

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 04/03/2026
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and staff interviews it was determined that the facility failed to provide a clean, safe, comfortable, and homelike environment for one of five resident wheelchairs (Resident R56), two of five resident rooms (Resident R26, and Resident R59), and two of three resident elevators (beside dietary entrance). Findings Include: Review of the face sheet indicated Resident R56 was admitted to the facility on [DATE]. Observation on 3/30/26, at 11:22 a.m. Resident R56 was in the main dining room sitting in a wheelchair. The seat and cushion of the wheelchair were completely covered in dried foods, sticky substance, and dark grime. Interview on 3/30/26, at 11:23 a.m. Respiratory Therapist Employee E3 confirmed Resident R56 was in the main dining room sitting in a wheelchair. The seat and cushion of the wheelchair were completely covered in dried foods, sticky substance, and dark grime. Review of the face sheet indicated Resident R26 admitted to the facility on [DATE]. Observation on 3/30/26, at 11:28 a.m. a white pipe cover was on the floor under Resident R26's room sink. Interview on 3/30/26, at 11:29 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed a white pipe cover was on the floor under Resident R26's room sink. Review of the face sheet indicated Resident R59 admitted to the facility on [DATE]. Observation on 3/30/26, at 12:10 p.m. Resident R59's window blinds had three leaves missing and one lying on the floor under the air condition unit in the room. Interview on 3/30/26, at 12:11 p.m. LPN Employee E4 confirmed Resident R59's window blinds had three leaves missing and one lying on the floor under the air condition unit in the room. Observation and tour with Administrator Employee E5 on 3/31/26, at 9:54 a.m. the entire width of Resident R59's window was draped with thick cobwebs behind the blind. Interview on 3/31/26, at 9:55 a.m. Administrator Employee E5 confirmed the entire width of Resident R59's window was draped with thick cobwebs behind the blind. Observation on 3/31/26, at 9:40 a.m. the side-by-side elevators located next to the dietary entrance each had plastic bumpers to the lower walls and each of the bumpers had sharp shards of broken plastic exposed. Interview on 3/31/26, at 9:41 a.m. Maintenance Employee E6 confirmed the side-by-side elevators located next to the dietary entrance each had plastic bumpers to the lower walls and each of the bumpers had sharp shards of broken plastic exposed. Maintenance Employee E6 indicated carts bang into the bumpers causing the damage. Interview on 3/31/26, at 3:00 p.m. Administrator Employee E5 confirmed the facility failed to provide a clean, safe, comfortable, and homelike environment for one of five resident wheelchairs (Resident R56), two of five resident rooms (Resident R26, and Resident R59), and two of three resident elevators (beside dietary entrance). 28 Pa Code: 201.18 (e)(2) Management. 28 Pa Code: 201.29 (a) Resident Rights.</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 04/03/2026
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview it was determined that the facility failed to provide a dignified dining experience for one of three residents (Resident R81). Findings include: Review of the face sheet indicated Resident R81 admitted to the facility on [DATE]. Review of Resident R81's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/28/26, indicated the diagnoses of stroke (damage to the brain from an interruption of blood supply), dementia (a general term for loss of memory, language, problem solving and other thinking abilities that are severe enough to interfere with daily life), and high blood pressure. Observation on 3/30/26, at 12:05 p.m. Resident R81 was in the main dining room sitting in wheelchair at the table being fed by the Director of Nursing. The Director of Nursing was standing up while feeding the resident. Interview with the Director of Nursing on 3/30/26, at 12:06 p.m. confirmed they were not in a seated position while feeding Resident R81 as required and that the facility failed to provide a dignified dining experience for one of three residents (Resident R81). 28 Pa. Code 211.10(a)(c)(d) Resident care policies.28 Pa. Code 211.12(d)(1)(2)(5) Nursing services.</p>		

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 04/03/2026
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on review of facility policies, clinical record review, and staff interview, it was determined that the facility failed to make certain resident medication regimens were free from potentially unnecessary psychotropic (substances that act on the brain to alter cognition, perception, and mood) medications without adequate indications for use for one of five residents (Resident R122) Findings include: Review of facility policy Psychoactive Medication Policy, dated 8/15/25, indicated all residents receiving psychoactive medication(s) will have their behaviors, effectiveness of interventions (pharmacological and non-pharmacological) and potential for a gradual dose reduction of psychoactive medication monitored and documented. Review of Resident R122's admission record indicated he was admitted to facility 3/27/2026. Review of Resident R122's Nursing admission Observation report indicated diagnoses to include paraplegia (form of paralysis that primarily affects the lower half of the body), depression, anxiety disorder, and bipolar disorder (mental health condition characterized by significant mood swings, including manic and depressive episodes). Review of Resident R122's clinical record revealed physician orders for the following psychotropic medications and failed to have a diagnosis for use of each medication: Buspirone (Buspar, antianxiety medication) tablet; 10 mg (milligrams); amount 2 tab; oral three times a day Escitalopram oxalate (Lexapro, antidepressant medication) tablet; 20 mg; amount 1 tab; oral once a day Mirtazapine (Remeron, antidepressant medication) tablet; 15 mg; amount 1 tab; oral at bedtime Quetiapine (Seroquel, antipsychotic medication) tablet; 100 mg; amount 1 tablet; oral at bedtime Quetiapine tablet; 25 mg; amount 1 tablet; oral once a day Review of Resident R122's clinical record failed to indicate any documented non-pharmacological interventions or effectiveness of pharmacological interventions; clinical record also failed to indicate evidence that the facility had implement side effect or behavior monitoring for psychotropic medication use. During an interview of 4/1/26, at 2:23 p.m., Registered Nurse Assessment Coordinator (RNAC) Employee E17 confirmed that Resident R122's psychotropic medication orders failed to indicate a diagnosis for usage and that the clinical record failed to contain documented evidence identifying interventions, medication effectiveness, and monitoring of side effects and behaviors. During an interview on 4/2/26, at 12:30 p.m., Administrator Employee E5 and Director of Nursing (DON) confirmed that the facility failed to make certain resident medication regimens were free from potentially unnecessary psychotropic medications without adequate indications for use for one of five residents (Resident R122). 28 Pa Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 211.5(f) Medical records. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		

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 04/03/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident?s preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff and resident interviews, it was determined that the facility failed to ensure residents received treatment and care in accordance with professional standards of practice and follow physician orders to treat constipation for two of six residents (Resident R31 and R65). Findings Include: Review of the facility's Bowel Tracking Protocol Policy last reviewed 1/31/26, revealed the facility will record and monitor bowel activity of residents each shift and address issues identified. Diarrhea, constipation, bloody stools, or any other concerns will be reported to the licensed nurse. The Director of Nursing will be responsible for ensuring a daily auditing process is in place to identify residents who have no had a bowel movement in 2 full days (48 hours). If the resident has not had a bowel movement for 2 full days (48 hours), and in the absence of other resident-specific orders, the nurse will determine if laxatives are indicated based on the resident's bowel habits and patterns.If 48 hours without a bowel movement:Step 1: Give Miralax (a laxative solution that increases the amount of water in the intestinal tract to stimulate bowel movements) 17g in 4-8 oz. liquid (Polyethylene glycol 3350)Step 2: If no BM by 10 am the following day, repeat Miralax 17g in 4-8 oz. liquidStep 3: If no BM by next morning, administer Enemeez (a small, ready-to-use liquid solution administered rectally to relieve temporary constipation) micro enema 5 mL rectally. If no BM within an hour, contact provider. Review of the admission record indicated Resident R31 admitted to the facility on [DATE], and readmitted [DATE], with diagnoses of anxiety, high blood pressure, and diabetes (a condition that causes blood sugar to rise). Review of Resident R31's Minimum Data Set (MDS- a periodic assessment of care needs) dated 3/4/26, revealed the diagnoses were current. Review of Resident R31's care plan dated 4/13/25, revised 3/10/26, revealed the resident was at risk for constipation. Interventions included the to administer medications, enemas, and suppository as ordered. Check resident for fecal impaction as needed. Document frequency and character of bowel movements. Determine presence/absence of awareness of need to defecate. Review of Resident R31's physician order dated 9/29/25, indicated to administer 283 mg/5 mL Enemeez (docusate sodium) enema rectally, once a day as needed. If no BM by morning of day 4, administer 1 Enemeez Micro Enema in the morning. Indication for use: Constipation. If no BM within one hour of administering Enemeez, contact provider. Review of Resident R31's Bowel Documentation revealed no evidence of a bowel movement on 3/26/26, 3/27/26, 3/28/26, and 3/29/26 (A total of four days). Review of Resident R31's March 2026 Medication Administration Record revealed the resident did not receive the enema as needed on 3/29/26, as ordered. Review of Resident R31's clinical record failed to include evidence the physician was notified the resident failed to have a bowel movement after four days. Review of Resident R31's clinical record revealed the resident had a large bowel movement on 3/30/26. During an interview on 3/30/26, at 10:28 a.m. Resident R31 revealed a concern related to constipation. Resident R31 stated when constipated, it causes her to bleed. During an interview on 3/31/26, at 10:41 a.m. Licensed Practical Nurse (LPN), Employee E14 stated the facility prints out a bowel list daily and the nurses review it, and any as needed medications ordered are administered to treat the constipation. If the resident does not defecate by mid shift then the supervisor is notified and the physician is notified. During an interview on 3/31/26, at 11:06 a.m. Unit Manager LPN, Employee E15 revealed the unit manager runs a report for residents who had not had a bowel movement. It was indicated most residents have a standard bowel protocol ordered upon admission. The ordered medications are administered to the resident as need and the information is passed along to the next shift. Unit Manager, LPN, Employee E15 stated when an as needed medication is administered, it is documented whether it was effective of ineffective. Review of the admission record indicated Resident R65 admitted to the facility on [DATE], and readmitted [DATE], with diagnoses of constipation, high blood pressure, and chronic pain syndrome. Review of Resident R65's MDS dated [DATE], revealed the diagnoses were current. (continued on next page)</p>		

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 04/03/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R65's care plan dated 3/18/26, revealed the resident had an increased nutrition/hydration risk related to constipation. The facility failed to implement interventions in the resident care plan to address constipation. Review of Resident R65's physician order dated 3/2/26, indicated to administer 17 gram Miralax if no bowel movement by Day 2 in the morning for constipation. Review of Resident R65's physician order dated 3/2/26, indicated to administer 17 gram Miralax twice a day as needed for constipation. Review of Resident R65's physician order dated 3/2/26, indicated to administer 8.6 mg Senna (used to treat constipation and promote bowel movements) twice a day as needed. if no bowel movement by Day 2 in the morning for constipation. Review of Resident R65's Bowel Documentation revealed no evidence of a bowel movement on 3/25/26, 3/26/26, 3/27/26 (a total of three days). Review of Resident R65's March 2026 Medication Administration Record revealed the resident did not receive Miralax or Senna as needed on 3/27/26, as ordered. Review of Resident R65's clinical record failed to include evidence the physician was notified the resident failed to have a bowel movement after three days. During an interview on 3/30/26, at 9:53 a.m. Resident R65 revealed a concern related to constipation. Resident R65 stated her bum hole was so sore. Resident R65 indicated she couldn't poop, it was hard as a rock and her stomach hurt so bad. During an interview on 3/31/26, at 12:51 p.m. the Assistant Director of Nursing (ADON), Employee E10 confirmed the facility failed to implement the bowel protocol ordered for Resident R31 and R65. During an interview on 3/31/26, at 1:04 p.m. the Nursing Home Administrator confirmed the facility failed to ensure residents received treatment and care in accordance with professional standards of practice and follow physician orders for two of six residents (Resident R31 and R65). 28 Pa. Code: 201.14(a) Responsibility of licensee.28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(d)(1)(5) Nursing services.</p>		

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 04/03/2026
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interviews, it was determined that the facility failed to make certain residents were provided necessary treatment and services, consistent with professional standards of practice for two of six residents (Resident R6 and Closed Record CR42), and failed to prevent the development of pressure ulcers (PU/Pis- injuries to skin and underlying tissue resulting from prolonged pressure on the skin) one of six residents (Closed Resident Record CR42).</p> <p>Findings include:</p> <p>Review of facility policy Pressure injury prevention policy dated 12/17/25, indicated that new pressure areas will not develop unless the individual's clinical condition demonstrates that they were unavoidable. Residents will be assessed for pressure injury risk on admission, quarterly and with significant change of condition using the Braden Scale.</p> <p>Review of Resident Record R6's admission record indicated she was admitted to the facility on [DATE], with diagnoses of malnutrition, stroke, and high blood pressure.</p> <p>Review of Resident Record R6's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 12/15/25, revealed diagnoses were current. Section M-Skin Conditions indicated the resident had one stage three pressure ulcer that was present upon admission.</p> <p>Review of Resident R6's physician order dated 12/11/25, indicated to cleanse buttock pressure ulcer with soap and water, pat dry, apply thin layer of Triad paste (triad paste defined as a dressing paste is ideal for managing various wound types) once a day, and as needed.</p> <p>Review of Resident R6's physician order dated 12/11/25, indicated to cleanse buttock pressure ulcer with soap and water, pat dry, apply thin layer of Triad paste twice a day as needed.</p> <p>Review of Resident R6's Braden Scale (a standardized, evidence-based assessment tool commonly used in health care to assess and document a client's risk for developing pressure injuries) dated 12/11/25, revealed it was blank and incomplete. The facility failed to assess the residents' risk for developing pressure ulcers. No care plan was initiated upon admission.</p> <p>Review of Resident R6's clinical record failed to include evidence a care plan was initiated upon admission to include interventions related to the resident's left buttock pressure ulcer.</p> <p>Review of Resident R6's wound care assessment dated [DATE], completed by Wound consultant (continued on next page)</p>		

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 04/03/2026
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>Employee E16 indicated the resident had a stage three left buttocks pressure ulcer that measured 2.5 cm x 2 cm x 0.2 cm. Wound care treatment orders included to cleanse with soap and water, pat dry, apply medical grade honey to base of the wound, secure with Bordered Dressing. It was indicated to change the dressing daily, and as needed. Preventative measures included to continue with turning and repositioning schedule per protocol for pressure prevention, use appropriate moisture barrier creams and when indicated to manage moisture and assess often.</p> <p>Review of Resident R6's physician orders failed to include evidence Resident R6's physician orders were updated to include the wound care treatment orders with medical grade honey from 12/12/25, to 12/18/26.</p> <p>Review of Resident R6's clinical record failed to include evidence the facility care planned the resident for preventative measures as the wound care consultant recommended on 12/12/25.</p> <p>Review of Resident R6's wound care assessment dated [DATE], completed by Wound consultant Employee E16 indicated the resident had a stage three left buttocks pressure ulcer that measured 4.8 cm x 1.5 cm x 0.2 cm. The wound status was documented as stalled and the area is larger on exam today. Treatment recommendations indicated to cleanse buttock pressure ulcer with soap and water, pat dry, apply thin layer of Triad paste (triad paste defined as a dressing paste is ideal for managing various wound types) once a day, and as needed.</p> <p>Review of Resident R6's wound care assessment dated [DATE], completed by Wound consultant Employee E16 indicated the resident had a stage three left buttocks pressure ulcer that measured 5.5 cm x 2.5 cm x 0.2 cm. The wound status was documented as stalled.</p> <p>Review of Resident R6's care plans dated 1/1/26, indicated the resident was admitted with pressure injuries due to comorbidities, immobility, and incontinence. Interventions included assessing the pressure ulcer for location, stage, size (length, width, and depth), presence/absence of granulation tissue and epithelization once per week. The care plan was initiated 21 days after the resident was admitted to the facility.</p> <p>Review of Resident R6's wound assessment dated [DATE], completed by Wound consultant Employee E16 indicated the resident's stage three left buttock pressure ulcer was larger on exam today. There was no assessment including the size (length, width, and depth) documented.</p> <p>Review of Resident R6's wound assessments indicated stage three left buttock pressure ulcer was stable after 1/2/26. Resident wound documented improving as of 1/9/26. Medi-honey was added 1/10-2/19.</p> <p>During an interview on 3/31/26, at 9:12 a.m. Regional Risk Manager, Employee E9 stated the facility utilizes an outside provider to assess and provide treatment recommendations for residents with (continued on next page)</p>		

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 04/03/2026
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>wounds. It was indicated the wound provider visits the facility twice a week.</p> <p>During an interview on 4/1/26, at 12:59 p.m. Wound consultant Employee E16 indicated all recommendations for treatment must be cleared by primary physician, and someone else has to put in the orders. Wound consultant, Employee E16 stated there can be a lapse when orders are entered. Wound consultant Employee E16 confirmed there were no measurements of Resident R6's stage three pressure ulcer documented the week of 1/2/26, and Resident R6's treatment recommendations for medi-honey on 12/12/25, were not implemented.</p> <p>During an interview on 4/1/26, at 1:31 p.m. the Nursing Home Administrator and Administrator, Employee E5 confirmed the facility failed to timely implement wound care treatment recommendations and failed to document weekly assessments of Resident R6's stage three buttock pressure ulcer the week of 1/2/26. The facility failed to make certain Braden Assessments were accurately completed and a care plan for pressure ulcer risk was initiated timely.</p> <p>Review of Closed Resident Record CR42's admission record indicated he was admitted to the facility on [DATE].</p> <p>Review of Closed Resident Record CR42's hospital records dated 12/31/25, indicated an occupational therapy assessment of Resident CR42 found he had right elbow fracture, right arm is non-weight bearing (NWB), right upper extremity in sling. There were no hospital orders for the right sling.</p> <p>Review of Closed Resident Record CR42's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 1/5/26, indicated he had diagnoses that included right humerus (elbow) fracture, history of pneumonia, left hip fracture, hyperlipidemia (elevated lipid levels within the blood), hypertension (a condition impacting blood circulation through the heart related to poor pressure), history of alcohol abuse, muscle weakness, and lung mass (lung cancer).</p> <p>Review of Closed Resident Record CR42's nurse admission assessment dated [DATE], indicated he was admitted with no wound concerns, a surgical skin area and no skin interventions necessary. The nurse clinical Braden assessment (a standardized, evidence-based tool used to assess a patient's risk of developing pressure injuries by evaluating six key risk factors) indicated a Braden Score of 19-not at risk for wound development. The Assessment did not indicate that the Resident CR42 had a right humerus fracture, a sling, or any limited mobility impairment.</p> <p>Review of Closed Resident Record CR42's Occupational therapy notes dated 1/2/26, indicated CR42 as non-weight bearing (NWB) to his right arm and with impaired safety awareness.</p> <p>Review of Closed Resident Record CR42's skilled nursing note dated 1/3/26, indicated CR42 skin was intact. The description of the sling is not documented in the nursing note. (continued on next page)</p>		

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 04/03/2026
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>Review of Closed Resident Record CR42's care plans dated 1/5/26, indicated CR42's skin will remain intact, he was at risk for pressure ulcers due to decreased mobility, report any signs of skin breakdown, and to assess/document skin changes, skin inspection every shift. The care plan did not indicate to observe the skin under and around Resident CR42's sling.</p> <p>Review of Closed Resident Record CR42's physician orders dated 1/1/26 to 1/17/26 indicated the following:</p> <ul style="list-style-type: none"> -no orders for skin checks under and around the sling prior to 1/10/26. -no order for CR42's right arm sling until 1/10/26. -1/10/26, order for treatment to Right Elbow Stage-2 pressure ulcer cleanse with Normal saline, pat dry, apply Grade-honey, and cover with border dressing. Change daily. -1/12/26, deep tissue injury right-upper ankle: apply Medi-honey, calcium alginate and cover with border gauze. <p>Review of Closed Resident Record CR42's Physician Assistant assessment dated [DATE], indicated when CR42 was recently admitted to hospital after a fall at another nursing home resulting in right humerus fracture and left pubic fracture, right upper extremity observed in sling, and no skin issues noted.</p> <p>Review of Closed Resident Record CR42's physician visit on 1/5/26, he was seen and he denied any issues with skin, cardiac, musculoskeletal, or psychological problems. The physician assessment identified no skin issues.</p> <p>Review of Closed Resident Record CR42's clinical nurse notes dated 1/10/26, indicated that CR42's son requested to speak with staff regarding CR42's right elbow open wound and state of his sling. Staff spoke with son, assessed CR42 and found a large, open pressure injury to his right elbow with reddened skin. NHA (Nursing home administrator) notified, dressing orders entered and new sling provided to CR42. Wound care will follow up.</p> <p>Review of Closed Resident Record CR42's clinical nurse notes dated 1/10/26 did not include a physician assessment or nurse assessment with wound measurements.</p> <p>Review of Closed Resident Record CR42's clinical nurse notes dated 1/12/26, indicated that CR42's family notified of new orders for deep tissue injury (DTI) on right back of foot/ankle and red open area to right ankle.</p> <p>Review of Closed Resident Record CR42's clinical nurse notes and assessments dated 1/10/26 to 1/13/26, did not include a comprehensive assessment of the newly found wound areas or an additional Braden scale to determine further risk of development.</p> <p>(continued on next page)</p>		

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 04/03/2026
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>Review of Closed Resident Record CR42's physician visit on 1/14/26, indicated he was seen wearing his sling, pain to right upper extremity, mild tender to palpitation (TTP-sensitive to touch and painful) to his right humerus.</p> <p>Review of Closed Resident Record CR42's physician visit notes dated 1/14/26 did not include a physician assessment with wound measurements.</p> <p>Review of Closed Resident Record CR42's initial wound assessment dated [DATE], indicated the following:</p> <p>Right elbow unstageable pressure injury measuring 1.5 cm x 1.5 cm x 0.2 cm.</p> <p>Right lateral heel deep tissue injury 1.5 cm x 1 cm x 0 cm.</p> <p>Right lateral malleolus pressure injury measuring 0.8 cm x 0.5 cm x 0 cm.</p> <p>Review of Closed Resident Record CR42's Physician Assistant assessment dated [DATE], indicated to monitor skin under right arm sling.</p> <p>Review of Closed Resident Record CR42's care plans dated after 1/16/26, did not include the developed pressure areas, a plan to check Resident CR42's skin under and around his sling, or the interventions related to healing the new pressure areas.</p> <p>Review of Closed Resident Record CR42's skin check records dated 1/1/26 through 1/31/26, indicated the following:</p> <p>1/3/26-Skin clear</p> <p>1/5/26-Skin clear</p> <p>1/9/26-Skin clear</p> <p>1/10/26-Skin clear</p> <p>1/11/26-Skin clear</p> <p>1/11/26-redness noted.</p> <p>Review of Closed Resident Record CR42's skin check records did not include skin observations on 1/2/26, 1/4/26, 1/6/26, 1/7/26, and 1/8/26. Review of Closed Resident Record CR42's skin check records did not include a skin inspection every shift.</p> <p>Review of Closed Resident Record CR42's record did not include evidence of skin checks under the (continued on next page)</p>		

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 04/03/2026
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>right arm sling or orders to check daily under the right arm sling.</p> <p>Review of Closed Resident Record CR42's wound assessment dated [DATE], indicated a debridement (a procedure to remove damaged or infected skin from a wound to promote healing) was done to the right elbow area. Area observed moist, with wound healing within the wound bed. Wound consultant discussed with Resident CR42 him getting an elbow cushion during time of the visit. Sharp debridement was determined to be necessary for wound healing and included bleeding down to subcutaneous tissue or deeper but did not significantly change the depth of measurement of the wound bed at its deepest point. Measurements were as follows:</p> <p>Right elbow unstageable pressure area/ debrided area measured 1.0 cm x 1.5 cm x 0.2 cm.</p> <p>Right lateral heel deep tissue injury 1.5 cm x 1 cm x 0 cm.</p> <p>Right lateral malleolus pressure injury measuring 0.5 cm x 0.5 cm x 0 cm.</p> <p>Review of Closed Resident Record CR42's wound assessment dated [DATE], indicated the following:</p> <p>Right elbow stage-3 pressure injury measuring 1.5 cm x 1.0 cm x 0. cm.</p> <p>Right lateral heel deep tissue injury 1.5 cm x 1 cm x 0 cm.</p> <p>Right lateral malleolus pressure injury measuring 0. cm x 0. cm x 0 cm./ resolved.</p> <p>During an interview on 3/31/26, at 10:19 a.m. Physical Therapy director Employee E11 was asked about sling order and stated: they usually come in with a sling order. If it's something we issue, we write the order and the RNAC (Registered Nurse Assessment Coordinator) puts in a care plan, and we do skin integrity checks. The hospital order for the sling will carry over to the computer.</p> <p>During an interview on 3/31/26, at 10:29 a.m. the Director of Nursing (DON) was asked about CR42' s physician order for a sling and for skin integrity checks and stated: I do not see a sling order. Skin checks can be in TAR (Treatment Administration record) or plan of care (POC). We do skin checks weekly; those are under observations. There is a separate order for skin checks weekly.</p> <p>During an interview on 3/31/26, at 10:39 a.m. Licensed Practical Nurse (LPN) Employee E12 was asked where are sling orders put in? it depends; if the resident came from the hospital, they should have an order. If they need one, it will be done by the physician. When asked about the skin checks around the sling: the skin integrity checks should be checked every shift. It ' s documented and there should be order there. Staff document skin clear, intact, rash. This may fall into an observation note. There are also weekly skin checks. When asked how soon after skin issue identified are interventions put into place, she stated Immediately. (continued on next page)</p>		

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 04/03/2026
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>During an interview on 3/31/26, at 2:13 p.m. the Regional Risk Employee E9 was asked where the wound measurements from 1/10/26 are located and she stated: I do not see the measurement here for the right elbow area. On 1/12/26, he was found with developed ankle and foot wounds. He started seeing wound care on 1/16/26 and he was assessed. And we did not order the sling until the 1/10/26.</p> <p>During an interview on 3/31/26, at 2:54 p.m. Occupational Therapist (OT) was asked did Resident CR42 's have sling when you first saw him? Resident CR42 was non-weight bearing and he had a sling on.</p> <p>During an interview on 4/1/26, at 9:24 a.m. Licensed Practical Nurse (LPN) Employee E1 was asked if he had resident with sling and does non-weight bearing mean to use a sling? : yes. one resident is Resident R124. He has a sling on his right arm. We check the skin by carefully taking off the sling and looking. I would imagine the record has skin check order.</p> <p>During an interview on 4/1/26, at 1:00 p.m. Wound consultant Employee E16 was asked what are the expectations for nursing to review skin when resident has sling and stated: I know when he first was admitted , he had a sling. I'm trying to pull up his record. He had a sling on when initially admitted . The expectation to check under the sling include removing the sling, looking up around the neck, look at all the parts of the skin that you cannot see with the sling on. I worry most about where the straps are under the neck.</p> <p>During an interview on 4/1/26, at 1:29 p.m. Regional Risk Employee E9, Nursing Home Administrator (NHA) and Administrator Employee E5 information was disseminated that the facility failed to make certain residents were provided necessary treatment and services, consistent with professional standards of practice, to prevent the development of pressure ulcers for Closed Resident Record CR42.</p> <p>28 Pa. Code: 201.29(a) Resident Rights.</p> <p>28 Pa. Code 211.10(c)(d) Resident Care Policies.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		

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 04/03/2026
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, observations, and staff interviews, it was determined that the facility failed to ensure a resident with limited mobility had a physician order for a sling for one of two residents (Residents R124). Findings include: Review of the clinical record revealed Resident R124 was admitted to the facility on [DATE], with diagnoses of displaced fracture of surgical neck of right humerus, closed fracture, and fracture of lower end of left radius. During an observation on 3/30/26, ay 9:44 a.m. Resident R124 was observed wearing a right arm sling. During an observation on 4/1/26, at 9:23 a.m. Resident R124 was observed wearing a right arm sling. During an interview on 4/1/26, at 9:24 a.m. LPN, Employee E1 confirmed Resident R124 did not have an order for a sling. Review of Resident R124's clinical record failed to include a physician order or care plan for the resident's sling use. During an interview on 4/1/26, at 10:05 a.m. the Nursing Home Administrator confirmed the facility failed to ensure a resident with limited mobility had a physician order for a sling for one of two residents (Residents R124). 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)(3)(5) Nursing services.</p>

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 04/03/2026
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, observations and staff interviews, it was determined that the facility failed to obtain appropriate physician orders for a urinary catheter (insertion of a tube into the bladder to remove urine) for one out of two sampled residents (Resident R72). Findings include: The facility Indwelling urinary catheter care policy dated 8/15/25, indicated clinical staff may provide urinary catheter care. Such care will help to prevent catheter association urinary tract infections and prolong the life of the catheter system. Review of Resident R72's admission record indicated he was originally admitted on [DATE] and re-admitted on [DATE]. Review of Resident R72's MDS assessment (Minimum Data Set assessment: MDS -a periodic assessment of resident care needs) dated 12/31/25, indicated he had diagnoses that included repeated falls, anxiety disorder (a medical condition creating a sense of acute fear, restlessness, and worry), benign prostatic hyperplasia with lower urinary tract (enlarged prostate impacting urine flow), and history of lung cancer. Review of Resident R72's care plans dated 1/5/26, indicated that Resident R72 has history of obstructive uropathy, will remain free from catheter trauma, provide catheter care per routine, and change catheter as per physician order and as needed. Review of Resident R72's clinical nurse notes dated 3/25/26, indicated Resident was swishing liquid in his mouth. Asked resident if it was mouth wash. Resident R72 shook his head no. Resident R72 had a copious amount of mucus and spit, measuring 90cc's in cup. Asked resident if he felt congested. Resident R72 stated that he was. Lungs were clear upon auscultation, but his voice sounded gurgled. Resident R72 continued to gather saliva and mucus in his mouth and kept spitting. Assessed vitals, all vitals were WNL (Within normal limits) aside from pulse ox. Resident R72 was at 85% RA but had no complaints of SOB (shortness of breath). Placed resident R72 on 2 Liters oxygen, Resident R72 was sating low 90's. Upon rechecking, resident then went down to 81% on 2L. RN supervisor placed call to doctor and got order for 4L. RN Supervisor then got order to send resident out due to Resident R72 spitting copious amounts of mucus and saliva. Resident R72 was sent with face-sheet, order and POLST. Family is aware. Review of Resident R72's clinical nurse notes dated 3/29/26, indicated Resident returned to facility via stretcher after being admitted to hospital. Resident R72 was alert, pleasant and denied any pain. Review of Resident R72's physician orders dated 10/27/25, indicated to provide Catheter Care. Change supra-pubic catheter monthly and as needed. Use 18french/ 10 cc Special Instructions: Document catheter 18 fr (French) and 10 ml size inserted. Order ends on 3/25/26. Review of Resident R72's physician orders and re-admission orders dated 3/30/26, did not include an order for Catheter care, catheter sizing, physician orders when to change the catheter or orders to irrigate Resident R72's catheter. During observations on 3/30/26, at 11:31 a.m. Resident R72 was observed in bed, his catheter in place via leg bag. During observations on 3/30/26, at 2:21 p.m. Resident R72 was observed in bed after lunch, his catheter in place via leg bag. During an interview on 3/30/26, at 2:21 p.m. Nurse aide Employee E18 stated: he has a leg bag. During observations on 3/31/26, at 9:24 a.m. Resident R72 was observed in bed, his catheter in place via leg bag. During an interview on 3/31/26, at 9:34 a.m. the Director of Nursing (DON) confirmed that the facility failed to obtain appropriate physician orders for Resident R72's urinary catheter as required. 28 Pa. Code: 211.5(f) Clinical records 28 Pa. Code: 211.12(c)(d)(1)(3)(5) Nursing</p>		

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 04/03/2026
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policies and clinical records, facility provided documents, as well as staff interviews, it was determined that the facility failed to update an individualized care plan to address the resident's specific nutritional concerns and preferences and failed to address discontinued resident specific interventions for one of three residents (Resident R13) reviewed. Findings include: Review of facility policy Diet Orders dated 8/15/25, indicated the facility will ensure residents are provided meals as ordered by their healthcare provider. Diet orders will follow the facility formulary or an individualized diet as written/approved by the Registered Dietitian Nutritionist. The Food and Nutrition Services Manager will utilize a tray card identification system to ensure that each resident receives his or her diet as ordered, and that the diet in the medical record reflects the diet in the tray card system. Review of facility policy Comprehensive Care Planning dated 8/15/25, indicated an interdisciplinary plan of care will be established and updated as indicated for every resident in accordance with state and federal regulatory requirements. The care plan is reviewed on an ongoing basis and revised as indicated by the resident's needs, wishes, or a change in condition. Review of the admission record indicated that Resident R13 was admitted to the facility on [DATE]. Review of Resident R13's Minimum Data Set (MDS- a periodic assessment of care needs) dated 2/24/26, indicated the diagnoses of diabetes mellitus (chronic condition that occurs when the body cannot properly use blood sugar (glucose), leading to high blood sugar levels) , high blood pressure, and dementia (syndrome characterized by a decline in cognitive function, affecting memory, thinking, behavior, and the ability to perform everyday activities). Review of Medical Nutritional Therapy assessment dated [DATE], indicated that Resident R13's diet as ordered is Mechanical soft, LCS (Low Concentrated Sweets). Review of clinical progress note dated 2/24/26, indicated Resident R13 appears to be an appropriate candidate to return to baseline diet. Recommend diet advancement to regular solids/thin liquids. Review of Resident R13's physician order dated 2/18/26, revealed LCS, Mech soft diet order; discontinued 2/24/26. Review of Resident R13's current physician order dated 2/24/26, revealed Regular diet order. Review of facility provided EMR (Electronic Medical Record) Resident Diet Order Report indicated Resident R13 was ordered a Regular diet. Review of facility provided Consistency Census Report from Dietary Departments tray card system indicated Resident R13's diet order as Regular. Review of Resident R13's current nutrition status plan of care, updated 2/19/26, revealed an approach/intervention to Provide diet per order: LCS, Mech soft texture diet. During an interview on 4/3/26, at 9:30 a.m., Resident Nurse Assessment Coordinator (RNAC) Employee E17 confirmed that Resident R13's nutrition status care plan was not updated to reflect current diet order Regular. Review of clinical progress note dated 3/25/26, by Registered Dietitian (RD) Employee E21 indicated that Resident R13 is currently ordered a Regular diet. Further review of the clinical record failed to indicate documentation providing rationale for the discontinuation of therapeutic diet restriction LCS by the Registered Dietitian or physician. During an interview on 4/3/26, at 10:17 a.m., Regional Risk Employee E9 confirmed Resident R13's clinical record failed to provide rationale for discontinuing LCS therapeutic diet restriction. During an interview on 4/3/26, at 12:30 p.m., Administrator Employee E5 and Director of Nursing (DON) confirmed that the facility failed to update an individualized care plan to address the resident's specific nutritional concerns and preferences and failed to address discontinued resident specific interventions for one of three residents (Resident R13). 28 Pa. Code: 201.18(b)(1)(e)(1) Management. 28 Pa. Code: 211.12(d)(3)(5) Nursing services.</p>		

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 04/03/2026
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>Based on observations, clinical record review, and staff interviews, it was determined the facility failed to ensure a resident receiving enteral feeding received appropriate care and services for one of two resident reviewed (Resident 118). Findings include: Review of Resident 118's clinical record revealed an admission date of 3/16/26, with diagnoses that included encounter for attention to gastrostomy, adult failure to thrive, and malnutrition. Review of Resident R118's care plan dated 3/13/26, indicated to provide tube feed and flush per order. Review of Resident 118's physician order dated 3/16/26, revealed an order for Enteral: Pump Feed Set Up Special Instructions: Provide Isosource 1.5 at 60ml/hr x 22 hours. Hang at 11 AM. Take down at 9 AM or when 1320 ml total volume has been infused Review of Resident 118's physician order dated 3/16/26, indicated to give 150ml free water flush every four hours, six times a day. Observation on 3/30/26, at 10:30 a.m. Resident R118's 1.5 Isosource bottle and 1000 ml water flush bag were undated. Interview on 3/30/26, at 10:34 a.m. the Director of Nursing confirmed there was no date on Resident R118 tube feed or water flush. Observation on 3/31/26, at 11:35 a.m. revealed the water flush bag was not dated. Interview on 3/31/26, at 11:39 a.m. Licensed Practical Nurse Employee E14 confirmed Resident R118's water flush bag was undated. Interview with the Director of Nursing and Administrator, Employee E5 on 4/3/26, at approximately 12:30 p.m. confirmed the facility failed to ensure a resident receiving enteral feeding received appropriate care and services for one of two resident reviewed (Resident 118). 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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 04/03/2026
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, observations and staff interviews, it was determined that the facility failed to provide appropriate respiratory care and maintain oxygen equipment for three of three residents (Residents R56, R65, and R101). Findings include:</p> <p>Review of facility policy Oxygen Administration Policy dated 8/15/25, indicated all residents who are receiving oxygen therapy shall have tubing, mask, cannula changed weekly. Clean concentrator external filters weekly.</p> <p>Review of the face sheet indicated Resident R56 admitted to the facility on [DATE].</p> <p>Review of Resident R56's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/2/26, indicated diagnoses of chronic obstructive pulmonary disease (COPD- a group of diseases that block airflow and make it hard to breathe), muscle wasting, and abnormal finding of lung field.</p> <p>Review of Resident R56's physician order 1/12/26, indicated oxygen: clean oxygen concentrator and filter, change tubing weekly. Wipe down concentrator, remove filter, clean, and air dry. Change tubing once a week.</p> <p>Observation on 3/30/26, at 11:22 a.m. Resident R56 was in the main dining room sitting in a wheelchair attached to an oxygen concentrator by nasal cannula (lightweight, flexible tube with two small prongs inserted in the nostrils to deliver supplemental oxygen). The humidifier bottle was empty and had the date of 3/5/26. The concentrator and the external filter were dusty with a layer of fuzz like debris.</p> <p>Interview on 3/30/26, at 11:23 a.m. Respiratory Therapist Employee E3 confirmed Resident R56 was in the main dining room sitting in a wheelchair, attached to an oxygen concentrator by nasal cannula. The humidifier bottle was empty and had the date of 3/5/26. The concentrator and the external filter were dusty with a layer of fuzz like debris.</p> <p>Review of the admission record indicated Resident R65 admitted to the facility on [DATE], and readmitted [DATE], with diagnoses of constipation, high blood pressure, and pneumonia.</p> <p>Review of Resident R65's care plan dated 11/7/25, indicated to administer oxygen at 2 liters and observe oxygen precautions.</p> <p>Review of Resident R65's MDS dated [DATE], revealed the diagnoses were current.</p> <p>Review of Resident R65's care plan dated 3/18/26, revealed the resident had an increased nutrition/hydration risk related to constipation. The facility failed to implement interventions in the resident care plan to address constipation.</p> <p>Review of Resident R65's physician order dated 3/2/26, indicated to administer 2 liters of oxygen continuously.</p> <p>Review of Resident R65's physician order dated 3/2/26, indicated to change oxygen tubing every seven days.</p> <p>(continued on next page)</p>		

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 04/03/2026
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/30/26, at 9:53 a.m. Resident R65's oxygen tubing was undated.</p> <p>During an interview on 3/30/26, at 10:20 a.m. Nurse Aide, Employee E20 confirmed there was no date observed on Resident R65's oxygen tubing.</p> <p>Review of Resident R65's clinical record failed to include evidence the resident's oxygen tubing was changed as ordered.</p> <p>Review of the face sheet indicated Resident R101 admitted to the facility on [DATE].</p> <p>Review of Resident R101's MDS dated [DATE], indicated diagnoses of heart failure (heart doesn't pump blood as well as it should), high blood pressure, and depression.</p> <p>Review of Resident R101's physician order 1/12/26, indicated oxygen: clean oxygen concentrator and filter, change tubing weekly. Wipe down concentrator, remove filter, clean, and air dry. Change tubing once a week.</p> <p>Observation on 3/30/26, at 11:30 a.m. Resident R101 was sitting in a wheelchair connected to a concentrator by nasal cannula. The tubing was not dated as required and the concentrator and the external filter were dusty with a layer of fuzz like debris.</p> <p>Interview on 3/30/26, at 11:32 a.m. Respiratory Therapist Employee E3 confirmed Resident R101 was sitting in a wheelchair connected to a concentrator by nasal cannula. The tubing was not dated as required and the concentrator and the external filter were dusty with a layer of fuzz like debris.</p> <p>Interview on 3/30/26, at 3:00 p.m. the Director of Nursing confirmed the facility failed to provide appropriate respiratory care and maintain oxygen equipment for three of three residents (Residents R56, R65, and R101).</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		

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 04/03/2026
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on facility policy review, staff interview, and observations, it was determined that the facility failed to ensure that it was free from a medication error rate of five percent or greater based on three medication errors out of 36 opportunities. Findings include: Observation of medication administration on 4/1/26, at 8:56 a.m., Licensed Practical Nurse (LPN), Employee E14 was observed preparing to administer Resident R61 40 milligram (mg) Ingrezza (a prescription medication used to treat involuntary movements caused by tardive dyskinesia and chorea associated with Huntington's disease) capsule softened in pudding. Resident R61 was ordered to have his medications crushed. LPN, Employee E14 failed to administer Resident R61's 50 MCG/ACTUAT fluticasone propionate (known as flonase, a nasal spray used to treat sneezing, itchy or runny nose, or other symptoms caused by hay fever) and 1 MG/ML olopatadine (used to treat eye itching caused by allergies) Ophthalmic Solution due to the medications not being available. During an interview on 4/1/26, at 9:23 a.m. LPN, Employee E14 confirmed she failed to administer Resident R61's fluticasone propionate 50 MCG/ACTUAT Metered Dose Nasal Spray [Flonase] and olopatadine 1 MG/ML Ophthalmic Solution due to the medications not being available. LPN, Employee 14 confirmed she failed to prepare and administer Resident R61's Ingrezza by sprinkling the contents of capsule in pudding. During an interview on 4/1/26, at 9:25 a.m. the Assistant Director of Nursing, Employee E22 confirmed LPN, Employee E14 failed to appropriately administer Ingrezza medication as crushed, resulting in a significant medication error. During medication administration observations, there were three errors and 36 opportunities, resulting in a medication error rate of 8.33% During a staff interview on 4/1/26, at 9:56 a.m. the Nursing Home Administrator (NHA) confirmed the facility failed to ensure that it was free from a medication error rate of five percent or greater based on three medication errors out of 36 opportunities. 28 Pa. Code 211.9(a)(1) Pharmacy services 28 Pa. Code 211.12(d)(1)(5) Nursing services</p>

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 04/03/2026
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 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** Based on review of facility policy, clinical record review, and interviews with staff, it was determined that the facility failed to ensure that residents are free of significant medication errors for one of four residents reviewed (Resident R61). Findings include: Review of facility policy Medication Shortages/Unavailable Medications dated 1/12/25, indicated upon discovery that facility has an inadequate supply of a medication to administer to a resident, facility staff should immediately initiate action to obtain the medication from pharmacy. If the medication is unavailable from pharmacy or a third-party pharmacy, and cannot be supplied from the manufacturer, facility should obtain alternate physician/prescriber orders, as necessary. Review of the clinical record indicated Resident R61 was admitted to the facility on [DATE], with diagnoses of bipolar disorder, anxiety, and depression. Review of Resident R61's care plan dated 11/18/25, indicated to finely crush the resident's pills. Review of Resident R61's physician order dated 12/3/26, indicated to administer 40 milligram (mg) of Ingreza (a prescription medication used to treat involuntary movements caused by tardive dyskinesia and chorea associated with Huntington's disease), one capsule, once a day for drug induced subacute dyskinesia. Review of Resident R61's physician order dated 1/30/26, indicated the resident is to have medications crushed. Review of Resident R61's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/25/26, indicated diagnoses were current. Observation of medication administration on 4/1/26, at 8:56 a.m., Licensed Practical Nurse (LPN), Employee E14 was observed preparing to administer Resident R61 40 milligram (mg) Ingreza softened in pudding. LPN, Employee E14 failed to ensure all medications were finely crushed. LPN, Employee E14 failed to safely administer Resident R61 medication. During an interview on 4/1/26, at 9:23 a.m. LPN, Employee E14 confirmed she failed to administer Resident R61's Ingreza by sprinkling the contents of capsule in pudding. During an interview on 4/1/26, at 9:25 a.m. the Assistant Director of Nursing, Employee E22 confirmed LPN, Employee E14 failed to appropriately administer Ingrezza medication as crushed, resulting in a significant medication error. During a staff interview on 4/1/26, at 9:56 a.m. the Nursing Home Administrator (NHA) confirmed the facility failed to ensure that residents are free of significant medication errors for one of five residents reviewed (Resident R61). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1) Management. 28 Pa. Code: 211.10 (c)(d) Resident Care policies. 28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing services.</p>		

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 04/03/2026
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, and staff interviews, it was determined that the facility failed to store medications properly, for three of three treatment carts (Treatment cart outside room [ROOM NUMBER], Treatment cart outside room [ROOM NUMBER], and 2nd floor treatment cart) and one of three medication carts (East Medication Cart), and two of five residents with treatment medications at bedside (Resident R3, and R40). Findings include: Observation on 3/30/26, at 9:05 a.m. indicated a treatment cart unlocked and unattended outside room [ROOM NUMBER]. Interview with Registered Nurse (RN) Employee E2 on 3/30/26, at 9:08 a.m. confirmed a treatment cart unlocked and unattended outside room [ROOM NUMBER]. Observation on 3/30/26, at 12:02 p.m. indicated a treatment cart unlocked and unattended outside room [ROOM NUMBER]. Interview with Licensed Practical Nurse (LPN) Employee E4 on 3/30/26, at 12:04 p.m. confirmed a treatment cart unlocked and unattended outside room [ROOM NUMBER]. Observation on 4/1/26, at 8:57 a.m. the 2nd floor treatment cart was left unattended and unlocked in the South hallway. Interview on 4/1/2026, at 8:58 a.m. LPN, Employee E19 confirmed the 2nd floor treatment cart was left unlocked and unattended in the hallway. Observation of the East Hall Medication Cart on 4/1/26, at 9:07 a.m. indicated the following medications opened and not dated as required: -ipratropium bromide (breathing medication), -albuterol (breathing medication), and -fluticasone (nasal spray to treat allergy symptoms). Interview on 4/1/26, at 9:08 a.m. LPN Employee E7 confirmed the medications were in the East Hall Medication Cart opened and not dated as required. Observation on 3/30/26, at 9:05 a.m. indicated a treatment cart unlocked and unattended outside room [ROOM NUMBER]. Interview with Registered Nurse (RN) Employee E2 on 3/30/26, at 9:08 a.m. confirmed a treatment cart unlocked and unattended outside room [ROOM NUMBER]. Observation on 3/30/26, at 12:02 p.m. indicated a treatment cart unlocked and unattended outside room [ROOM NUMBER]. Interview with Licensed Practical Nurse (LPN) Employee E4 on 3/30/26, at 12:04 p.m. confirmed a treatment cart unlocked and unattended outside room [ROOM NUMBER]. Observation on 4/1/26, at 8:57 a.m. the 2nd floor treatment cart was left unattended and unlocked in the South hallway. Interview on 4/1/2026, at 8:58 a.m. LPN, Employee E19 confirmed the 2nd floor treatment cart was left unlocked and unattended in the hallway. Observation of the East Hall Medication Cart on 4/1/26, at 9:07 a.m. indicated the following medications opened and not dated as required: -ipratropium bromide (breathing medication), -albuterol (breathing medication), and -fluticasone (nasal spray to treat allergy symptoms). Interview on 4/1/26, at 9:08 a.m. LPN Employee E7 confirmed the medications were in the East Hall Medication Cart opened and not dated as required. Review of the face sheet indicated Resident R3 admitted to the facility on [DATE]. Observation on 3/30/26, at 9:10 a.m. Resident R3 was observed out of bed in wheelchair. On the night stand a container of Vashe (hypochlorous acid wound cleanser) was noted along with a tube of zinc oxide. Interview on 3/30/26, at 10:00 a.m. Licensed Practical Nurse (LPN) Employee E1 confirmed the Vashe and zinc oxide were on the night stand. Review of the face sheet indicated Resident R40 admitted to the facility on [DATE]. Observation on 3/30/26, at 9:16 a.m. Resident R40 was sitting out of bed in a chair. On the bedside stand was a tube of triamcinolone cream. Interview on 3/30/26, at 10:03 a.m. LPN Employee E1 confirmed the triamcinolone cream was on the night stand. 28 Pa. Code: 211.10(c) Resident care policies. 28 Pa. Code: 211.12(d)(2)(3) Nursing services.</p>		

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 04/03/2026
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 0790</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide routine and 24-hour emergency dental care for each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy and clinical records, and staff and resident interviews, it was determined that the facility failed to ensure that a resident was assessed by a dentist for one of three residents (Resident R14). Findings include: Review of the facility policy Dental Services Policy dated 8/15/25, indicated the facility will assist residents in obtaining routine and 24-hour emergency dental care/services to meet the needs of each resident. All dental services provided are recorded / scanned in the resident's medical record. Review of the admission record indicated Resident R14 was admitted to the facility on [DATE]. Review of Resident R14's Minimum Data Set (MDS - a periodic assessment of care needs) dated 3/9/26, indicated diagnoses of heart failure (heart doesn't pump blood as well as it should), stroke (damage to the brain from an interruption of blood supply), and diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy). Review of Resident R14's progress notes dated 3/10/26, indicated social worker spoke with Resident R14's family who showed the social worker a picture of a lump that is in Resident R14's mouth on the gums. Social worker discussed this with the care team. Call to Dental vendor to schedule the dentist. Interview on 3/31/26, at 10:09 a.m. Social Worker Employee E8 indicated Resident R14 was seen by the dentist within the last two weeks. Indicated on 3/16/26, the dentist vendor saw the resident and indicated the lump was just like an extra piece of bone and the dentist didn't believe that Resident R14 required any surgical intervention at this time. That the lump is not interfering with anything. The family feels Resident R14 is unable to chew well because of the lump and not able to wear dentures. Request to review dental exam from 3/16/26, was provided by facility as it was not a part of the electronic health record, (not scanned in) which revealed date of service as 3/16/26. The resident was not seen. The resident was not on the team's final list, but the dentist talked to the family regarding the mandibular torus (slow-growing bony lumps on the inside of the lower jaw). Resident would need to see an oral surgeon for surgical removal. The family indicated that resident cannot be sedated so there was nothing the dentist could do. The form was not signed by the doctor and left blank. Interview with the Nursing Home Administrator on 4/1/26, at 2:00 p.m. confirmed that the dentist never saw or assessed Resident R14's mouth. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services</p>		

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 04/03/2026
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on facility policy review, review of Quality Assurance attendance records, and staff interview, it was determined that the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly for two of four quarterly meetings (Quarter Two 2025, Quarter Three 2025). Findings Include: The facility Quality Assurance and Performance Improvement (QAPI) Program policy dated 8/15/25, indicated QAPI efforts are a component of the facility QAA (Quality Assessment and Assurance) Committee's responsibilities. The QAA Committee is responsible for both Quality Assessment and Assurance activities (QA) and ongoing, proactive, Performance Improvement (PI) activities. QAPI represents the merger of these two processes. The Committee will meet on a regular basis (at least quarterly, and as needed) to coordinate and evaluate activities of the QAPI program/plan. Review of Quality Assurance and Performance Improvement (QAPI) sign in sheets and attendance records, failed to reveal documentation that quarterly meetings were conducted during Quarter Two 2025 and Quarter Three 2025. During an interview on 4/1/26, at 9:08 a.m., the Administrator Employee E5 confirmed the facility failed to conduct Quality Assessment and Assurance (QAA) meetings at least quarterly as required. 28 Pa Code: 201.18(e)(1)(2)(3)(4) Management</p>

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 04/03/2026
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that Enhanced Barrier Precautions (EBP) were managed properly for one of three resident (Resident R12) and failed to properly monitor a resident's personal refrigerator temperature for one of two residents (Resident R44). Findings include: Review of the facility policy Enhanced Barrier Precautions Policy dated 8/15/25, indicated EBP are intended to prevent transmission of multi-drug-resistant organisms (MDROs) via contaminated hands and clothing of healthcare workers to high-risk residents during high contact activities. High-risk residents are those with chronic wounds and indwelling devices. Staff will put on both gloves and gown before initiating the activity and remove personal protective equipment before exiting the room. Review of the facility policy Freezers and Refrigerators Policy dated 8/15/25, indicated monthly tracking sheets for all refrigerators and freezers will be posted to record temperatures to be between 35 degrees and 41 degrees. Review of the face sheet indicated Resident R12 admitted to the facility on [DATE]. Review of Resident R12's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/9/26, indicated the diagnoses of diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), stroke (damage to the brain from an interruption of blood supply), and seizure disorder (a person experiences abnormal behaviors, symptoms and sensations, sometimes including loss of consciousness) . Section K0520 indicated feeding tube while a resident. Review of Resident R12's physician order 1/11/26, indicated EBPs. Observation on 3/30/26, at 10:00 a.m. indicated Licensed Practical Nurse (LPN) Employee E1 wearing gloves and hanging a new bag of tube feeding supplement via pump to the gastrostomy tube. LPN Employee E1 failed to put a gown on prior to an act of high contact activity. Interview on 3/30/26, at 10:30 a.m. LPN Employee E1 confirmed they failed to wear a gown during high contact activity as required with EBP for Resident R12. Review of the admission record indicated Resident R44 was admitted to the facility on [DATE]. Observation on 3/30/26, at 9:16 a.m. Resident R44's personal refrigerator in the room had a temperature log on the outside. The month and year were blank. Fifteen of thirty days were blank. Interview on 3/30/26, at 9:30 a.m. Registered Nurse (RN) Employee E2 confirmed the temperature log for Resident R44's personal refrigerator had the month and year blank and that fifteen of thirty days were blank. Interview on 3/30/26, at 3:00 p.m. the Director of Nursing confirmed the facility failed to ensure that Enhanced Barrier Precautions (EBP) were managed properly for one of three resident (Resident R12) and failed to properly monitor a resident's personal refrigerator temperature for one of two residents (Resident R44). 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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 04/03/2026
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy, clinical record review and staff interview, it was determined that the facility failed to make certain that pneumococcal vaccinations were tracked in the electronic health record (Residents R12, and R44). Findings include: Review of the facility policy Harmar Village Health and rehab Center Infection Prevention and Control Plan dated 8/15/25, indicated the Infection Preventionist (IP) ensures oversight of the infection prevention committee strategies and approaches to prevent and/or address, at a minimum vaccinations. Review of the face sheet indicated Resident R12 admitted to the facility on [DATE]. Review of Resident R12's Minimum Data Set (MDS - a periodic assessment of care needs) dated 2/9/26, indicated the diagnoses of diabetes (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), stroke (damage to the brain from an interruption of blood supply), and seizure disorder (a person experiences abnormal behaviors, symptoms and sensations, sometimes including loss of consciousness). Review of Resident R12' immunization record indicated pneumococcal vaccine not due until 3/26/25. Interview on 3/31/26, at 2:06 p.m. Infection Preventionist Employee E10 indicated the facility could not provide documentation in the medical record that the immunization was assessed for Resident R12 on 3/26/25. Review of the admission record indicated Resident R44 was admitted to the facility on [DATE]. Review of Resident R44's MDS dated [DATE], indicated the diagnoses of stroke, hemiplegia (paralysis of one side of the body), and Parkinson's Disease (disorder of the nervous system that results in tremors). Review of Resident R44's immunization record indicated pneumococcal vaccine not due until 4/28/25. Interview on 3/31/26, at 2:06 p.m. Infection Preventionist Employee E10 indicated the facility could not provide documentation in the medical record that the immunization was assessed for Resident R44 on 4/28/25. Interview on 3/31/26, at 3:00 p.m. the Regional Risk Employee E9 confirmed that the facility failed to make certain that pneumococcal vaccinations were tracked in the electronic health record (Residents R12, and R44). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(1)(3) Nursing services.</p>		