STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395592	A. Building B. Wing	06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haida Nursing and Rehab	397 Third Avenue Extension Hastings, PA 16646

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. Based on review of facility policies and clinical records, as well as observations and resident and staff interviews, it was determined that the facility failed to ensure that call bells were within reach for two of 10 residents reviewed (Residents 1 and 10). Findings include: A review of a facility policy regarding answering the call light, dated October 15, 2025, indicated that when a resident is in bed or confined to a chair, be sure that the call light is within reach of the resident. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's care needs and abilities) for Resident 1, dated March 6, 2026, indicated that the resident had cognitive impairment, was clearly able to make herself understood and could clearly understand others, required substantial assistance from staff for toilet transfers and was dependent on staff for toileting hygiene, and was incontinent of bowel and bladder. A care plan for the resident, dated July 23, 2025, included an intervention to keep the call bell within reach. Observation of Resident 1 on June 9, 2026, at 10:19 a.m. revealed that the resident was sitting in her wheelchair with leg rests on and a chair alarm in place. She was yelling, stating she needed to go to the bathroom. Her call bell was out of reach and located behind her clipped to the top of her bed. She continued to moan stating she has to ?poop'. Interview Nurse Aide 1 on June 9, 2026, at 10:25 a.m. indicated that Resident 1 is able to use the toiletwith assistance and generally only uses it when she needed to have a bowel movement. She indicated that the resident was generally confused and does not usually use the call bell. She indicated that she did not believe she was care planned for inability to use her call bell and indicated that all residents should have their call bells in reach. She confirmed that the resident's call bell was not in reach. A quarterly MDS assessment for Resident 10, dated March 16, 2026, indicated that the resident had cognitive impairment, was clearly able to make herself understood and could usually understand others, was independent for most care needs, was continent of bowel and bladder and had a diagnosis of dementia. A care plan for the resident, dated September 10, 2025, included an intervention to keep the call bell within reach. Observation of Resident 10 on June 9, 2026, at 12:24 p.m. revealed that the resident was banging her empty tissue box against her overbed table calling for staff. Interview with the resident at that time indicated that she needed more tissues. This writer asked the resident if she could ring her call bell for assistance and she indicated she could not because she does not have one. The call bell was observed on the floor bedside her bed. Interview Nurse Aide 2 on June 9, 2026, at 12:28 p.m. indicated that she did place Resident 10's call bell over the top of her bed earlier and it must have slipped off of the bed. She stated that the call bells usually have a clip on them and hers did not. Interview with the Director of Nursing on June 9, 2026, at 12:33 p.m. confirmed that Resident 1's and Resident 10's call bells should have been in reach. She indicated that staff should be alerting management when they do not have clips on the call bells so they can get them. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on review of facility policies, clinical record reviews, as well as staff interviews, it was determined that the facility failed to provide care and treatment in accordance with professional standards of practice, by failing to follow/clarify physician's diet orders prior to a test, for one of 10 residents reviewed (Resident 3).Findings include: The facility's policy regarding treatment orders, dated October 15, 2025, revealed that treatments will be consistent with principles of safe and effective order writing. In addition, nursing staff will review the overall situation for a resident for whom one or more meals are to be held to ensure that all related issues are addressed. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 3, dated April 21, 2026, revealed that the resident was cognitively intact, always understood and always understands and has diagnoses that include quadriplegia and cancer of the lymph nodes, face and neck. Physician's orders for Resident 3, dated May 11, 2026, included the following order to start Sunday at 1:00 p.m. prior to her PET scan. The order was to have a diet of no caffeine, sugar, syrup, gum or candy. A grievance form from the family dated May 11, 2026, indicated that Resident 3 was unable to have her PET scan done as scheduled because she was not given the appropriate diet in preparation for her scan. A clinical note for Resident 3, dated May 11, 2026, at 2:17 p.m. indicated that UPMC Imaging was unable to complete the scan due to the diet not being followed according to pretesting orders. Interview with Resident 3, on June 9, 2026, at 10:38 a.m. revealed that she was unable to have her PET scan last month because she had a hot dog the night before. The imaging staff told her that the hot dog was a red meat which had salt and sugar in it. Interview with the Dietary Manager on June 9, 2026, at 1:41 p.m. confirmed that Resident 3 did not get the appropriate diet because the order and information she received was confusing. She went on to say that the diet prep should have been clarified and there was a break in communication among staff. A review of four change of diet slips given to the manager revealed that one slip contradicted the other. Interview with the Dietician on June 9, 2026, at 1:41 p.m. indicated that the diet prep for the scan was not what they usually see, and that she was going to call UPMC Imaging to clarify the prep to avoid any concerns going forward. Interview with the Nursing Home Administrator on June 9, 2026, at 2:00 p.m. confirmed that Resident 3 was given the wrong diet prior to her PET scan which caused the resident to be returned to the facility and the scan to be rescheduled. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.