

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  01/22/2026
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on review of facility policy, clinical records, and staff interview, it was determined that the facility failed to make certain that residents received proper treatment for pressure ulcers for one of three residents (Resident R1). Findings include: Review of facility policy Pressure Injury Prevention and Management dated January 2026, indicated residents admitted with existing pressure injuries will receive necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's admission Minimum Data Set (MDS - a periodic assessment of care needs) dated 10/2/25, indicated diagnoses of high blood pressure, wound infection, and chronic pain syndrome. Section M - Skin Conditions, Question M0300C indicated the resident was admitted with one Stage 3 pressure ulcer (a skin injury involving full-thickness skin loss and exposure of the fatty tissue beneath). Review of a nursing progress note dated 9/29/25, stated, Bedside nursing alerted wound team that resident was admitted with multiple wounds. Wound team assessed today. Resident alert and cooperative, lying in bed during exam. C/O (complain of) pain r/t (related to) recent surgeries, in no acute distress. Bedside nurse aware of pain. Resident with surgical wounds to left leg (BKA [Below Knee Amputation]) and left thumb (amputation). Lateral side of incision is open with moderate SSD (Serosanguineous drainage - draining containing blood and serum, common during early stages of wound healing). New order for daily dressing to protect area. S3PI (Stage 3 Pressure injury) to left 1st finger, new order for medihoney (medical-grade honey used for wound healing) and DD (dry dressing) daily. Vascular wounds to right knee, right lateral shin, and right dorsal (top) foot. New order for medihoney for all right leg wounds. Resident is his own RP (resident representative) and is aware of all new orders. Providers updated. Care plan current. See Wound Management forms for details and measurements. Review of a physician order dated 9/29/25, indicated left first finger - cleanse wound with NSS (normal sterile saline), pat dry, apply a thick layer of medihoney and cover with DD daily. Review of Resident R1's October 2025 Medication Administration Record (MAR) revealed the treatment was not signed off as completed or refused on the following shifts: 10/4/25 10/7/25 10/12/25 10/17/25 10/18/25 10/29/25 Review of Resident R1's November 2025 MAR revealed the treatment was not signed off as completed or refused on the following shifts: 11/4/25 11/3/25 During an interview on 1/20/26, at 2:58 p.m. the Nursing Home Administrator confirmed that the facility failed to make certain that residents received proper treatment for pressure ulcers for one of three residents (Resident R1). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.10 (c)(d) Resident care policies. 28 Pa. Code: 211.12 (d)(1)(2)(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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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview it was determined the facility failed to obtain laboratory services as ordered for two of five residents reviewed (Residents R2 and R3). Findings include: Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's Minimum Data Set (MDS - a periodic assessment of care needs) dated 11/2/25, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and diabetes mellitus (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of a physician order dated 11/4/25, indicated to obtain a CBC (Completed Blood Count - a test that measures red blood cell, hemoglobin, white blood cell, and platelet levels in the blood). Review of a physician order dated 11/4/25, indicated to obtain a CMP (Complete Metabolic Panel - a test that measures 14 different substances in blood and helps evaluate how well liver and kidneys are functioning, blood sugar levels, and balance of electrolytes and fluids in the body). Review of a physician order dated 11/4/25, indicated to obtain a complete urinalysis (UA - a medical test that analyzes the urine for signs of infection and other diseases). Review of Resident R2's clinical record failed to reveal documentation that the CBC, CMP, and UA were obtained and completed as ordered by the physician on 11/4/25. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's MDS dated [DATE], indicated diagnoses of high blood pressure, hyperlipidemia (high levels of fats in the blood), and depression. Review of a physician order dated 12/31/25, indicated to obtain a BMP (Basic Metabolic Panel - a common blood test that measures eight different substances in the blood, including electrolytes and glucose). Review of a physician order dated 12/31/25, indicated to obtain a CMP. Review of a physician order dated 1/2/26, indicated to obtain a complete urinalysis. Review of Resident R3's clinical record failed to reveal documentation that the BMP, CMP and UA were obtained and completed as ordered by the physician on 12/31/25, and 1/2/26. During an interview on 1/22/26, at 10:43 a.m. the Nursing Home Administrator confirmed that the facility failed to obtain laboratory services as ordered for two of five residents (Residents R2 and R3). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services.</p>