

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396048	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER Harmar Village Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 715 Freeport Road Cheswick, PA 15024	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>48546</p> <p>Based on review of facility policy, observation, and staff interview it was determined that the facility failed to maintain the confidentiality of residents' medical information on one of five medication carts (3 East Medication Cart).</p> <p>Findings include:</p> <p>During an observation on 1/22/25, at 1:09 p.m. the 3 East Medication Cart at the nurses station was left unattended with the computer screen open with identifiable information any passerby could see resident personal and confidential information.</p> <p>During an interview on 1/22/25, at 1:10 p.m. Licensed Practical Nurse Employee E2 confirmed the above observation.</p> <p>During an interview on 1/22/25, at 1:46 p.m. the Nursing Home Administrator confirmed that the facility failed to maintain the confidentiality of residents' medical information as required.</p> <p>28 Pa. code: 211.5(b) Clinical records.</p> <p>28 Pa. Code: 201.29(i) Resident Rights.</p> <p>28 Pa. Code: 211.12(d)(3) 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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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>48546</p> <p>Based on review of facility policy, controlled medication shift reconciliation records and staff interviews, it was determined that the facility failed to implement procedures to promote accurate accounting of controlled medications on five of five medication carts reviewed (2 North, 2 South, 3 East, Memory Impaired Unit (MIU), and 3 South).</p> <p>Findings include:</p> <p>Review of facility policy Inventory Control of Controlled Substances dated 8/28/24, indicated facility should ensure that the incoming and outgoing nurses count all Schedule II controlled substances and other medications with a risk of abuse or diversion at the change of each shift or at least once daily and document the results on a Controlled Substance Count Verification/Shift Count Sheet.</p> <p>During a review of the Controlled Medication Shift Reconciliation log for the 3 East Medication Cart on 1/22/25, at 1:11 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet during shift change to verify counts of controlled drugs on the following dates:</p> <ul style="list-style-type: none"> - 1/1/25, oncoming nurse for 11 p.m. shift - 1/2/25, outgoing nurse for 7 a.m. shift - 1/3/25, outgoing nurse for 7 a.m. shift - 1/17/25, oncoming nurse for 11 p.m. shift - 1/19/25, oncoming nurse for 11 p.m. shift - 1/20/25, outgoing nurse for 7 a.m. shift <p>During an interview on 1/22/25, at 1:13 p.m. Licensed Practical Nurse (LPN) Employee E2 confirmed the above observations and stated, There should be signatures there.</p> <p>During a review of the Controlled Medication Shift Reconciliation log for the MIU Medication Cart on 1/22/25, at 1:15 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet during shift change to verify counts of controlled drugs on the following dates:</p> <ul style="list-style-type: none"> - 1/2/25, oncoming nurse for 11 p.m. shift - 1/3/25, outgoing nurse for 7 a.m. shift - 1/11/25, outgoing nurse for 11 p.m. shift - 1/13/25, oncoming nurse for 7 a.m. shift, and outgoing nurse for 3 p.m. shift <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- 1/16/25, outgoing nurse for 3 p.m. shift</p> <p>- 1/17/25, outgoing nurse for 11 p.m. shift</p> <p>During an interview on 1/22/25, at 1:19 p.m. LPN Employee E3 confirmed the above observations.</p> <p>During a review of the Controlled Medication Shift Reconciliation log for the 3 South Medication Cart on 1/22/25, at 1:21 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet during shift change to verify counts of controlled drugs on the following dates:</p> <p>- 1/11/25, outgoing nurse for 11 p.m. shift</p> <p>- 1/12/25, outgoing nurse for 7 a.m. shift and outgoing nurse for 11 p.m. shift</p> <p>- 1/18/25, outgoing nurse for 11 p.m. shift</p> <p>During an interview on 1/22/25, at 1:22 p.m. LPN Employee E4 confirmed the above observations.</p> <p>During a review of the Controlled Medication Shift Reconciliation log for the 2 South Medication Cart on 1/22/25, at 1:24 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet during shift change to verify counts of controlled drugs on the following dates:</p> <p>- 1/4/25, oncoming nurse for 11 p.m. shift</p> <p>- 1/5/25, outgoing nurse for 7 a.m. shift</p> <p>- 1/6/25, oncoming nurse for 11 p.m. shift</p> <p>- 1/7/25, oncoming and outgoing nurse for 7 a.m. shift, oncoming and outgoing nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift</p> <p>- 1/14/25, oncoming nurse for 3 p.m. shift, and outgoing and coming nurse for 11 p.m. shift</p> <p>- 1/17/25, outgoing nurse for 7 a.m. shift</p> <p>- 1/18/25, outgoing nurse for 7 a.m. shift</p> <p>- 1/21/24, oncoming nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift</p> <p>During an interview on 1/22/25, at 1:24 p.m. LPN Employee E5 confirmed the above observations.</p> <p>During a review of the Controlled Medication Shift Reconciliation log for the 2 North Medication Cart on 1/22/25, at 1:26 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet during shift change to verify counts of controlled drugs on the following dates:</p> <p>- 1/2/25, outgoing nurse for 11 p.m. shift</p> <p>- 1/7/25, oncoming nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> - 1/11/25, oncoming nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift - 1/12/25, oncoming nurse for 7 a.m. shift, outgoing and oncoming nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift - 1/16/25, outgoing and oncoming nurse for 3 p.m. shift, and outgoing and oncoming nurse for 11 p.m. shift - 1/17/25, outgoing nurse for 7 a.m. shift, outgoing and oncoming nurse for 3 p.m. shift, and outgoing and oncoming nurse for 11 p.m. shift - 1/18/25, outgoing nurse for 7 a.m. shift, and oncoming nurse for 11 p.m. shift - 1/19/25, outgoing and oncoming nurse for 7 a.m. shift, and outgoing nurse for 3 p.m. shift <p>During an interview on 1/22/25, at 1:28 p.m. LPN Employee E5 confirmed the above observations.</p> <p>During an interview on 1/22/25, at 1:4 p.m. the Nursing Home Administrator confirmed that the facility failed to implement procedures to promote accurate accounting of controlled medications on five of five medication carts as required.</p> <p>28 Pa. Code 211.12 (d)(3)(5) Nursing services</p> <p>28 Pa. Code 211.19(a)(1)(k) Pharmacy services</p>