

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 02/11/2026
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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records and staff interviews, it was determined that the facility failed to provide appropriate treatment and care for one of two residents (Resident R33). Findings include: Review of facility policy Transportation, Resident Appointments dated 10/8/25, indicated a member of the nursing staff or Social Services will accompany a resident to an appointment when they cannot go alone based on the following: Elopement risk Poor judgement making skills Exhibit wandering behaviors Cognitive impairment/poor decision making in residents who ambulate with use of a wheelchair Need assistance with ADL's (activities of daily living) A review of the clinical record indicated Resident R33 was admitted to the facility on [DATE] with diagnoses that included dementia, Alzheimer's disease, muscle weakness, and syncope (fainting). A review of the Minimum Data Set (MDS) Resident Assessment and Care Screening dated 8/29/25 indicated the diagnoses remained current. Resident R33 was cognitively impaired and was dependent on staff for ADL's. A review of psychiatric evaluation dated 12/10/25 indicated Resident R33 had dementia with confusion, memory impairment, cognitive communication deficit, non-ambulatory, muscle weakness, unsteady gait, and a history of falling. A review of the facility Appointment Calendar dated January 2026, indicated Resident R33 was sent to a cardiology appointment on 1/28/26 at 7:30 a.m. A review of a nurse progress note dated 2/9/26 indicated on 1/28/26, staff from the cardiologist office stated Resident R33 needed staff sent with her due to confusion and could not be seen. During an interview on 2/10/26, at 12:15 p.m. the Director of Nursing confirmed Resident R33 was sent to a cardiology appointment on 1/28/26, without facility staff assistance and the facility failed to provide care and services as needed with a transfer to an outside cardiology appointment for Resident R33. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.29(a)(c.3)(1) Resident Rights. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.</p>

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

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