

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395592	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Haida Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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.			
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F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that comprehensive admission Minimum Data Set assessments were completed in the required time frame for six of 37 residents reviewed (Residents 2, 16, 24, 52, 70, 71). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing required Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2025, indicated that an admission MDS assessment was to be completed no later than 14 days (admission date + 13 calendar days) following admission. An admission MDS assessment for Resident 2 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on September 3, 2025, which was 21 days after admission. An admission MDS assessment for Resident 16 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on September 3, 2025, which was 15 days after admission. An admission MDS assessment for Resident 24 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on November 10, 2025, which was 15 days after admission. An admission MDS assessment for Resident 52 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on September 24, 2025, which was 15 days after admission. An admission MDS assessment for Resident 70 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on August 8, 2025, which was 17 days after admission. An admission MDS assessment for Resident 71 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on November 10, 2025, which was 27 days after admission. Interview with the Nursing Home Administrator on December 2, 2025, at 3:48 p.m. confirmed that the above comprehensive MDS assessments were not completed in the required time frames. 28 Pa. Code 211.5(f) Clinical records.		

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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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument User's Manual and clinical records, as well as staff interviews, it was determined that the facility failed to complete accurate Minimum Data Set assessments for three of 37 residents reviewed (Resident 4, 12, 68). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides guidance and instructions for the completion of Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2025, indicated that Section N0415K1 (Anticonvulsant-medications medication used to prevent or treat seizures) was to be coded (1) was taking, if the resident received an anticonvulsant medication during the seven day look back period. A quarterly MDS assessment for Resident 4 dated October 2, 2025, revealed that Section N0415K Anticonvulsant was coded that the resident received anticonvulsants during the lookback period. However, a review of the MAR for Resident 4 for September and October 2025 revealed that the resident did not receive an anticonvulsant during the look back period. An interview with the Nursing Home Administrator on December 3, 2025, at 9:48 a.m. confirmed that Resident 4's MDS assessment was coded inaccurately, and the resident did not receive anticonvulsants during the seven-day lookback period. Physician's orders for Resident 12, dated April 2, 2025, included an order for the resident to receive 750 milligrams (mg) of Keppra (an anticonvulsant) two times a day for seizures. A quarterly MDS assessment for Resident 12, dated October 30, 2025, revealed that Section N0415K1 was not coded (1) indicating that the resident did not receive an anticonvulsant during the seven-day look-back period. However, a review of the MAR for Resident 12 for October 2025 revealed that the resident received Keppra two times a day every day in October. Interview with the Director of Nursing on December 3, 2025, at 3:15 p.m. confirmed that Resident 12's MDS dated [DATE], was not coded correctly for anticonvulsant medication use. The Long-Term Care Facility RAI User's Manual, dated October 2025, indicated that Section N0415F Antibiotic was to be coded (1) was taking, if the resident received an antibiotic medication during the seven day look back period. Physician's orders for Resident 68 dated October 28, 2025, included an order for the resident to receive 500 mg of Levofloxacin (antibiotic) intravenously (inserted through the vein) once a day. A quarterly MDS assessment for Resident 68 dated November 1, 2025, revealed that Section N0415F1 Antibiotic was not coded (1), indicating that the resident did not receive an antibiotic during the lookback period. However, a review of the MAR for Resident 68 for October 2025, revealed that the resident received an antibiotic intravenously on October 28-31, 2025, during the look back period. An interview with the Nursing Home Administrator on December 3, 2025, at 9:48 a.m. confirmed that Resident 68's MDS assessment was coded inaccurately and that the resident received an antibiotic during the seven-day lookback period. 28 Pa. Code 211.5(f) Clinical records.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on review of facility policies, clinical records, and staff interviews, it was determined that the facility failed to develop a comprehensive care plan that included specific and individualized interventions to address the care needs of residents for one of 37 residents reviewed (Resident 1). Findings include: The facility's policy for care plans, dated October 15, 2025, indicated that the resident and his or her representative were encouraged to participate in the development and implementation of the resident's person-centered care plan. A quarterly Minimum Data Set (MDS) assessment (a federally mandated assessment of a resident's abilities and care needs) for Resident 1, dated October 27, 2025, revealed that the resident was severely cognitively impaired, required extensive assistance from staff with daily care tasks, and had diagnoses that included chronic kidney disease, anemia and acute respiratory failure. Physician's orders for Resident 1, dated October 22, 2025, included orders for the resident to receive oxygen at 4 liters per minute, due to an onset of shortness of breath, and physician's orders, dated November 14, 2025, indicated the resident was to begin hospice services due to a loss of appetite and general decline of health. There was no documented evidence that care plans were developed to address Resident 1's individual care and treatment needs related to the use of oxygen and hospice care. Interview with the Registered Nurse Assessment Coordinator (RNAC- responsible for developing care plans) and Nursing Home Administrator on December 3, 2025, at 10:12 a.m. and 11:15 a.m. respectively, confirmed that care plans to address Resident 1's need for oxygen and hospice services were not developed, and should have been. 28 Pa. Code 211.12(d)(1)(5) Nursing Services.		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on review of Pennsylvania's Nursing Practice Act, facility policies, clinical records, and facility investigation documents, as well as staff interviews, it was determined that the facility failed to clarify physician's orders for one of 37 residents reviewed (Resident 8). Findings include: The Pennsylvania Code, Title 49, Professional and Vocational Standards, State Board of Nursing 21.11 (a)(1)(2)(4) indicated that the registered nurse was responsible for assessing human responses and plans, implementing nursing care, analyzing/comparing data with the norm in determining care needs, and carrying out nursing care actions that promote, maintain and restore the well-being of individuals. The facility's medication administration policy, dated October 15, 2025, revealed that medications were administered by licensed nurses, or other staff who were legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. They will ensure the six rights of medication administration were followed: right resident, right drug, right dosage, right route, right time, and right documentation. A quarterly minimum data set (MDS) assessment (mandated to assess the resident abilities and care needs) for Resident 8, dated October 1, 2025, revealed that the resident was cognitively impaired, required assistance from staff for personal care needs, had a gastrostomy (feeding tube) and had diagnoses that included a stroke. Physician's orders for Resident 8, dated July 10, 2025, included an order for the resident to be NPO (nothing by mouth) and included orders for the resident to receive 10 milligrams (mg) of Baclofen (muscle relaxant) 1 tablet by mouth one time a day, 325 mg of Ferrous sulfate (medication used for low iron) 1 tablet by mouth one time a day, 300 mg of gabapentin (medication used nerve pain) 1 capsule by mouth one time a day, and 400 mg of milk of magnesia (medication used for constipation) by mouth as needed. A review of Resident 8's December 2025 Medication Administration Record revealed that staff signed off the medications listed above as given by mouth. There was no documented evidence in the clinical record to indicate that the orders for Resident 8's medications were clarified and written to be given via peg tube due to the resident's NPO status. Interview with the Director of Nursing on December 3, 2025, at 3:22 p.m. confirmed that Resident 8's medications were not clarified and that they should have been written to be administered through the feeding tube. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on review of facility policies, clinical records, and shower schedules, as well as staff interviews, it was determined that the facility failed to ensure that residents were provided with showers as scheduled for two of 37 residents reviewed (Residents 36 and 66). Findings include: The facility's policy for resident showers, dated October 15, 2025, indicated that it was the practice of the facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice. Residents would be provided showers as per request or as per facility schedule protocols and based upon resident safety. An annual Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 36, dated November 11, 2025, indicated that the resident was cognitively impaired, required assistance from staff for personal hygiene care including showers, and had a diagnosis of dementia. A review of the shower records for Resident 36, dated October 2025 and November 2025, revealed that resident was to receive a shower on Wednesdays and Sundays during the evening shift. However, staff documented not applicable for providing showers on October 3, 6, 13, 17, 20, 24, 27, 31 and November 3, 7, 10, 14, 17, 21, 24, 28. There was no documented evidence that the resident was offered or refused a shower on these days or any days in between. A quarterly MDS assessment for Resident 66, dated October 30, 2025, indicated that the resident was cognitively impaired, required assistance from staff for personal hygiene care including showers, and had a diagnosis of dementia. A review of the shower records for Resident 66, dated October 2025 and November 2025, revealed that the resident was to receive a shower on Wednesdays and Saturdays during the day shift. However, staff documented not applicable for providing showers on October 3, 10, 14, 21, 24, 28, 31 and November 4, 7, 11, 14, 18, 25. There was no documented evidence that the resident was offered or refused a shower on these days or any other days in between. Interview with the Director of Nursing on December 3, 2025, at 3:05 p.m. confirmed there was no documented evidence that Residents 36 and 66 were provided with showers or baths on the above-mentioned dates and times. 28 Pa. Code 211.12(d)(5) Nursing Services.		

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on review of clinical records, observations, and staff interviews, it was determined that the facility failed to ensure that pressure relieving devices were in place as ordered by the physician for one of 37 residents reviewed (Resident 5). Findings include: A quarterly Minimum Data Set (MDS) assessment (a federally mandated assessment of a resident's abilities and care needs) for Resident 5, dated November 21, 2025, revealed that the resident was cognitively impaired, required assistance from staff for daily care needs, was at risk for developing pressure ulcers, and had diagnoses that included diabetes and heart failure. Physician's orders for Resident 5, dated September 17, 2025, included orders for the resident to wear Prevalon boots (a type of heel protector used in medical settings to prevent pressure injuries) on both feet for heel protection. A care plan for Resident 5, dated September 18, 2025, indicated that the resident was at risk for altered skin integrity and Prevalon boots were to be worn on both feet at all times when in bed. Observations of Resident 5 on December 3, 2025, at 10:24 a.m. revealed the resident was resting in bed without Prevalon boots on. A pillow was noted under her legs; however, her right heel, and left heel and outer ankle were resting directly on the bed. Interview with Licensed Practical Nurse 1 on December 3, 2025, at 10:24 a.m. confirmed that Resident 5 should have had Prevalon boots on while she in bed. Interview with the Director of Nursing on December 3, 2025, at 10:57 a.m. confirmed that Resident 5 should have had Prevalon boots on while in bed as ordered by the physician. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on review of policies and clinical records, as well as observations and staff interviews, it was determined that the facility failed to ensure that a resident received proper care for an indwelling urinary catheter for one of 37 residents reviewed (Residents 20). Findings include: The facility's policy regarding urinary catheters (a tube inserted and held in the bladder to drain urine), dated October 15, 2025, indicated that the purpose of the policy was to ensure safe handling of the urinary catheter in order to reduce the risk of urinary tract infections. A quarterly Minimum Data Set (MDS) assessment for Resident 20, dated October 21, 2025, revealed that the resident was cognitively impaired, had an indwelling urinary catheter (a flexible tube inserted and held in the bladder to drain urine) and had diagnoses that included obstructive and reflux uropathy (blockage of urine and a condition where urine flows backward from the bladder up the ureters). Physician's orders for Resident 20, dated September 23, 2025, included an order for the resident to have an indwelling urinary catheter due to having obstructive uropathy. Observations on December 1, 2025, at 10:31 a.m. revealed that Resident 20 was in a low bed, and her catheter drainage bag was lying on the floor on the right side of the bed. Observations on December 1, 2025, at 2:05 p.m. revealed that Resident 20 was in her wheelchair self-propelling down the hall and her catheter tubing was sliding across the floor. Interview with Nurse Aide 2, on December 1, 2025, at 10:51 a.m. confirmed that Resident 20's catheter drainage bag should not have been touching the floor. Interview with Licensed Practical Nurse 3, on December 1, 2025, at 2:06 p.m. confirmed that Resident 20's catheter tubing should not be sliding across the floor, and that they used to have clips to help keep the tubing off the floor. Interview with the Director of Nursing on December 1, 2025, at 2:10 p.m. confirmed that Resident 20's catheter drainage bag should not have been touching the floor, and that the catheter tubing should not have been sliding across the floor as the resident self-propelled herself down the hall. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.		

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. Based on review of hospice contracts and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that the designated interdisciplinary team member obtained the required information from the contracted hospice provider for one of 37 residents reviewed (Resident 9) who were receiving hospice services. Findings include: A hospice contract, dated July 31, 2025, indicated that all hospice assessments, plans of care, progress notes and services provided will be maintained in the medical record and integrated with the facility plan of care. Nursing staff would ensure there was a current physician's order, physician progress notes regarding hospice care, and hospice documentation that was current and available on the medical record. A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 9, dated October 18, 2025, indicated that the resident was cognitively impaired, dependent on staff for daily care needs, had diagnoses that included a cancerous tumor of the pelvic bones, and was receiving hospice (program of care and support for individuals with a terminal illness) services. Physician's orders for Resident 9, dated April 3, 2025, included an order for the resident to receive hospice services. A care plan for Resident 9, revised May 8, 2025, indicated that the resident was receiving Hospice for end-of-life care. As of December 3, 2025, there was no documented evidence in the resident's clinical record, or in the hospice provider's clinical record, that the facility obtained updated hospice nurse aide charting (last communication was October 2, 2025). Interview with the Director of Nursing on December 3, 2025, at 11:06 a.m. confirmed that Resident 9's hospice nurse aide charting was not up to date in the resident's clinical record and/or in the hospice provider's clinical record and should have been. 28 Pa. Code 211.12(d)(3)(5) Nursing Services.		