

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 02/14/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 27424</p> <p>Based on review of facility policy, clinical record, and staff interview it was determined that the facility failed to make certain residents are free from significant medication errors for one of three (Resident R1).</p> <p>Findings include:</p> <p>Review of facility policy Medication Administration Times dated 1/10/25, indicated: Facility should insure that authorized personnel, as determined by applicable law, administer medications according to times of administration as determined by Facility's pharmacy committee and/or Physician/Prescriber.</p> <p>Review of Resident R1 admission record indicated they were admitted on [DATE].</p> <p>Review of Resident R1 clinical record admission record indicated a diagnosis of osteoarthritis (degenerative joint disease, in which the tissues in the joint break down over time, diabetes mellitus (group of diseases that affect how the body uses bloods sugar), and hypertension (is when the pressure in your blood vessels is too high).</p> <p>Review of physician orders for 1/26/25, indicated the following:</p> <p>Metformin (drug used to treat diabetes) tablet extended release 24 hour; 500mg Amount to Administer, 1 tablet; oral</p> <p>Lisinopril-hydrochlorothiazide (a drug used to treat high blood pressure) tablet 10-12.5 Amount to Administer, 1 tablet; oral</p> <p>Review of the clinical record MAR (medication administration record) on 1/26/25, indicated both metformin and lisinopril had blank spaces.</p> <p>Review of Omni Inventory list - Omni cell (device that stores emergency medication) included lisinopril and metformin.</p> <p>Review of clinical notes failed to indicate why the medication was not given, or why emergency medication was not accessed.</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
---	-------	-----------

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 02/14/2025
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 2/13/25, at 4:45 p.m. the Director of Nursing confirmed that the facility failed to give medication as ordered and the facility failed to make certain resident are free from significant medication errors for Resident R1.</p> <p>28 Pa. Code 201.14(a)Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1)(e)(1)Management.</p> <p>28 Pa. Code 211.12(d)(5)Nursing services.</p>		