| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 396048 | A. Building<br>B. Wing | 06/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Harmar Village Health & Rehab Center | 715 Freeport Road<br>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) |
|---|---|
| F 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on meal observation, clinical record review and staff interview it was determined that the facility failed to implement care and services to maintain activities of daily living (eating supervision and assistance) for three of twelve residents reviewed (Residents R1, R2, and R3).Findings include: Review of the facility policy Dining Experience at Mealtime dated 9/5/25, indicated all residents at a table are served at the same time. Meals are not to be served to residents in the dining room until at least one member of the staff is in the dining room to monitor the meal service. When needed, nursing staff will assist residents after the meal arrives. Review of the face sheet indicated Resident R1 admitted to the facility on [DATE], with the diagnoses of stroke (damage to the brain from an interruption of blood supply), hemiplegia (paralysis of one side of the body), and heart failure (heart doesn't pump blood as well as it should). Review of Resident R1's physician order dated 6/12/26, indicated resident is a set up and feed with meals; diet ordered: Pureed diet/ thin liquid. Special Instructions: stroke unable to feed self. Review of the face sheet indicated Resident R2 admitted to the facility on [DATE], with the diagnoses of dementia (a general term for loss of memory, language, problem solving and other thinking abilities that are severe enough to interfere with daily life), high blood pressure, and diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy). Review of Resident R2's care plan dated 6/11/26, indicated assist with activities of daily living, dressing, grooming, toileting, feeding, and oral care. Review of the face sheet indicated Resident R3 admitted to the facility on [DATE], with the diagnoses of stroke, diabetes, and seizure disorder (a person experiences abnormal behaviors, symptoms and sensations, sometimes including loss of consciousness). Review of Resident R3's physician order dated 6/12/26, indicated Regular, mechanical soft diet. Special instructions: supervision with meals. Observation of the second floor dining room lunch meal on 6/17/26, at 11:42 a.m. indicated Resident R1 was served the lunch meal and the tray was set up. Two other residents were actively eating at the table. Resident R1 did not attempt to initiate to feed themself. The Life Enrichment Director Employee E1 was intermittently in and out of the dining room and assisting residents to open items and cut foods. Sixteen minutes later Licensed Practical Nurse (LPN) Employee E2 entered the dining room and sat to assist Resident R1 to eat. Interview with LPN Employee E2 on 6/17/26, at 11:58 p.m. confirmed Resident R1 was sitting for sixteen minutes watching other residents at the table consume their food and staff was not present to feed Resident R1 per physician order. Observation of the second floor dining room lunch meal on 6/17/26, at 11:42 a.m. indicated Resident R2 was served the lunch meal and the tray was set up. Two other residents were actively eating at the table. Resident R2 did not attempt to initiate feeding themself. Resident R2 was wheeling away from the food distracted. Sixteen minutes later, Nurse Aide (NA) Employee E3 was alerted by State Agency that Resident R2 had not touched their food. NA Employee E3 positioned resident at their seat in front of their tray, handed a utensil and began to eat immediately. Observation of the second floor dining room lunch meal on 6/17/26, at 11:42 a.m. indicated Resident R3 was served the lunch meal and the tray was set up. Three other residents were actively eating at the table. Resident R3 was observed attempting to feed self. After a<br>(continued on next page) |

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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| F 0676<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | minute, resident dropped the fork and stopped eating. Resident did not attempt to use another utensil to feed self and simply sat there in front of the tray. There was not a staff member present at this time. Interview on 6/17/26, at 11:59 p.m. NA Employee E3 approached resident to assist with feeding and alerted by State Agency that resident stopped eating five minutes ago due to dropping the fork and not knowing what else to do to continue eating. NA Employee E3 sat and assisted the resident who then consumed the entire meal with supervision. Interview on 6/17/26, at 3:30 p.m. the Director of Nursing was informed of the events observed at the lunch meal in the second floor dining room on 6/17/26, at 11:42 a.m. 28 Pa. Code 211.10(d) Resident care policies28 Pa. Code 211.12(c)(d)(1) Nursing services |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interview it was determined that the facility failed to provide appropriate respiratory care relating to CPAP (a continuous positive airway pressure machine used to keep airways open while you sleep/a positive airway pressure machine when breathing in and breathing out) machine for one of three residents (Residents R4).Findings include:Review of the admission record indicated Resident R4 was admitted to the facility on [DATE]. Review of Resident R4s Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/2/26, indicated the diagnosis of obstructive sleep apnea (breath pauses while sleeping), diabetes (high sugar in the blood) and anxiety. During an interview completed on 6/16/26, at 10:35 p.m. Resident R4 was lying in bed, her CPAP machine was on the over-the-bed table. Upon being questioned about the CPAP machine Resident R4 replied, my machine was broken, they put me on oxygen instead. I think it was about 14 days. I told them about it. There is no communication, I called the company and the part was shipped here the next day. Review of physician order dated 3/30/26, indicated CPAP: Auto CPAP with medium nasal pillows. Special instructions: Nurse only to place unit on at bedtime unless resident can apply properly by self. Secure mask, check skin integrity. Fill humidifier with water if applicable. Document minutes. Review of Resident R4's May Medication Administration Record (MAR) indicated on 5/31/26, CPAP not administered: Comment: Not functioning properly. Review of Resident R4's June MAR revealed:6/1/26, blank, reason does not put on until 12:30 am6/2/26, blank, reason machine needs service, not working,6/3/26, off6/4/26, blank, reason machine needs service6/5/26, off6/6/26, not on needs service6/7/26, blank reason machine needs service6/8/26, blank reason needs serviced Phone number provided for 7-3 nurse and Registered Nurse Supervisor aware.6/9/26, off6/10/26, refused machine needs serviced6/11/26, blank reason machine needs service6/12/26, off new tank6/13/26, off6/14/26, blank6/15/26 on 1:00 a.m. Off 5:30 a.m.6/16/26 on 1:00 a.m. Review of nursing progress notes 5/31/26, through 6/14/26, failed to reveal documentation concerning the CPAP not functioning properly, interventions put in place during that time as well as documentation of the facility contacting the CPAP machines supplier for repairs. On 6/17/26, at 11:20 a.m. a typed timeline was provided via e-mail from the Director of Nursing, however there was not any correlating supporting documentation available from the nursing staff. During a telephone interview completed on 6/17/26, at 11:45 a.m. the Director Of Nursing confirmed that the nursing staff failed to complete documentation concerning the CPAP machine malfunction, interventions put in place during that time as well as documentation of the facility contacting the CPAP machines supplier for repairs and that the facility failed to provide appropriate respiratory care relating to CPAP machine for one of three residents (Residents R4). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.12(d)(1)(2)(3)(5) Nursing services |