

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 04/22/2026
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, resident observations, resident and staff interviews, it was determined that the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for two of five residents (Resident R1, and R2). Findings include: Review of the facility policy AM Care Policy dated 1/6/26, indicated care will be offered each day to promote resident to promote resident comfort, cleanliness, grooming, and general wellbeing. Showers and baths are scheduled two times weekly or more or less often according to resident preference. During an interview on 4/22/26, at 12:05 p.m. when asked if they felt the facility maintained enough staff to care for resident needs, Nurse Aide (NA) Employee E3 indicated there's not enough help. The residents are not getting the care they deserve. Showers? That all depends on how many staff we have, we need two staff for all the Hoyer lift residents who must stay in bed until we find a second person and when there is only three NA's it's hard to give my showers because it takes at least 30 minutes leaving only two other NAs on the floor. Plus, we have two meals to serve. During an interview on 4/22/26, at 12:15 p.m. NA Employee E4 indicated we've had only three aides a lot lately. It's hard to get anything done. Showers are out of the question when there are only three aides. During an interview on 4/22/26, at 12:45 p.m. NA Employee E5 indicated it's really hard with three aides for 39. We have to do two meals, get residents out and into bed, get them dressed, bathed, most are Hoyer lifts and you need two people for that, so the residents are always waiting longer than they should and showers are not always getting done, as hard as we try. I practically have this whole hall to myself. There have been times when it's only two of us NAs. Review of the admission record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS- a periodic assessment of care needs) dated 1/31/26, indicated the diagnosis of anemia (the blood doesn't have enough healthy red blood cells), diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and depression. Review of the Third Floor Shower schedule indicated Resident R1's showers were scheduled for Tuesday and Friday. Review of Resident R1's shower documentation dated 4/4/26, through 4/22/26, indicated no showers provided. Refusals were noted only on 4/14/26, and 4/17/26. Review of the admission record indicated Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's MDS dated [DATE], indicated the diagnoses of high blood pressure, benign prostatic hyperplasia (BPH - a common enlargement of the prostate gland in aging men that squeezes the urethra), and spinal stenosis (narrowing of spaces within the spine). Review of the Second Floor Shower schedule indicated Resident R2's showers were scheduled for Monday and Thursday. During an interview on 4/22/26, at 10:10 a.m. Resident R2 indicated a shower schedule of Monday and Thursday. Resident indicated they are not receiving showers because there is not enough staff. Review of Resident R2's shower documentation dated 4/1/26, through 4/22/26, indicated showers provided only on 4/9/26, 4/13/26, 4/14/26, and 4/20/26. Interview on 4/22/26, at 2:00 p.m. the Administrator Employee E2 confirmed the facility failed to have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and (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
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>psychosocial well-being for three of five residents (Resident R1, and R2). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code 201.18(e)(6) Management.28 Pa. Code: 211.12(d)(1)(2)(3)(4)(f.1)(i)(2) Nursing services.</p>		