPN) Employee E9). Findings include: Review of facility policy Training Requirements dated 8/13/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Infection Prevention, and Control Program. Review of NA Employee E5's personnel file indicated a hire date of 9/21/18, and failed to include Infection Control training between 9/21/24, and 9/21/25. Review of NA Employee E6's personnel file indicated a hire date of 2/26/23, and failed to include Infection Control training between 2/26/24, and 2/26/25. Review of NA Employee E8's personnel file indicated a hire date of 10/2/23, and failed to include Infection Control training between 10/2/24, and 10/2/25. Review of LPN Employee E9's personnel file indicated a hire date of 5/24/23, and failed to include Infection Control training between 5/24/24, and 5/24/25. During an interview on 12/9/25, at 12:59 p.m. Human Resources Employee E10 confirmed that the facility failed to provide training on Infection Control for four of seven staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a) Staff development.</p> |                                                                                              |                                                 |

Department of Health & Human Services  
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| 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 |                                                 |
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| <p>F 0946</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide training in compliance and ethics.</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Compliance and Ethics for five of seven staff members (Registered Nurse (RN) Employee E3, Nurse Aide (NA) Employees E5, E6, and E8, and Licensed Practical Nurse (LPN) Employee E9). Findings include: Review of facility policy Training Requirements dated 8/13/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Compliance and Ethics Program. Review of RN Employee E3's personnel file indicated a hire date of 10/1/23, and failed to include Compliance and Ethics training between 10/1/24, and 10/1/25. Review of NA Employee E5's personnel file indicated a hire date of 9/21/18, and failed to include Compliance and Ethics training between 9/21/24, and 9/21/25. Review of NA Employee E6's personnel file indicated a hire date of 2/26/23, and failed to include Compliance and Ethics training between 2/26/24, and 2/26/25. Review of NA Employee E8's personnel file indicated a hire date of 10/2/23, and failed to include Compliance and Ethics training between 10/2/24, and 10/2/25. Review of LPN Employee E9's personnel file indicated a hire date of 5/24/23, and failed to include Compliance and Ethics training between 5/24/24, and 5/24/25. During an interview on 12/9/25, at 12:59 p.m. Human Resources Employee E10 confirmed that the facility failed to provide training on Compliance and Ethics for five of seven staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a) Staff development.</p> |                                                                                              |                                                 |

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| 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 |                                                 |
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| F 0947<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Based on review of personnel records, and staff interview it was determined that the facility failed to ensure that three of five sampled Nurse Aides (NA) received a minimum of 12 hours of in-service education per year (NA Employees E5, E6, and E8). Findings include: Review of facility nurse aide training records revealed that NA Employee E5 did not receive 12 hours of in-service training in the last year. The facility was unable to provide documented evidence that NA Employee E5 had received a minimum of 12 hours of in-service training yearly. Review of facility nurse aide training records revealed that NA Employee E6 did not receive 12 hours of in-service training in the last year. The facility was unable to provide documented evidence that NA Employee E6 had received a minimum of 12 hours of in-service training yearly. Review of facility nurse aide training records revealed that NA Employee E8 did not receive 12 hours of in-service training in the last year. The facility was unable to provide documented evidence that NA Employee E8 had received a minimum of 12 hours of in-service training yearly. During an interview on 12/9/25, at 2:00 p.m. Human Resources Employee E10 confirmed that the facility did not have evidence that NA Employee E5, E6, and E8 received the required 12 hours of yearly in-service training 28 Pa. Code: 201.14(a) Responsibility of Licensee. 28 Pa. Code: 201.20(c) Staff Development.</p> |                                                                                              |                                                 |

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| <p>F 0949</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Provide behavior health training consistent with the requirements and as determined by a facility assessment.</p> <p>Based on review of facility policy and documents, and staff interview, it was determined that the facility failed to provide training on Behavioral Health for five of seven staff members (Registered Nurse (RN) Employee E3, Nurse Aide (NA) Employees E5, E6, and E8, and Licensed Practical Nurse (LPN) Employee E9). Findings include: Review of facility policy Training Requirements dated 8/13/25, indicated that it is the policy of this facility to develop, implement and maintain an effective training program for all new and existing staff, individuals providing services under contractual arrangement, and volunteers, consistent with their expected roles. All facility staff needs to be trained to be able to interact in a manner that enhances the resident's quality of life and quality of care and that they can demonstrate competency in the topic areas of the training program, Training requirements should be met prior to staff and volunteers independently providing services to residents, annually, and as necessary based on the facility assessment. Training content includes at a minimum Behavioral Health. Review of RN Employee E3's personnel file indicated a hire date of 10/1/23, and failed to include Behavioral Health training between 10/1/24, and 10/1/25. Review of NA Employee E5's personnel file indicated a hire date of 9/21/18, and failed to include Behavioral Health training between 9/21/24, and 9/21/25. Review of NA Employee E6's personnel file indicated a hire date of 2/26/23, and failed to include Behavioral Health training between 2/26/24, and 2/26/25. Review of NA Employee E8's personnel file indicated a hire date of 10/2/23, and failed to include Behavioral Health training between 10/2/24, and 10/2/25. Review of LPN Employee E9's personnel file indicated a hire date of 5/24/23, and failed to include Behavioral Health training between 5/24/24, and 5/24/25. During an interview on 12/9/25, at 12:59 p.m. Human Resources Employee E10 confirmed that the facility failed to provide Behavioral Health training on for five of seven staff members as required. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.20(a) Staff development.</p> |                                                                                              |                                                 |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility admission packet, facility policy, clinical records, observation, and staff interviews it was determined that the facility failed to ensure that care was provided in a manner which maintained resident dignity for two residents (Resident R3 and R44). Findings include: Review of the facility admission Packet policy dated 5/28/21, indicated the facility shall protect and promote the rights of each resident that include the right to a dignified existence, self-determination, communication with and access to, persons and services inside and outside the facility. Review of the facility Catheter Care policy dated 10/13/25 indicated that the facility will ensure that residents indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Privacy bags will be available and catheter drainage bags will be covered at all times while in use. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/24/25, indicated diagnoses of depression, neurogenic bladder (nerve damage that interrupts bladder control), quadriplegia (a paralysis that affects all body limbs). Section H - Bowel and Bladder H0100A indicated an indwelling catheter. Review of Resident R3's care plan dated 11/19/25, indicated the resident has an indwelling urinary catheter related to neurogenic bladder. During an observation on 12/8/25, at 11:15 a.m. Resident R3's catheter draining bag was observed hanging on his bed frame without a privacy cover applied. During an interview on 12/8/25, at 11:20 a.m. Licensed Practical Nurse (LPN) Employee E9 confirmed Resident R3's catheter draining bag did not have a privacy cover and that the facility failed to ensure that care was provided in a way that maintained Resident R3's dignity. Review of Resident R44's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R44's MDS dated [DATE], indicated diagnoses of high blood pressure, cerebral infarction (necrotic tissue in the brain resulting loss of blood and oxygen to the brain), and dementia (a group of symptoms that affects memory, thinking and interferes with daily life). Section GG Functional Abilities GG0130 Eating was coded as a 1, indicating resident is dependent and the helper does all of the effort. Resident does none of the effort to complete the activity. Review of Resident R44's physician orders dated 7/11/25, indicated resident is total assist with self-feeding to promote nutritional intake. Review of Resident R44's care plan on 12/8/25, at 11:50 a.m. indicated resident is total assist with self-feeding to promote nutritional intake. During an observation on 12/8/25, at 11:55 a.m. two staff members were passing lunch trays on the unit. Nurse Aide Employee E12 placed Resident R44's lunch tray on the bedside table in front of her and then left the room to continue passing lunch trays. During an interview on 12/8/25, at 12:01 p.m. LPN Employee E9 confirmed the above findings, and that resident should have been assisted with lunch when the lunch tray was delivered. During an interview on 12/8/25, at 2:45 p.m. Director of Nursing confirmed that the facility failed to ensure that care was provided in a manner which maintained resident dignity for two residents (Resident R3 and R44). Pa. Code: 211.10 (c)(d) Resident care policies. Pa. Code: 211.12(d)(1)(5) Nursing services.</p> |                                                                                              |                                                 |



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| <p>F 0578</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to provide documentation that residents or resident representatives were given the opportunity to formulate an advance directive (a written instruction such as a living will or durable power of attorney for health care for when the individual is incapacitated) for two of four residents reviewed (Resident R3, and R64). Findings include: A review of the facility Residents' Rights Regarding Treatment and Advance Directives policy dated 10/13/25, indicated that the facility will support and facilitate a resident's right to request, refuse or discontinue medical or surgical treatment and to formulate advance directives. On admission, the facility will determine if the resident has executed an advance directive and if not, determine whether the resident would like to formulate an advance directive. The facility will provide the resident or resident representative information on formulating advance directives. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/24/25, indicated diagnoses of depression, neurogenic bladder (nerve damage that interrupts bladder control), quadriplegia (a paralysis that affects all body limbs). A review of the clinical record failed to reveal an advanced directive or documentation that Resident R3 was given the opportunity to formulate an Advanced Directive. Review of Resident R64's clinical record indicated the resident was admitted to the facility on [DATE]. Review of Resident R64's MDS dated [DATE], indicated diagnoses of chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness), muscle weakness, and cancer (uncontrolled growth and division of abnormal cells). A review of the clinical record failed to reveal an advanced directive or documentation that Resident R64 was given the opportunity to formulate an Advanced Directive. During an interview on 12/10/25, at 1:50 p.m. Social Worker Employee E15 confirmed that the facility failed to provide documentation that residents or resident representatives were given the opportunity to formulate an advance directive for two of four residents reviewed (Resident R3, and R64). 28 Pa. Code: 201.29(b) Resident rights.</p> |                                                                                              |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395471                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>12/12/2025 |
| 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 |                                                 |
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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of clinical records and staff interviews it was determined that the facility failed to develop a person-centered care plan with interventions for one of three residents reviewed (Resident R7). Findings include: Review of the clinical record indicated Resident R7 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - a periodic assessment of resident care needs) dated 11/7/25, included diagnoses of suicidal ideation (when you think about, consider or feel preoccupied with the idea of death and suicide), schizophrenia (serious mental health condition that affects how people think, feel and behave. It may result in a mix of hallucinations, delusions, and disorganized thinking and behavior) and anxiety disorder (group of mental health conditions that cause fear, dread and other symptoms). Review of the plan of care for mood and behavior indicated the, a focus goal and intervention section: the focus was suicidal ideations with a goal section that failed to include a goal for suicidal ideations, and interventions that said, I use plastic silverware. No other interventions were documented in the plan of care or in the clinical record. Review of the clinical record progress notes indicated: 12/5/25: alerted by Nurse Aide that Resident R7 wished she was not here anymore. Stated that she had no purpose here anymore. This writer notified RN on duty. After dinner was alerted that resident tried to stab herself with a plastic fork and expressed that she did now want to be alive anymore. 12/6/25: Staff just informed this nurse that Resident R7 tried to cut herself with a plastic spoon. During an interview on 12/11/25, at 3:05 p.m. the Director of Nursing and Nursing Home Administrator were informed that the facility failed to develop a person-centered care plan for Resident R7 that included interventions to assist with suicidal ideations. Pa. Code 201.24 (c ) (4) admission policy 28 Pa. Code 211.12(d)(1)(2)(5) Nursing services.</p> |                                                                                              |                                                 |

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Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>12/12/2025 |
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| <p>F 0686</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policies, clinical records, facility documents and staff interviews, it was determined that the facility failed to ensure residents were assessed, and provided necessary treatment and services, consistent with professional standards of practice, for a pressure ulcer (PU/Pls- injuries to skin and underlying tissue resulting from prolonged pressure on the skin) for one of four residents (Resident R8). Findings include: Review of facility policy Pressure Injury Prevention and Management dated 10/13/25, indicated the facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injury. The facility shall establish and utilize a systemic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions; and modifying the interventions as appropriate. Licensed nurses will conduct a pressure injury risk assessment on all residents upon admission/re-admission, weekly x four weeks, then quarterly or whenever the resident's condition changes significantly. Licensed nurses will conduct a full body skin assessment on all residents upon admission/readmission, weekly, and after any newly identified pressure injury. Findings will be documented in the medical record. The goals and preferences of a resident and/or authorized representative will be included in the plan of care. Interventions will be documented in the care plan and communicated to all relevant staff. Interventions on a resident's plan of care will be modified as needed. Review of the clinical record indicated Resident R8 was admitted to the facility on [DATE]. Review of Resident R8's clinical record progress notes dated 9/17/25, at 9:57 a.m., revealed new skin issue reported - Resident (R8) seen by wound team for consult. Resident (R8) found to have a S3PI (stage 3 pressure injury = full-thickness skin loss, potentially extending into the subcutaneous tissue, and may present with undermining and tunneling) to coccyx (commonly referred to as the tailbone), noted that resident (R8) has had a decline in overall condition. Review of Resident R8's clinical record wound consultant note dated 9/17/25, indicated that on the coccyx, a linear shaped open wound with moist pink tissue at base, minimal drainage. Edges unattached, peri wound intact. No odor, no warmth, no erythema. Measurement 1.5 x 0.5 x 0.2 cm (centimeters). Coccyx S3PI. Review of Resident R8's Minimum Data Set (MDS - a periodic assessment of care needs) dated 10/2/25, indicated diagnoses Chronic obstructive pulmonary disease (progressive lung disease characterized by airway inflammation and damage, leading to symptoms such as shortness of breath, chronic cough, and mucus production), diabetes mellitus (chronic condition characterized by high levels of glucose in the blood due to the body's inability to produce or effectively use insulin), and bipolar disorder (mental health condition that causes extreme mood swings). Section M - Skin Condition, M0300C indicated a 1 = Number of Stage 3 pressure ulcers. Review of physician order dated 9/17/25, indicated SSD (silver sulfadiazine) External Cream 1%, apply to coccyx topically two times a day for wound care. Review of Resident R8's clinical record reviewed on 12/9/25, failed to reveal weekly wound documentation since wound was identified on 9/17/25. During an interview on 12/9/25, at 1:03 p.m., Wound Care Licensed Practical Nurse (WCLPN) Employee E22 revealed that Resident R8's S3PI on coccyx is healed, and that there is no weekly wound documentation in clinical record regarding coccyx skin breakdown from 9/17/25, to current date. Review of the clinical record failed to indicate that a Braden Scale for Predicting Pressure Sore Risk has been updated since 3/19/25, when Resident R8 was identified at moderate risk for skin breakdown. Review of plan of care for pressure ulcer development, initiated 2/20/25, updated 9/25/25, indicated that Resident R8 has a stage 3 to coccyx 9/16/25. During an interview on 12/11/25, at 9:00 a.m., the Director of Nursing (DON) confirmed that a Braden Scale for Predicting Pressure Sore Risk had not be completed for Resident R8 since 3/19/25; confirmed that the facility failed to document weekly on Resident R8's coccyx pressure (continued on next page)</p> |                                                                                              |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| F 0686<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | injury; and failed to update Resident R8's care plan timely related to current skin status. During an interview on 12/12/25, at 2:45 p.m., the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed that the facility failed to ensure residents were assessed, and provided necessary treatment and services, consistent with professional standards of practice, for a pressure ulcer (PU/PIs- injuries to skin and underlying tissue resulting from prolonged pressure on the skin) for one of four residents (Resident R8). 28 Pa. Code 201.18 (b)(1) Management.28 Pa. Code 211.10 (c)(d) Resident care policies.28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services. |                                                                                              |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical record review and staff interview it was determined that the facility failed to provide adequate supervision for one of three residents with mental health concerns to prevent attempts of suicide (Resident R7). Findings include: Review of facility policy Accidents and Supervision dated 10/13/25, indicated: The resident environment will remain free as free of accident hazards as possible. Each resident will receive adequate supervision and assistive devices to prevent accidents. Review of facility policy Suicide ideation or attempt, dated 10/13/25, indicated: Plan of care for a resident after suicide ideation or attempt is to focus on immediate safety, comprehensive mental health evaluation, collaborative safety planning, and ongoing emotional support and monitoring. Immediate intervention: Ensure safety Do not leave the resident alone. One - on - One observation by a staff member until a professional evaluation is completed or risk is lowered. Remove any lethal means. Immediately search the resident's surroundings and remove any items that could be used for self-harm ( e.g. sharp objects, call bell cord, belts). Medical attention. Ensure that the resident receives immediate medical care for any physical injuries resulting from the attempt. Emergency contacts. Notify the MD immediately. Notify the crisis team and emergency contact person. Involve mental health professionals. Arrange for an urgent screening and comprehensive evaluation by mental health professional. Review of the clinical record indicated Resident R7 was admitted to the facility on [DATE]. Review of Resident R7 Minimum Data Set (MDS - a periodic assessment of resident care needs) dated 11/7/25, included diagnoses of suicidal ideation (when you think about, consider or feel preoccupied with the idea of death and suicide), schizophrenia (serious mental health condition that affects how people think, feel and behave. It may result in a mix of hallucinations, delusions, and disorganized thinking and behavior) and anxiety disorder (group of mental health conditions that cause fear, dread and other symptoms). Review of clinical record progress notes indicated the following: 12/5/25: alerted by Nurse Aide that Resident R7 wished she was not here anymore. Stated that she had no purpose here anymore. This writer notified RN on duty. After dinner was alerted that resident tried to stab herself with a plastic fork and expressed that she did not want to be alive anymore. 12/6/25: Staff just informed this nurse that Resident R7 tried to cut herself with a plastic spoon. During an interview on 12/10/25, at 2:20 p.m. Director of Nursing (DON) and Nursing Home Administrator (NHA) confirmed that on 12/5/25 and 12/6/25 Resident R7 experienced suicidal ideations. During an interview on 12/12/25, at 1:40 p.m. NHA were informed that the facility failed to provide adequate supervision to prevent attempts of suicide for Resident R7. 28 Pa. Code 211.10 (d) Resident care policies.</p> |                                                                                              |                                                 |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on a review of the facility policy, clinical record review and staff interview, it was determined that the facility failed to accurately assess the nutritional status and failed to update an individualized care plan to address the resident's specific nutritional concerns for one of three residents (Resident R8) records reviewed. Findings include: Review of facility's policy Nutritional Management, dated 10/13/25, indicated the facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status in the context of his or her overall condition. A comprehensive nutritional assessment will be completed by a dietitian within 72 hours of admission, annually, and upon significant change in condition. The resident's goals and preferences regarding nutrition will be reflected in the resident's plan of care. Review of the clinical record indicated Resident R8 was admitted to the facility on [DATE]. Review of Resident R8's Minimum Data Set (MDS - a periodic assessment of care needs) dated 10/2/25, indicated diagnoses Chronic obstructive pulmonary disease (progressive lung disease characterized by airway inflammation and damage, leading to symptoms such as shortness of breath, chronic cough, and mucus production), diabetes mellitus (chronic condition characterized by high levels of glucose in the blood due to the body's inability to produce or effectively use insulin), and bipolar disorder (mental health condition that causes extreme mood swings). Section M - Skin Condition, M0300C indicated a 1 = Number of Stage 3 pressure ulcers. During an interview on 12/11/25, at 9:32 a.m., Registered Dietitian (RD) Employee E21 revealed that a comprehensive nutritional assessment (form Nutrition Assessment V.3) is completed on admission/readmission, annually, and with a significant change in condition. Review of Resident R8's clinical record failed to reveal that a comprehensive nutritional assessment (form Nutrition Assessment V.3) was completed that addressed Resident R8's current nutritional status related to Stage 3 pressure ulcer by updating nutrient needs, evaluating laboratory/diagnostic values, and evaluating overall need for additional nutritional interventions for pressure ulcer repair based on information submitted on Significant Change MDS assessment dated [DATE]. Review of current nutritional plan of care initiated 2/22/5, updated 10/20/25, failed to indicate a nutritional focus/concern, goals, and interventions to address Resident R8's stage 3 pressure ulcer as identified in MDS dated [DATE]. During an interview on 12/11/25, at 10:00 a.m., RD Employee E21 confirmed that a comprehensive nutritional assessment was not completed as required for a Significant Change MDS assessment dated [DATE], which addressed Resident R8's change in nutritional needs due to a Stage 3 pressure ulcer, and failed to update Resident R8's care plan to reflect current skin breakdown. During an interview on 12/12/25, at 2:45 p.m., the Nursing Home Administrator (NHA) and Director of Nursing (DON) confirmed that the facility failed to accurately assess the nutritional status and failed to update an individualized care plan to address the resident's specific nutritional concerns for one of three residents (Resident R8) records reviewed. 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 211.12(d)(5) Nursing services.</p> |                                                                                              |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395471                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>12/12/2025 |
| 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 |                                                 |
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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, observations, staff interviews, and clinical record review, it was determined that the facility failed to provide appropriate respiratory care for two of four residents (Resident R3 and R65). Findings include: Review of facility policy Oxygen Administration dated 10/13/25, 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. Change oxygen tubing weekly and as needed. Keep delivery devices covered in plastic bag when not in use. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/24/25, indicated diagnoses of depression, neurogenic bladder (nerve damage that interrupts bladder control), quadriplegia (a paralysis that affects all body limbs). Review of a physician's orders dated 12/1/25, indicated to administer oxygen two liters per minute for shortness of breath as needed. During an observation on 12/8/25, at 10:55 a.m. Resident R3 was lying in bed. The oxygen concentrator was located beside the bed with the nasal cannula (a thin tubing that delivers oxygen from the oxygen concentrator to the nose) laid over top, not stored in a bag. During an interview on 12/8/25, at 11:20 a.m. Licensed Practical Nurse (LPN) Employee E9 confirmed that the nasal cannula was not stored in a bag when not in use, as required. Review of the clinical record indicated Resident R65 was admitted to the facility on [DATE]. Review of Resident R65's MDS dated [DATE], indicated diagnoses of depression, heart failure (a progressive heart disease that affects pumping action of the heart muscles), and chronic obstructive pulmonary disease (COPD, a group of progressive lung disorders characterized by increasing breathlessness). Review of physician's orders dated 6/6/25, indicated to administer Ipratropium-Albuterol (a medication used to treat respiratory diseases) via nebulizer (a machine that delivers medication through inhalation) every four hours if needed. During an observation on 12/8/25, at 11:05 a.m. Resident R65 was lying in bed. The nebulizer machine and tubing were lying on bedside table. The tubing was not dated and was not stored in a bag. During an interview on 12/8/25, at 11:25 a.m. LPN Employee E9 confirmed that the nebulizer tubing failed to have a date on it and was not stored in a bag when not in use, as required. During an interview on 12/8/25, at 2:45 p.m. the Director of Nursing confirmed that the facility failed to provide appropriate respiratory care for two of four residents (Resident R3 and R65). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services</p> |                                                                                              |                                                 |

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| 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 |                                                 |
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| <p>F 0745</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical documentation and staff interview it was determined that the facility failed to provide sufficient and timely social services to one of three residents reviewed (Resident R7). Findings include: Review of facility policy dated 10/13/25, Behavioral Health Services indicated: It is the policy of this facility to ensure all residents receive necessary behavioral health services to assist them in reaching and maintaining their highest level of mental and psychosocial functioning. Review of facility policy dated 10/13/25, Suicide ideation or attempt indicated: Plan of care for a resident after suicide ideation or attempt is to focus on immediate safety, comprehensive mental health evaluation, collaborative safety planning and ongoing emotional support and monitoring. Review of the clinical record indicated Resident R7 was admitted to the facility on [DATE]. Review of the Minimum Data Set (MDS - a periodic assessment of resident care needs) dated 11/7/25, included diagnoses of suicidal ideation (when you think about, consider or feel preoccupied with the idea of death and suicide), schizophrenia (serious mental health condition that affects how people think, feel and behave. It may result in a mix of hallucinations, delusions, and disorganized thinking and behavior) and anxiety disorder (group of mental health conditions that cause fear, dread and other symptoms). Review of Resident R7 clinical record indicated: Therapeutic evaluation in 10/16/25, where clinician ended therapy services. Review of clinical record from October 2025 to December 2025 failed to show additional therapy services. 12/5/25: alerted by Nurse Aide that Resident R7 wished she was not here anymore. Stated that she had no purpose here anymore. This writer notified RN on duty. After dinner was alerted that resident tried to stab herself with a plastic fork and expressed that she did now want to be alive anymore. 12/6/25: Staff just informed this nurse that Resident R7 tried to cut herself with a plastic spoon. During an interview on 12/11/25, at 12:43 p.m. Social Worker Employee E15 indicated: Resident R7 had a known history of suicidal ideations and attempts- that Resident R7 had expressed to Social Worker Employee E7 that she was experiencing a recurring dream that scared her and the Social Worker Employee E7 described as potential trauma. Social Worker Employee E7 was aware that therapy had ended in October and besides medication management (which did not take place between October thru December 2025) Resident R7 was not receiving clinical therapeutic services. During an interview on 12/11/25, at 2:31 p.m. Contractor Clinical Therapist Employee E24 indicated that she had discharged Resident R7 due to cognitive decline. When asked what the cognitive decline change was - Contractor Clinical therapist Employee E24 indicated that she wasn't communicating with the clinical and that's why she discharged her. Contractor Clinical Therapist Employee E24 asked if anything had happened to Resident R7. No documentation was noted of the facility contacting the clinical therapist or CRNP for psychotropic medication monitoring. During an interview on 12/11/25, at 3:50 p.m. nursing staff indicated the following: Resident R7 did experience a dream which scared her - and she was consistent with talking about the dream. During an interview on 12/12/25, at 1:42 p.m. Nursing Home Administrator was informed that the facility failed provide sufficient and timely social services to one of three residents reviewed (Resident R7). 28 Pa. Code 201.14(b) Responsibility of licensee. 28 Pa. Code 211.16(a)(1) Social services. 28 Pa. Code 201.29(a) Resident rights.</p> |                                                                                              |                                                 |



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| <p>F 0760</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical record review, observation, and interviews with staff, it was determined that the facility failed to ensure that residents are free of significant medication errors for one of five residents reviewed (Resident R36). Findings include: Review of facility Medication Administration policy dated 10/13/25, indicated medications are administered by licensed nurses as ordered by the physician and in accordance with professional standards of practice. Ensure that the six rights of medication administration are followed: - Right resident- Right drug- Right dose- Right route- Right time- Right documentation Review of the clinical record indicated Resident R36 was admitted to the facility on [DATE]. Review of Resident R36's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/2/25, indicated diagnoses of arthritis, depression, and diabetes (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of a physician order dated 12/1/25, indicated to inject eight units of Insulin Aspart (a medication used to treat high blood sugar) subcutaneously (under the skin) with meals. During an interview on 12/11/25, Nurse Aide Employee E11 stated that breakfast trays are usually on the unit at 7:55 a.m. During a med pass observation on 12/11/25, at 9:42 a.m. Licensed Practical Nurse (LPN) Employee E18 gave Resident R36 eight units of Insulin Aspart. During an interview on 12/11/25, at 9:45 a.m. LPN Employee E18 stated, I'm late with her medicine. It is ordered with meals. I should have given it with her breakfast. During an interview on 12/11/25, at 2:45 p.m. Director of Nursing confirmed that the facility failed to ensure that Resident R36 received her medication as ordered and that residents were free of significant medication errors for one of five residents reviewed (Resident R36) as required. 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 201.18 (b)(1) Management.28 Pa. Code: 211.10 (c)(d) Resident Care policies.28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing services.</p> |                                                                                              |                                                 |

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| F 0575<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | <p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p>Based on observations and staff interview, it was determined that the facility failed to post complete contact information for State Survey Agency, Adult Protective Services, and Medicaid Fraud Unit as required, and failed to post a statement that the resident may file a complaint with the State Survey Agency concerning any suspected violation of state or federal nursing facility regulation on three of three floors (First Floor, Second Floor, and Third Floor). Findings include: During observations completed on 12/9/25, of the First Floor, Second Floor, and Third Floor, postings of the contact information for State Survey Agency, Adult Protective Services, and Medicaid Fraud Unit failed to include email addresses for the above agencies as required, and also failed to include a statement that the resident may file a complaint with the State Survey Agency. During interview, on 12/9/25, at 2:20 p.m., the Nursing Home Administrator confirmed that the facility failed to post complete contact information for State Survey Agency, Adult Protective Services, and Medicaid Fraud Unit, and failed to post a statement that the resident may file a complaint with the State Survey Agency as required, on three of three floors. 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18(e) Management.</p> |                                                                                              |                                                 |