

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  06/27/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>48809</p> <p>Based on review of facility policy and clinical records, observations, and staff interviews, it was determined that the facility failed to provide reasonable accommodation of a resident's needs by failing to ensure that the call bell was within reach for one of 45 residents reviewed (Resident 8).</p> <p>Findings include:</p> <p>An admission Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 8, dated June 10, 2024, indicated that the resident was understood and could understand, and she required maximum assistance for transfers and toileting. The resident's current care plan indicated that the resident had decreased mobility and that staff were to ensure the call bell was within reach.</p> <p>A facility policy for call light policy, dated August 14, 2023, revealed that call light will be within easy reach.</p> <p>Observations of Resident 8 on June 24, 2024, at 11:38 a.m. revealed that the resident was lying in bed, and the call bell was hanging off the back of the bed onto the floor and was not within her reach.</p> <p>Interview with Licensed Practical Nurse 1 at that time revealed that Resident 8 was capable of using her call bell and it should have been placed within her reach.</p> <p>Interview with Director of Nursing on June 25, 2024, at 1:11 p.m. confirmed that the call bell should have been within reach of the resident.</p> <p>28 Pa. Code 211.12(d)(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
---	-------	-----------

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  06/27/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>48809</p> <p>Based on a review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that a resident's physician was notified in a timely manner about a change in condition for one of 45 residents reviewed (Resident 52).</p> <p>Findings include:</p> <p>The facility's policy regarding resident medication rights, dated August 14, 2023, revealed that the facility should notify physician of a resident's refusal of medications for more than 24 hours.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 52, dated May 7, 2024, indicated that the resident was understood and could understand, was cognitively impaired, was dependent on staff's assistance for care, and was receiving an antidepressant.</p> <p>Physician's orders for Resident 52, dated June 23, 2023, included an order for 10 mg Lexapro (a medication to treat depression and anxiety) daily.</p> <p>Electronic Medical Records for Resident 52 for June 2024 revealed that the resident refused medication on June 1, 2, 3, 4, 17, and 18, 2024.</p> <p>There was no documented evidence to indicate that the physician was notified about Resident 52's refusal of medication on the above dates.</p> <p>Interview with the Director of Nursing on June 26, 2024, at 1 2:01 p.m. confirmed that there was no documented evidence that Resident 52's physician was notified about the refusals of medication and there should have been.</p> <p>28 Pa. Code 211.12(d)(3) 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  06/27/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 19102</p> <p>Based on clinical record reviews and staff interviews, it was determined that the facility failed to notify the resident and legal guardian in writing regarding the reason for hospitalization for seven of 45 residents reviewed (Residents 6, 7, 53, 58, 72, 73, 86).</p> <p>Findings include:</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 6, dated April 17, 2024, indicated that the resident was cognitively intact, required assistance from staff for her daily care needs, and had diagnoses that included diabetes.</p> <p>A nursing note for Resident 6, dated August 6, 2024, at 8:26 p.m., revealed that the resident was sent to the hospital per his request because he felt something was wrong.</p> <p>There was no documented evidence that a written notice of Resident 6's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>A quarterly MDS assessment for Resident 7, dated May 29, 2024, indicated that the resident was cognitively intact, required assistance with his daily care needs, and had diagnoses that included myocardial infarction (blockage that prevents oxygen-rich blood from getting to the heart).</p> <p>A nursing note for Resident 7, dated November 26, 2023, at 5:03 p.m., revealed that the resident had complained of increased shortness of breath and was requesting to go to the hospital. The physician was notified, and the resident was transferred to the emergency room for evaluation.</p> <p>There was no documented evidence that a written notice of Resident 7's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>A quarterly MDS assessment for Resident 53, dated May 30, 2024, indicated that the resident was cognitively intact, required assistance from staff for his daily care needs, had pressure sores, and had diagnoses that included a right ankle fracture.</p> <p>A nursing note for Resident 53, dated May 20, 2024, at 4:23 p.m. revealed that a large area was found under his cast that needed debrided (removal of dead, damaged, or infected tissue) and he was sent to the hospital. A nursing note, dated May 22, 2024, at 7:01 a.m., revealed that the resident was admitted to the hospital and the bed hold policy was sent out.</p> <p>There was no documented evidence that a written notice of Resident 53's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>A quarterly MDS assessment for Resident 58, dated April 24, 2024, indicated that the resident was understood and able to understand others, required set-up or clean-up assistance with personal hygiene care, and had diagnoses that included dementia.</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  06/27/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A nursing note for Resident 58, dated November 26, 2023, at 5:03 p.m., revealed that the resident had a change in condition that included shortness of breath and increased confusion. The physician was notified, and the resident was transferred to the emergency room for evaluation.</p> <p>There was no documented evidence that a written notice of Resident 58's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>A quarterly MDS assessment for Resident 72, indicated that the resident was understood and able to understand others, required assistance from staff for his daily care needs, and had diagnoses that included chronic obstructive pulmonary disease (COPD- lung disease causing restricted air flow and breathing problems).</p> <p>A nursing note for Resident 72, dated May 5, 2024, at 11:52 a.m., revealed that the resident was observed to be unresponsive and cyanotic. The physician was notified, and the resident was transferred to the emergency room for evaluation.</p> <p>There was no documented evidence that a written notice of Resident 72's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>A quarterly MDS assessment for Resident 73, dated May 14, 2024, indicated that the resident could make himself understood and understands others, required assistance from staff for his daily care needs, had pressure ulcers, and had an infection of his foot.</p> <p>A nursing note for Resident 73, dated November 23, 2023, at 5:10 a.m., revealed that the resident had an unstageable diabetic pressure ulcer on his left heel that measured 4.0 x 5.0 centimeters (cm). A nursing note, dated April 25, 2024, at 9:09 p.m., revealed that the wound team indicated that his wound was much larger in size and was showing signs of infection. He was transferred to the hospital and admitted with weakness, a urinary tract infection, and osteomyelitis (bone infection).</p> <p>There was no documented evidence that a written notice of Resident 73's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>Review of census records for Resident 86 revealed that the resident was admitted to the facility on [DATE].</p> <p>A nursing note for Resident 86, dated March 27, 2024, at 10:54 a.m., revealed that the certified registered nurse practitioner (a registered nurse who has advanced clinical education and training) requested that the resident be transferred to the emergency room for evaluation related to abnormal labs and renal failure.</p> <p>There was no documented evidence that a written notice of Resident 86's transfer to the hospital was provided to the resident's responsible party regarding the reason for transfer.</p> <p>Interview with the Nursing Home Administrator on June 27, 2024, at 3:13 p.m. confirmed that the facility did not provide a written notice to the resident or the resident's responsible party when a resident was transferred to the hospital.</p> <p>28 Pa. Code 201.25 Discharge Policy.</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  06/27/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>28 Pa. Code 201.29(f)(g) Resident Rights.</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  06/27/2024
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46994</p> <p>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 and annual Minimum Data Set assessments were completed in the required time frame for five of 45 residents reviewed (Residents 12, 53, 65, 69, 77). The deficiency was cited as past non-compliance</p> <p>Findings include:</p> <p>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 2023, indicated that an admission MDS assessment was to be completed no later than 14 days following admission, that the Assessment Reference Date (ARD - the last day of an assessment's look-back period) must be set within 366 days after the ARD of the previous comprehensive assessment, and that the assessment was to be completed no later than the ARD plus 14 calendar days.</p> <p>An admission MDS assessment for Resident 12 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on March 22, 2024, which was 17 days after admission.</p> <p>An admission MDS assessment for Resident 53 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on April 3, 2024, which was 21 days after admission.</p> <p>An admission MDS assessment for Resident 65 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on March 25, 2024, which was 19 days after admission.</p> <p>An admission MDS assessment for Resident 69 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on December 29, 2023, which was 14 days after admission.</p> <p>An admission MDS assessment for Resident 77 revealed that the resident was admitted to the facility on [DATE], and the resident's admission MDS assessment was dated as completed on April 1, 2024, which was 20 days after admission.</p> <p>An interview with Nursing Home Administrator on June 27, 2024, at 10:08 a.m. confirmed that Residents 12, 53, 65, 69, and 77's comprehensive MDS assessments were completed late.</p> <p>Following identification that MDS information was completed late, the facility's corrective actions included:</p> <p>The MDS assessments cited cannot be resubmitted to the Centers for Medicare and Medicaid Services to correct the late completions.</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  06/27/2024
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The scheduled MDS assessments within the previous 14 days were reviewed to ensure timely completion.</p> <p>The clinical reimbursement specialist educated the MDS coordinators, and the Nursing Home Administrator educated the interdisciplinary team members on the timing requirements for completion of MDS assessments.</p> <p>The Nursing Home Administrator completed audits of MDS submissions twice weekly for two weeks. Audits will continue twice weekly for a total of four weeks then monthly for two months to ensure timely completion. The findings will be reviewed with the quality assurance performance improvement committee for additional recommendations.</p> <p>A review of the facility's corrective actions revealed that they were in compliance with F636 on June 19, 2024.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</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  06/27/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>46994</p> <p>Based on review of the Resident Assessment Instrument Manual and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that quarterly Minimum Data Set assessments were completed within the required timeframe for five of 65 residents reviewed (Residents 2, 17, 47, 59, 72). The deficiency is being cited as past non-compliance.</p> <p>Findings include:</p> <p>The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing Minimum Data Set (MDS) assessments (mandated assessments of a resident's abilities and care needs), dated October 2023, indicated that the assessment reference date (ARD - the last day of the assessment's look-back period) of a quarterly MDS assessment must be no more than 92 days after the ARD of the most recent assessment of any type, and the assessment was to be completed no later than the ARD plus 14 calendar days.</p> <p>A quarterly MDS assessment for Resident 2, with an ARD of March 13, 2024, was due to be completed by March 27, 2024, but was not signed as completed until March 28, 2024, which was 15 days from the ARD until completion.</p> <p>A quarterly MDS assessment for Resident 17, with an ARD of March 7, 2024, was due to be completed by March 21, 2024, but was not signed as completed until March 22, 2024, which was 15 days from the ARD until completion.</p> <p>A quarterly MDS assessment for Resident 47, with an ARD of March 12, 2024, was due to be completed by March 26, 2024, but was not signed as completed until March 27, 2024, which was 15 days from the ARD until completion.</p> <p>A quarterly MDS assessment for Resident 59, with an ARD of March 13, 2024, was due to be completed by March 27, 2024, but was not signed as completed until March 28, 2024, which was 15 days from the ARD until completion.</p> <p>A quarterly MDS assessment for Resident 72, with an ARD of March 12, 2024, was due to be completed by March 26, 2024, but was not signed as completed until March 27, 2024, which was 15 days from the ARD until completion.</p> <p>An interview with Nursing Home Administrator on June 27, 2024, at 10:08 a.m. confirmed that Resident 2's, 17's, 47's, 59's and 72's quarterly MDS assessments were completed late.</p> <p>Following identification that MDS information was completed late, the facility's corrective actions included:</p> <p>The MDS assessments cited cannot be resubmitted to the Centers for Medicare and Medicaid Services to correct the late completions.</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  06/27/2024
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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The scheduled MDS assessments within the previous 14 days were reviewed to ensure timely completion.</p> <p>The clinical reimbursement specialist educated the MDS coordinators, and the Nursing Home Administrator educated the interdisciplinary team members on the timing requirements for completion of MDS assessments.</p> <p>The Nursing Home Administrator completed audits of MDS submissions twice weekly for two weeks. Audits will continue twice weekly for a total of four weeks then monthly for two months to ensure timely completion. The findings will be reviewed with the quality assurance performance improvement committee for additional recommendations.</p> <p>A review of the facility's corrective actions revealed that they were in compliance with F638 on June 19, 2024.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</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  06/27/2024
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>19102</p> <p>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 comprehensive Minimum Data Set assessments for two of 45 residents reviewed (Residents 38, 73).</p> <p>Findings include:</p> <p>The RAI User's Manual, dated October 2023, revealed that Section 16100 psychiatric/mood disorder was to be coded for post-traumatic stress disorder if the resident was diagnosed with that any time during the seven-day look-back period.</p> <p>A quarterly MDS assessment for Resident 38, dated, June 4, 2024, revealed that Section I16100 was coded, indicating that the resident had a diagnosis of post-traumatic stress disorder.</p> <p>A social service note, dated May 31, 2024, at 6:59 a.m., indicated that the resident never experienced or witnessed a life threatening or traumatic event.</p> <p>Interview with the Registered Nurse Assessment Coordinator (RNAC - a registered nurse who is responsible for the completion of MDS assessments) on June 27, 2024, at 1:19 p.m. confirmed that section I16100 of Resident 38's quarterly MDS assessment was coded incorrectly and should have been coded to indicate that the resident had a traumatic brain injury during the seven-day assessment period.</p> <p>The RAI User's Manual, dated October 2023, revealed that Section N0415E1 Anticoagulant (medicines that help prevent blood clots) Medications was to be coded if an anticoagulant medication was taken by the resident at any time during the seven-day look-back period.</p> <p>Physician's orders for Resident 73, dated May 9, 2024, included an order for the resident to receive 2.5 milligrams (mg) of Warfarin (an anticoagulant) at bedtime on Sunday, Monday, Wednesday, and Friday, and 2 mg of Warfarin at bedtime on Tuesday, Thursday, and Saturdays.</p> <p>Review of the Medication Administration Record (MAR) for Resident 73, dated May 2024, revealed that staff had administered 2 mg and 2.5 mg of Warfarin to the resident on May 9 through 23, 2024.</p> <p>A quarterly MDS assessment for Resident 73, dated, May 14, 2024, revealed that Section NO415E1 was not coded, indicating that the resident to did not receive an anticoagulant medication during the seven-day look-back assessment period.</p> <p>Interview with the Director of Nursing on June 27, 2024, at 1:36 p.m. confirmed that Resident 73 received an anticoagulant medication during the seven-day look-back period and should have been coded for an anticoagulant medication.</p> <p>28 Pa. Code 211.5(f) Clinical Records.</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  06/27/2024
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 - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>19102</p> <p>Based on a review of facility policies and clinical records, as well as staff interviews, it was determined that the facility failed to follow physician's orders for four of 45 residents reviewed (Residents 17, 37, 40, 46)</p> <p>Findings include:</p> <p>The facility's policy regarding medication administration, dated August 14, 2023, indicated that during medication administration, facility staff should take all measures required by facility policy and applicable law, document the administration of controlled substances in accordance with applicable law and observe the resident's consumption of the medication(s), and document necessary medication administration/treatment information on appropriate forms.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 17, dated May 22, 2024, revealed that the resident was understood, could understand others, was cognitively impaired, and was independent for care.</p> <p>Physician's orders for Resident 17, dated May 8, 2024, included orders for the resident to have full head-to-toe assessment with vital signs to be completed every shift along with nurse's notes.</p> <p>A nurse's note for May 10, 2024, at 4:10 a.m. revealed that a full head-to-toe assessment including vital signs was completed for Resident 17.</p> <p>A review of the health record for Resident 17 revealed no documented evidence that a full head-to-toe assessment was complete, except on May 10, 2024, at 4:10 a.m.</p> <p>Interview with the Director of Nursing on June 26, 2024, at 1:26 p.m. confirmed that the physician ordered a full head-to-toe assessment for Resident 17 to be completed per shift, and the only documented evidence that it was completed was on May 10, 2024, at 4:10 a.m.</p> <p>A quarterly MDS assessment for Resident 37, dated April 16, 2024, revealed that the resident was moderately cognitively impaired, received insulin, and had diagnoses that included diabetes. Physician's orders, dated February 18, 2024, included an order for the resident to receive 12 units of Insulin Lispro (insulin) and to hold the insulin if the blood sugar was less than 80 milligrams/deciliter (mg/dL). A care plan, dated April 2, 2024, indicated that staff were to administer medications as ordered by the physician.</p> <p>Review of Resident 37's Medication Administration Record (MAR), dated April, May and June 2024, revealed that at 7:00 a.m. on April 25, 2024, the resident's blood sugar was 88 mg/dL; on May 14, 2024, the resident's blood sugar was 85 mg/dL; on May 24, 2024, the resident's blood sugar was 89 mg/dL; on May 25, 2024, the resident's blood sugar was 82 mg/dL; on May 26, 2024, the resident's blood sugar was 93 mg/dL; on June 2, 2024, the resident's blood sugar was 84 mg/dL; on June 8, 2024, the resident's blood sugar was 101 mg/dL; and on June 16, 2024, the resident's blood sugar was 87 mg/dL. However, the resident's insulin was held on the dates listed.</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  06/27/2024
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 - Some</p>	<p>Interview with the Director of Nursing on June 27, 2024, at 9:19 a.m. confirmed that Resident 37's insulin should not have been held according to the ordered parameters on the mentioned dates and times.</p> <p>An annual MDS assessment for Resident 40, dated May 14, 2024, revealed that the resident was cognitively intact, was frequently incontinent of urine, and received an antibiotic.</p> <p>A nursing note, dated May 16, 2024, at 11:06 a.m. revealed that the Certified Registered Nurse Practitioner (CRNP) was in and reviewed the results of the urinalysis (urine test) and culture and sensitivity results (C&amp;S - urine test that identifies specific bacteria and which antibiotics should be used to treat the infection), and a new order was received for 500 mg of Cipro (antibiotic) twice a day for 10 days.</p> <p>Review of Resident 40's MAR, dated May 2024, revealed that the resident received 500 mg of Cipro twice a day from May 17 through May 27, 2024 (11 days).</p> <p>Interview with the Director of Nursing on June 27, 2024, at 3:13 p.m. confirmed that Resident 40 received two additional doses of Cipro on May 27, 2024.</p> <p>A quarterly MDS assessment for Resident 46, dated June 18, 2024, indicated that the resident was cognitively impaired, required assistance with her personal care needs, and had diagnoses that included dementia and hypertension (high blood pressure).</p> <p>Physician's orders for Resident 46, dated February 17, 2024, included an order for the resident to receive 25 milligrams (mg) of metoprolol tartrate once a day, to be held if the resident's systolic blood pressure (SBP- top number in a blood pressure reading, measures the pressure in the arteries when the heart beats) was less than 100 millimeters of Mercury (mmHg).</p> <p>Review of the MAR for Resident 46 dated February through June 2024, revealed that on February 19, 2024, the resident's SBP was 81 mmHg; on February 20, 2024, the resident's SBP was 96 mmHg; on March 20, 2024, the resident's SBP was 95 mmHg; on March 26, 2024, the resident's SBP was 85 mmHg; on April 14, 2024, the resident's SBP was 94 mmHg; on May 8, 2024, the resident's SBP was 96 mmHg; on May 26, 2024, the resident's SBP was 98 mmHg; on June 8, 2024, the resident's SBP was 98 mmHg; on June 15, 2024, the resident's SBP was 94 mmHg, and on June 19, 2024, the resident's SBP was 98 mmHg. Documentation on the MAR revealed that 25 mg of metoprolol tartrate was administered on these dates when it should have been held.</p> <p>Interview with the Director of Nursing on June 27, 2024, at 9:15 a.m. confirmed that the documentation indicates that Resident 46 was administered metoprolol tartrate on the above-mentioned dates and times when it should not have been administered.</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  06/27/2024
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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>41233</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that an IV (intravenous - in the vein) dressing change was done as per facility policy for one of 45 residents reviewed (Resident 4).</p> <p>Findings include:</p> <p>The facility's policy regarding changing the dressing (a transparent barrier) of midline catheters (a thin tube inserted into a vein and used long-term for the administration of fluids and/or medications), dated August 14, 2023, indicated that midline catheter dressings were to be changed weekly and when the integrity of the dressing became compromised (wet, loose or soiled). In addition, the facility policy indicated that staff were to assess the midline insertion site with each medication administration. The catheter insertion site is a potential entry site for bacteria that may cause a catheter-related infection.</p> <p>A quarterly Minimum data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 4, dated May 18, 2024, revealed that the resident was moderately cognitively impaired and had diagnoses that included bilateral stasis (damaged veins) leg ulcers, bacteremia (a blood infection) and dressing changes. Resident 4's care plan, dated June 20, 2024, indicated that staff would monitor the resident for signs of complications from the IV, such as localized infection or dislodgement.</p> <p>Physician's orders for Resident 4, dated June 20, 2024, included an order for the resident to receive 4.5 grams of Zosyn (an antibiotic) intravenously (IV - directly in a vein) three times a day for bacteremia until July 14, 2024. Resident 4's Medication Administration Record (MAR) for June 20, 2024, through midnight June 27, 2024, revealed that Zosyn was administered every 8 hours as ordered.</p> <p>Observations on June 24, 2024, at 2:14 p.m.; June 25, 2024, at 12:51 p.m.; and June 26, 2024, at 9:55 a.m. revealed that the midline dressing on Resident 4's right arm was loose and had lost its integrity.</p> <p>Interview with Licensed Practical Nurse 2 on June 26, 2024, at 12:05 p.m. confirmed that the midline transparent dressing was visibly loose and should have been changed.</p> <p>Interview with the Director of Nursing on June 27, 2024, at 2:57 p.m. confirmed that the dressing was changed on Sunday as per order; however, it was not changed when the integrity of the dressing was compromised, and it should have been.</p> <p>28 Pa. Code 211.12(d)(1)(3)(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  06/27/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>41233</p> <p>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 residents received oxygen as ordered by the physician for two of 45 residents reviewed (Residents 8, 70).</p> <p>Findings include:</p> <p>The facility's policy regarding oxygen therapy, dated August 14, 2023, indicated that oxygen was to be administered in accordance with physician's orders.</p> <p>An admission Minimum data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 8, dated June 10, 2024, revealed that the resident was understood and understood others, cognitively intact, had diagnoses that included asthma and respiratory failure, and had shortness of breath related to her current condition.</p> <p>Physician's orders for Resident 8, dated June 10, 2024, included an order for the resident to receive continuous oxygen at a flow rate of 2 liters per minute via nasal cannula (tubes that deliver oxygen into the nostrils).</p> <p>Observations of Resident 8 on June 24, 2024, at 11:44 a.m.; June 25, 2024, at 8:15 a.m.; and June 26, at 1:49 p.m. revealed that the resident was in her room receiving oxygen from an oxygen concentrator (electrical machine that concentrates oxygen from the air) that was set at 4 liters per minute.</p> <p>Interview with Licensed Practical Nurse 3 on June 26, 2024, at 1:49 p.m. confirmed that Resident 8's oxygen flow rate was set at 4 liters per minute and not 2 liters per minute as ordered by the physician.</p> <p>Interview with the Director of Nursing on June 26, 2024, at 1:58 p.m. confirmed that Resident 8's oxygen flow rate should be set at 2 liters per minute continuously as per physician order, and it was not.</p> <p>A quarterly MDS assessment for Resident 70, dated June 21, 2024, revealed that the resident was severely cognitively impaired and had diagnoses that included pneumonitis (inflammation in the lungs) and anxiety and was on hospice. Resident 70's current hospice care plan indicated that she had shortness of breath related to her current condition.</p> <p>Physician's orders for Resident 70, dated June 21, 2024, included an order for the resident to receive continuous oxygen at a flow rate of 2 liters per minute via nasal cannula (tubes that deliver oxygen into the nostrils).</p> <p>Observations of Resident 70 on June 24, 2024, at 1:34 p.m.; June 26, 2024, at 1:00 p.m.; and June 27, 2024, at 8:48 a.m. revealed that the resident was in her room receiving oxygen from an oxygen concentrator that was set at 3 liters per minute.</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  06/27/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Licensed Practical Nurse 2 on June 26, 2024, at 12:05 p.m. confirmed that Resident 70's oxygen flow rate was set at 3 liters per minute and not 2 liters per minute as ordered by the physician.</p> <p>Interview with the Director of Nursing on June 26, 2024, at 12:26 p.m. confirmed that Resident 70's oxygen flow rate should be set at 2 liters per minute continuously as per physician order, and it was not.</p> <p>28 Pa. Code 211.12(d)(1)(3)(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  06/27/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>19102</p> <p>Based on review of policies and clinical records, as well as staff interviews, it was determined that the facility failed to maintain accountability for controlled medications (drugs with the potential to be abused) for two of 45 residents reviewed (Residents 24, 55).</p> <p>Findings include:</p> <p>The facility's policy regarding medication administration, dated August 14, 2023, indicated that during medication administration, facility staff should take all measures required by facility policy and applicable law, document the administration of controlled substances in accordance with applicable law, observe the resident's consumption of the medication(s), and document necessary medication administration/treatment information on appropriate forms.</p> <p>A quarterly Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) for Resident 24, dated May 16, 2024, revealed that the resident was cognitively intact, had pain frequently, received pain medication routinely and as needed, and received an opioid (a controlled pain medication).</p> <p>Physician's orders for Resident 24, dated March 25 and May 10, 2024, included an order for the resident to receive one 10 milligram (mg) tablet of oxycodone (narcotic pain reliever) every four hours as needed for moderate to severe pain.</p> <p>Resident 24's controlled drug record (a form that accounts for each dose of a controlled drug) for May and June 2024 indicated that one dose of oxycodone was signed out for administration to the resident on May 3 at 4:30 p.m.; May 4 at 5:41 p.m.; May 17 at 6:04 p.m.; May 20 at 3:00 p.m.; May 26 at 9:16 a.m.; June 3 at 9:44 p.m.; June 17 at 9:37 p.m. However, the resident's clinical record, including the MARs and nursing notes, contained no documented evidence that the signed-out dose of oxycodone was actually administered to the resident on these dates and times.</p> <p>Interview with the Director of Nursing on June 27, 2024, at 1:36 p.m. confirmed that there was no documented evidence that staff administered the signed-out dose of oxycodone to Resident 24 on the above date and time.</p> <p>A quarterly MDS assessment for Resident 55, dated May 19, 2024, revealed that the resident was cognitively impaired, had pain frequently, received pain medication routinely and as needed, and received a benzodiazepine (a controlled anxiety and antiseizure medication).</p> <p>Physician's orders for Resident 55, dated April 18, 2024, included an order for the resident to receive 5 milligrams (mg) of diazepam, 5mg/mL (antianxiety medication) daily to wrist and apply 5 mg to wrist every hour as needed for anxiety.</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  06/27/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident 55's controlled drug record for May 2024 indicated that one dose of diazepam was signed out for administration to the resident on May 8, 2024, at 8:30 p.m. and May 16, 2024, at 2:30 p.m. However, the resident's clinical record, including MARs and nursing notes, contained no documented evidence that the signed-out dose of diazepam was administered to the resident on the above dates and times.</p> <p>Interview with the Director of Nursing on June 27, 2024, at 4:16 p.m. confirmed that there was no documented evidence that staff administered the signed-out dose of diazepam to Resident 55 on the above dates and times.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</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  06/27/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41233</p> <p>Based on review of policies, as well as observations and staff interviews, it was determined that the facility failed to ensure that medications remained properly secured in one of four medication carts reviewed (lower level medication cart) and failed to discard expired in-use stock medications.</p> <p>The facility's policy regarding medication administration, dated [DATE], indicated that the purpose was to provide a method for the safe, accurate administration of oral medications to residents.</p> <p>Observations of the lower level medication cart on [DATE], at 9:17 a.m. revealed that it was unlocked and unattended. The medication cart was facing room [ROOM NUMBER] while the nurse was administering medications to residents in that room. However, the door was shut to the room, which blocked the nurses direct view of the medication cart.</p> <p>Observations of the top drawer of the lower level medication cart on [DATE], at 9:29 a.m. revealed an undated/unmarked medication cup that contained one small, round yellow tablet; one small orange tablet; one white oval capsule; and one large oval white tablet.</p> <p>Observations in the stock drawer of the lower level medication cart on [DATE], at 9:35 a.m. revealed that an opened in-use bottle of Roloids (medication for an upset stomach) had an expiration date of [DATE].</p> <p>Interview with Licensed Practical Nurse 2 at that time confirmed that the medication cart was unlocked and not in full view when she was in room [ROOM NUMBER] providing medications, that an undated/unmarked medication cup that contained medications in the top drawer of the medication cart should not have been there, and that the expired bottle of Roloids should not have been in circulation in the medication cart.</p> <p>Interview with the Director of Nursing on [DATE], at 9:30 a.m. confirmed that staff should have kept the unlocked medication cart in full line of view while providing resident medications, that an undated/unmarked medication cup that contained medications should not have been in the top drawer of the medication cart, and a bottle of Roloids that expired in 2021 should not have been in the medication cart.</p> <p>28 Pa. Code 211.9(a)(1) Pharmacy Services.</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  06/27/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48809</p> <p>Based on review of policies, observations, and staff interviews, it was determined that the facility failed to ensure that food was prepared and served under sanitary conditions, in accordance with professional standards for food service safety.</p> <p>Findings include:</p> <p>The facility's policy regarding food and nutrition services, dated August 14, 2023, indicated that employees will wear a clean, appropriate hairnet/hair restraint, and that beards and facial hair will be contained.</p> <p>Observations in the main kitchen on June 25, 2024, at 1:50 p.m. revealed that Dietary Aide 4 did not have a beard guard covering his beard.</p> <p>Interview with the Dietary Manager on June 25, 2024, at 1:55 p.m. confirmed that Dietary Aide 4 did not have a beard guard on to cover his beard and should have.</p> <p>Observations of sanitizer on June 26, 2024, at 1:15 p.m. revealed that the sanitizer level in the three-compartment sink was 500 parts per million (ppm).</p> <p>A review of the three-compartment sink sanitizer log revealed that the sanitizer level was 500 ppm on February 1, 2024; February 2, 2024; March 3, 2024; March 7, 2024; March 8, 2024; March 12, 2024; March 18, 2024; and March 27-31, 2024.</p> <p>Manufacturer instructions for [NAME] Sani-Quat no-rinse sanitizer revealed that the sanitizer level must be 200-400 ppm.</p> <p>Safety Data sheet for [NAME] Sani-Quat no-rinse sanitizer revealed that sanitizer at higher than recommended strength can cause harm.</p> <p>Interview with Nursing Home Administrator on June 27, 2024, at 8:42 a.m. confirmed that the sanitizer level should be from 200-400 ppm and was not on the above dates.</p> <p>28 Pa. Code 201.18(e) (2.1) Management.</p> <p>28 Pa. Code 211.6(f) Dietary 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  06/27/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>19102</p> <p>Based on review of the facility's plans of correction for previous surveys, and the results of the current survey, it was determined that the facility's Quality Assurance Performance Improvement (QAPI) committee failed to maintain compliance with nursing home regulations and ensure that plans to improve the delivery of care and services effectively addressed recurring deficiencies.</p> <p>Findings include:</p> <p>The facility's deficiencies and plans of correction for State Survey and Certification (Department of Health) surveys ending September 18 and October 25, 2023, and July 27, 2023, revealed that the facility developed plans of correction that included quality assurance systems with audits to ensure that the facility maintained compliance with cited nursing home regulations. The results of the audits were to be reported to the QAPI committee for review. The results of the current survey, ending June 27, 2024, identified repeated deficiencies regarding notification of the physician, quality of care, issues with intravenous therapy, preventing issues with the accountability of controlled medications (drugs with the potential to be abused), ensuring medications were properly stored/labeled, ensuring that food was prepared/stored/served under sanitary conditions, and following infection control practices.</p> <p>The facility's plan of correction for a deficiency regarding notifying the physician/responsible party about changes in condition, cited during the survey ending September 18, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F580, revealed that the facility's QAPI committee was ineffective in maintaining compliance with the regulation regarding physician/responsible party notification.</p> <p>The facility's plan of correction for a deficiency regarding quality of care, cited during the survey ending July 20 and September 18, 2023, revealed that the facility developed a plan of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F684, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding quality of care.</p> <p>The facility's plan of correction for a deficiency regarding a failure ensure that intravenous therapy was completed correctly, cited during the survey ending on July 20, 2023, revealed that audits would be conducted, and the results of the audits would be brought before the QAPI committee for further monitoring. The results of the current survey, cited under F694, revealed that the QAPI committee was ineffective in maintaining compliance with the regulation regarding intravenous therapy.</p> <p>The facility's plan of correction for a deficiency regarding the failure to account for controlled medications, cited during the survey ending July 20 and September 18, 2023, revealed that the facility would complete audits and the results would be reviewed as part of quality assurance. The results of the current survey, cited under F755, revealed that the facility's QAPI committee was ineffective in correcting deficient practices related to the accountability of controlled medications.</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  06/27/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's plans of correction for deficiencies regarding storage and labeling of medications, cited during the survey ending July 20, 2023, revealed that the facility developed plans of correction that included completing audits and reporting the results of the audits to the QAPI committee for review. The results of the current survey, cited under F761, revealed that the facility's QAPI committee failed to maintain compliance with the regulation regarding storage and labeling of medications.</p> <p>The facility's plan of correction for a deficiency regarding appropriate food storage cited during the survey ending October 25, 2023, revealed that the facility would complete audits and the results would be reviewed as part of quality assurance. The results of the current survey, cited under F812, revealed that the facility's QAPI committee was ineffective in maintaining compliance with the regulation regarding preparing/storing/serving food under sanitary conditions.</p> <p>The facility's plans of correction for deficiencies regarding infection control practices, cited during the survey ending July 20, 2023, revealed that the facility would complete audits and report the results of the audits to the QAPI committee for review. The results of the current survey, cited under F880, revealed that the facility's QAPI committee failed to successfully implement their plan to ensure ongoing compliance with regulations regarding infection control practices.</p> <p>Refer to F580, F684, F694, F755, F761, F812, F880.</p> <p>28 Pa. Code 201.14(a) Responsibility of Licensee.</p> <p>28 Pa. Code 201.18(e)(1) Management.</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  06/27/2024
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>41233</p> <p>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 proper infection control practices and techniques were followed during the administration of medications.</p> <p>Findings include:</p> <p>The facility's policy regarding hand hygiene and medication administration through certain routes, dated August 14, 2024, indicated that staff were to perform hand hygiene prior to administering medications and specifically prior to eye drop administration.</p> <p>Physician's orders for Resident 15, dated July 6, 2023, included an order for the resident to receive Restasis (medication for dry eyes) one drop in each eye twice a day.</p> <p>Observations during medication administration on June 26, 2024, at 8:52 a.m. revealed that Licensed Practical Nurse 2 prepared Resident 15's medications and without performing hand hygiene she administered the resident her po (by mouth) medications. Then without performing hand hygiene once again, she administered the resident her eye drops.</p> <p>Interview with Licensed Practical Nurse 2 on June 26, 2024, at that time confirmed that she should have performed hand hygiene prior to administering Resident 15's medications and again before administering the resident her eye drops.</p> <p>Interview with the Director of Nursing on June 27, 2024, at 9:30 a.m. confirmed that Licensed Practical Nurse 2 should have performed hand hygiene prior to administering the resident's medications and again before administering the resident her eye drops.</p> <p>28 Pa. Code 211.12(d)(1) Nursing Services.</p>