

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395633	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2026
NAME OF PROVIDER OR SUPPLIER  Havencrest Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1277 Country Club Road Monongahela, PA 15063	
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 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Respond appropriately to all alleged violations.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review and staff interview, it was determined that the facility failed to fully investigate an incident to eliminate possible abuse or neglect for one of two residents (Resident R100). Findings include: Review of the facility policy Abuse Investigation and Reporting reviewed on 10/8/25, indicated all reports of resident abuse, neglect, exploitation of resident property, mistreatment and/or injuries of unknown source shall be promptly reported to local, state, and federal agencies and thoroughly investigated by facility management. The individual conducting the investigation will, at a minimum: c). Interview the person(s) reporting the incident; and i.) Interview other residents to whom the accused employee provided care or services. Review of the clinical record indicated Resident R100 was re-admitted to the facility on [DATE], with diagnoses that included high blood pressure, depression, and chronic pain. Review of facility records indicated on 1/1/26, Resident R100 was left on a bedpan for approximately two hours. Licensed Practical Nurse (LPN) Employee E2 placed Resident R100 on the bedpan and asked Nurse Aid (NA) Employee E1 to watch for the call light and remove the bedpan from under Resident R1. NA Employee E1's shift ended at 4:00 a.m. During the next resident rounds made LPN Employee E2 and Registered Nurse (RN) Employee E3 found Resident R100 still on the bedpan. On assessment, no injuries were noted. During an interview on 1/22/26, at 11:20 a.m. Director of Nursing (DON) indicated she failed to have written proof the residents were interviewed regarding their care and services provided on 1/1/26, night shift. During a telephone interview on 1/22/26, at 12:15 p.m. NA Employee E1 stated she was asked to stay over her shift, which ended at 3:00 a.m., and stated she stayed at the facility until 3:30 a.m. She stated she was unaware Resident R100 was placed on the bedpan. During an interview on 1/22/26, at 12:24 p.m., LPN Employee E2 indicated on 12/31/25, a huge snowstorm hit and there were a lot of call-offs for the overnight shift. There were only three employees to cover the shift. A RN (Employee E3), herself (LPN) and one NA (Employee E1) for the overnight shift. She stated RN Employee E3 and herself were helping NA Employee E1 care for the residents and placed Resident R100 on a bedpan. LPN Employee E2 stated she was unable to locate NA Employee E1 at 4 a.m. when resident rounds began. NA Employee E1 made derogatory remarks regarding LPN Employee E2's need to take a break which led to hard feelings between them. A telephone interview was attempted on 1/22/26, at 12:36 p.m. with RN Employee E3, with no answer and no option to leave a voicemail. During an interview on 1/22/26, at 1:45 p.m. the Nursing Home Administrator (NHA) confirmed Resident R100's incident was not fully investigated, and resident statements were not obtained regarding their care received by staff during the night shift. 28 Pa. Code: 201.149(a) Responsibility of licensee. 28 Pa. Code: 201.18(e)(1) 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395633
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