

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395726	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2025
NAME OF PROVIDER OR SUPPLIER  Harmon House Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  601 South Church Street Mount Pleasant, PA 15666	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>31760</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to develop comprehensive care plans that included specific and individualized interventions to address resident care needs for one of six residents reviewed (Resident 5).</p> <p>Findings include:</p> <p>The facility's policy regarding comprehensive care planning, dated August 14, 2024, revealed that the facility will develop a comprehensive person-centered care plan for each resident that includes measurable goals and timetables to meet the resident's medical, nursing, mental, and psychosocial needs identified in the comprehensive assessment.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandatory assessment of a resident's abilities and care needs) for Resident 5, dated March 14, 2025, revealed that the resident was understood, could understand others, had an indwelling catheter (a flexible tube inserted into the bladder to drain urine), had diagnoses that included a wound infection, Multiple Sclerosis (MS - a disease that causes breakdown of the protective covering of nerves), and a Stage 4 pressure ulcer (full-thickness skin and tissue loss, with exposure of muscle, tendon, or bone) of the sacral region (bottom of the spine).</p> <p>Physician's orders for Resident 5, dated April 5, 2024, included an order for the resident to be on Enhanced Barrier Precautions (infection control measures that involve using gowns and gloves during high-contact resident care activities, in addition to standard precautions).</p> <p>Observations of Resident 5's room on April 22, 2025, at 10:06 a.m. revealed that there was an Enhanced Barrier Precaution sign outside the resident's room. The sign indicated that staff were to wear gloves and a gown for the following high contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting, device care or use central lines (a long, thin, flexible tubes inserted into a large vein, usually in the chest or neck, and threaded up to a vein near the heart), urinary catheter, feeding tube, tracheostomy (a surgical procedure where an opening (stoma) is made in the neck and into the trachea (windpipe), wound care, and any skin opening requiring a dressing.</p> <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 395726	If continuation sheet Page 1 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395726	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2025
NAME OF PROVIDER OR SUPPLIER  Harmon House Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  601 South Church Street Mount Pleasant, PA 15666	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>However, as of April 22, 2025, there was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 5 regarding her Enhanced Barrier Precautions.</p> <p>Interview with the Director of Nursing on April 22, 2025, at 3:37 p.m. confirmed that there was no documented evidence that a comprehensive care plan that included specific and individualized interventions was developed for Resident 5 regarding her Enhanced Barrier Precautions.</p> <p>28 Pa. Code 211.12(d)(5) Nursing Services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395726	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2025
NAME OF PROVIDER OR SUPPLIER  Harmon House Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  601 South Church Street Mount Pleasant, PA 15666	
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>31760</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on review of manufacturer's directions and clinical records, as well as observations and 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 physician's orders for one of six residents reviewed (Resident 2).</p> <p>Findings include:</p> <p>Manufacturer's direction for use of diclofenac sodium topical gel 1 percent (a nonsteroidal anti-inflammatory drug (NSAID) used to treat mild-to-moderate pain), undated, revealed: Important: Use the dosing card that is inside the diclofenac sodium topical gel carton to correctly measure each dose. The dosing card is re-usable. Do not throw the dosing card away. For each upper body area (hand, wrist, or elbow), squeeze out 2.25 inches (two grams) and apply. For each lower body area (foot, ankle, or knee), squeeze out 4.5 inches (four grams) and apply.</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 2, dated March 7, 2025, revealed that the resident was understood, and could understand others. A care plan for the resident, dated March 3, 2025, revealed that the resident was at risk for pain related to impaired mobility. Staff was to administer medications as per physician's order.</p> <p>Physician's orders for Resident 2, dated March 17, 2025, included an order for staff to apply four grams of diclofenac sodium topical gel 1 percent to the resident's right knee four times a day.</p> <p>Observations during the medication administration on April 22, 2025, at 9:25 a.m. revealed that Licensed Practical Nurse 1 entered Resident 2's room and applied gloves, and without using the diclofenac sodium topical gel dosing card she squeezed out an unmeasured amount of the diclofenac sodium topical gel onto her gloved finger, and then applied to the front of the resident's right knee. Then without using the diclofenac sodium topical gel dosing card she squeezed out another unmeasured amount of the diclofenac sodium topical gel onto her gloved finger, and then applied to the back of the resident's right knee.</p> <p>Interview with Licensed Practical Nurse 1 on April 22, 2025, at 9:41 a.m. confirmed that she did not use the diclofenac sodium topical gel dosing card to measure out the dose of diclofenac sodium topical gel prior to applying it to Resident 2's right knee. She indicated that a dosing card only comes with the prescription strength diclofenac sodium topical gel and not with the over-the-counter strength diclofenac sodium topical gel, which is what they receive from the facility's pharmacy.</p> <p>Interview with the Director of Nursing on April 22, 2025, at 1:25 p.m. confirmed that Licensed Practical Nurse 1 should have measured the diclofenac sodium topical gel prior to applying it to Resident 2's right knee to ensure the appropriate dose was received as ordered by the physician.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395726	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2025
NAME OF PROVIDER OR SUPPLIER  Harmon House Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  601 South Church Street Mount Pleasant, PA 15666	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>31760</p> <p>Based on review of established infection control guidelines, facility policy, and residents' clinical records, as well as observations and staff interviews, it was determined that the facility failed to follow infection control guidelines from the Centers for Medicare/Medicaid Services (CMS) and the Centers for Disease Control (CDC) to reduce the spread of infections and prevent cross-contamination, and failed to ensure that proper infection control practices were performed during care for one of six residents reviewed (Resident 5).</p> <p>Findings include:</p> <p>CDC guidance on isolation precautions and Implementation of Personal Protective Equipment (PPE) use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDRO's - bacteria that have become resistant to certain antibiotics, and these antibiotics can no longer be used to control or kill the bacteria), dated July 12, 2022, indicates that MDRO transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs. Enhanced Barrier Precautions (EBP's) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. CMS updated its infection prevention and control guidance effective April 1, 2024. The recommendations now include the use of EBP's during high-contact care activities for residents with chronic wounds or indwelling medical devices, regardless of their MDRO status, in addition to residents who have an infection or colonization with a CDC-targeted or other epidemiologically important MDRO when contact precautions do not apply.</p> <p>The facility's policy regarding transmission-based precautions and isolation, dated August 14, 2024, indicated that EBP's are intended to prevent transmission of MDRO's via contaminated hands and clothing of healthcare workers to high-risk residents. EBP are indicated for high-risk contact care activities for residents with chronic wounds and indwelling devices such as central lines, urinary catheters, and tracheostomies, and for all those colonized or infected with a MDRO currently targeted by the CDC.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandatory assessment of a resident's abilities and care needs) for Resident 5, dated March 14, 2025, revealed that the resident was understood, could understand others, had an indwelling catheter (a flexible tube inserted into the bladder to drain urine), had diagnoses that included a wound infection, Multiple Sclerosis (MS - a disease that causes breakdown of the protective covering of nerves), and a Stage 4 pressure ulcer (full-thickness skin and tissue loss, with exposure of muscle, tendon, or bone) of the sacral region (bottom of the spine).</p> <p>Physician's orders for Resident 5, dated April 5, 2024, included an order for the resident to be on EBP's.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395726	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/22/2025
NAME OF PROVIDER OR SUPPLIER  Harmon House Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  601 South Church Street Mount Pleasant, PA 15666	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations of Resident 5's room on April 22, 2025, at 10:06 a.m. revealed that there was an EBP sign outside the resident's room. The sign indicated that staff were to wear gloves and a gown for the following high contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting, device care or use central lines (a long, thin, flexible tubes inserted into a large vein, usually in the chest or neck, and threaded up to a vein near the heart), urinary catheter, feeding tube, tracheostomy (a surgical procedure where an opening (stoma) is made in the neck and into the trachea (windpipe), wound care, and any skin opening requiring a dressing. Nurse Aide 2 and Nurse Aide 3 entered the resident's room wearing only gloves. Nurse Aide 3 went to the resident's right side and Nurse Aide 2 went to the resident's left side. Nurse Aide 2 and Nurse Aide 3 then rolled the resident onto her left side. Nurse Aide 3 loosened the resident's brief, and the resident was incontinent of bowel. Nurse Aide 3 then removed the soiled outer dressing to the resident's wounds and then began to provide incontinent care. After she completed providing the incontinent care, she removed the packing from the resident's wounds and placed the soiled dressings in the resident's brief. Without removing her gloves and performing hand hygiene Nurse Aide 3 then obtained the mechanical lift sling and placed it under the resident. Nurse Aide 2 and Nurse Aide 3 then rolled the resident onto her back then rolled her slightly to her right where Nurse Aide 2 then pulled the lift sling under the resident. Nurse Aide 2 and Nurse Aide 3 then returned the resident to her back. Nurse Aide 2 and Nurse Aide 3 then both removed their gloves and used hand gel. Nurse Aide 2 and Nurse Aide 3 reapplied gloves. After getting the resident out of bed Nurse Aide 2 then began to remove the resident's linen from the bed.</p> <p>Interview with the Director of Nursing on April 22, 2025, at 1:25 p.m. confirmed that Nurse Aide 2 and Nurse Aide 3 should have been wearing gowns in addition to their gloves while providing care to Resident 5 and that Nurse Aide 3 should have removed her gloves and performed hand hygiene after removing the resident dressings to her wounds and providing incontinent care prior to providing any additional care to the resident.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing Services.</p>		