

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  08/04/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on review of facility policy, resident records and staff interviews it was determined that the facility failed to make certain that a controlled substance (drugs with the potential to be abused) was disposed of as per acceptable standards of practice for one of three closed resident records (Closed Resident Record CR1). Findings include: The facility Discontinued medication procedure policy last reviewed 1/10/25, indicated that controlled medications are to remain in the facility under double lock and be destroyed following the controlled medication destruction policy and procedure. The nurse discontinuing the medication will remove the medication from the cart and store in a secure area. Facility documentation of controlled substance list dated 7/2025, indicated that Clonazepam (Klonopin) is a schedule four controlled substance. Review of Closed Resident Record CR1's admission record indicated 6/30/25, indicated she had diagnoses that included diabetes (metabolic disorder impacting organ function related to glucose levels in the human body), chronic obstructive pulmonary disease (COPD: a disease characterized by persistent respiratory symptoms involving breathlessness, coughing, and obstructed airflow to the lungs), and panic disorder (an anxiety disorder characterized by panic attacks and feelings of intense fear). Review of Closed Resident Record CR1's Minimum Data Set (MDS - a periodic assessment of resident care needs) dated 7/6/25, indicated that these diagnoses were the most recent upon review. Review of Closed Resident Record CR1's progress notes dated 7/10/25, indicated she was discharged home with her son via a private vehicle. Review of Closed Resident Record CR1's physician order dated 6/30/25, indicated to provide Clonazepam 0.5 mg as needed twice daily for anxiety. During observations of medication carts on 8/4/25, at 9:56 a.m. observations of the 2-South Medication cart with Licensed Practical Nurse (LPN) Employee E1 found Closed Resident Record CR1's Clonazepam (Klonopin) 0.5mg tabs in the medication cart. A count of medications indicated Klonopin tabs were available. During an interview on 8/4/25, at 9:57 a.m. Licensed Practical Nurse (LPN) Employee E1 stated Closed Resident Record CR1 was discharged. During an interview on 8/4/25, at 10:28 a. m. the Director of Nursing (DON) was asked upon discharge, how soon medications, narcotics, or psychotropics removed from medication cart: we discharge them to the resident, if they are wasted it's within a day or two. During an exit interview on 8/4/25, at 2:58 p.m. information was disseminated to the Nursing Home Administrator (NHA) and the Director of Nursing (DON) that the facility failed to make certain a controlled substance was disposed of as per acceptable standards of practice for Closed Resident Record CR1 as required. 28 Pa. Code 211.9 (a)(1)(3)(4)(5) Pharmacy services. 28 Pa. Code 211.12 (d)(1)(5) Nursing services.</p>

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

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