

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395471</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>02/06/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>ARMSTRONG REHABILITATION AND NURSING CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>265 S MCKEAN STREET KITTANNING, PA 16201</b>
STATE LICENSE NUMBER: <b>530602</b>	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0658 SS=D	Based on an Abbreviated Survey in response to three complaints, completed on February 6, 2025, it was determined that Armstrong Rehabilitation and Nursing Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0658		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0658  SS=D	Continued from page 1  483.21(b)(3)(i) Services Provided Meet Professional Standards  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality.  This REQUIREMENT is not met as evidenced by:	F 0658	R1 suffered no adverse effect from receiving R2's meds for 1 dose. R1 was interviewed and offered counseling services. Whole house audit completed to ensure no other residents received incorrect medication. Care plan reviewed for R1. Education on medication administration provided to nurses by DON or designee on or before 2/14/2025. Audits will be conducted on medication passes on 4 nurses weekly by NHA or designee weekly x 4 weeks and monthly x 1 month.	Completion Date: <b>02/14/2025</b> Status: <b>APPROVED</b> Date: <b>02/11/2025</b>

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F 0658  SS=D	<p>Continued from page 2</p> <p>Based on review of facility policy, job description, clinical record review, facility documents, resident interview, and staff interviews it was determined that the facility failed to provide care and services to meet the accepted standards of practice for one of two residents reviewed (Resident R1).</p> <p>Findings include:</p> <p>Review of the facility's "Registered Nurse (RN)" job description indicated the RN will prepare and administer medications as ordered by the physician.</p> <p>Review of facility policy "Medication Administration" dated 12/3/24, indicated medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Compare medication source (such as, bubble pack and vials). Ensure that the six rights of medication administration are followed:</p>	F 0658		

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F 0658  SS=D	Continued from page 3  - Right resident - Right drug - Right dose - Right route - Right time - Right documentation  Review of the admission record indicated Resident R1 was admitted to the facility on 1/31/25, with diagnoses that included influenza (flu- a viral infection of the nose, throat, and lungs), resistant hypertension (uncontrolled high blood pressure), and weakness.  Review of Resident R1's progress note dated 2/1/25, at 10:00 a.m. indicated that Resident R1 had been given the wrong medication, and that family and physician were made aware.  Review of Resident R1's progress note dated 2/1/25, at 10:58 a.m. indicated that Resident R1 "Mistakenly received medication for her roommate	F 0658		

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F 0658  SS=D	Continued from page 4  (Resident R2)", and that vital signs were being monitored every shift for three days.  Review of Resident R2's clinical record revealed that her scheduled medications that morning included amlodipine besylate 5 milligrams (mg) (a medication used to treat high blood pressure), furosemide 20 mg (a water pill that prevents the body from absorbing too much salt, causing it to be passed in the urine), and potassium chloride extended release 20 milliequivalents (a mineral supplement used to treat low amounts of potassium in the blood).  Review of Resident R1's clinical record revealed that she was not ordered any of the above medications.  Review of a written statement dated 2/4/25, indicated that Registered Nurse (RN) Employee E1 "Did not realize that there were two residents in the room as the curtain was pulled and there was a new admission".	F 0658		

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F 0658  SS=D	Continued from page 5  During an interview on 2/6/25, at 11:10 a.m. Resident R1 confirmed that she had received Resident R2's medication by mistake. Resident R1 stated that although she is fine now, the event was "scary".  During an interview on 2/6/25, at 2:17 p.m. RN Employee E1 stated that she was responsible for giving Resident R1 the wrong medication, and that she did not see that there were two residents in the room as the curtain was pulled on the other side which obstructed her view of Resident R2. RN Employee E1 stated that she realized her mistake immediately.  During an interview on 2/6/25, at 2:22 p.m. the Nursing Home Administrator confirmed that the facility failed to provide care and services to meet the accepted standards of practice as required.  28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(1)(2)(3)(5) Nursing	F 0658		

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F 0658  SS=D	Continued from page 6  services.	F 0658		
F 0760  SS=D	483.45(f)(2) Residents are Free of Significant Med Errors  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.  This REQUIREMENT is not met as evidenced by:	F 0760	R1 suffered no adverse effect from receiving R2's meds for 1 dose. R1 was offered counseling services. Personal Care Medical Associates and family were immediately notified. Reportable was completed on 2-2-25 on the ERS system. Whole house audit completed to ensure no other residents received incorrect medication. Education on medication administration provided to nurses by DON or designee on or before 2/17/2025. Audits will be conducted on medication passes on 4 nurses weekly by NHA or designee weekly x 4 weeks and monthly x 1 month.	Completion Date: <b>02/14/2025</b> Status: <b>APPROVED</b> Date: <b>02/11/2025</b>

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F 0760  SS=D	Continued from page 7  Based on review of facility policy, clinical record review, facility documents, resident interview, and staff interviews it was determined the facility failed to ensure that residents were free from any significant medication errors for one of two residents. (Resident R1).  Findings include:  Review of facility policy "Medication Administration" dated 12/3/24, indicated medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Compare medication source (such as, bubble pack and vials). Ensure that the six rights of medication administration are followed:  - Right resident - Right drug - Right dose	F 0760		

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F 0760  SS=D	Continued from page 9  that her scheduled medications that morning included amlodipine besylate 5 milligrams (mg) (a medication used to treat high blood pressure), furosemide 20 mg (a water pill that prevents the body from absorbing too much salt, causing it to be passed in the urine), and potassium chloride extended release 20 milliequivalents (a mineral supplement used to treat low amounts of potassium in the blood).  Review of Resident R1's clinical record revealed that she was not ordered any of the above medications.  Review of a written statement dated 2/4/25, indicated that Registered Nurse (RN) Employee E1 "Did not realize that there were two residents in the room as the curtain was pulled and there was a new admission".  During an interview on 2/6/25, at 11:10 a.m. Resident R1 confirmed that she had received Resident R2's medication by mistake. Resident R1	F 0760		

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F 0760  SS=D	Continued from page 10  stated that although she is fine now, the event was "scary".  During an interview on 2/6/25, at 2:17 p.m. RN Employee E1 stated that she was responsible for giving Resident R1 the wrong medication, and that she did not see that there were two residents in the room as the curtain was pulled on the other side which obstructed her view of Resident R2. RN Employee E1 stated that she realized her mistake immediately.  During an interview on 2/6/25, at 2:22 p.m. the Nursing Home Administrator and Director of Nursing confirmed the facility failed to ensure that residents were free from any significant medication errors for one of two residents. (Resident R1).  28 Pa. Code 201.29 (j) Resident rights. 28 Pa Code: 201.18 (b)(1)(3) Management 28 Pa Code: 211.10 (d) Resident care policies	F 0760		

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P 5640	Nursing services.  (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5640	The residents had no negative outcome from not meeting a PPD of 3.2 hours of direct resident care for each resident. We are entering into a contract with Community college of Allegheny County for the purposes of offering CNA classes. We are working with Lenape to create a clinical site which will expand our visibility in the nursing community. We have rented a billboard to advertise our job offerings. Armstrong continues to work with an outside agency. The DON or designee will provide the staffing coordinator with education on the Pennsylvania staffing requirements. Staffing coordinator or designee will audit the PPD daily times 4 weeks, and monthly times 1 month. Audit results will be reviewed through the monthly QAPI process/meeting.	Completion Date: <b>02/14/2025</b> Status: <b>APPROVED</b> Date: <b>02/11/2025</b>
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Pennsylvania Department of Health

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P 5640	Continued from page 1  Based on review of nursing time schedules and staff interviews it was determined that the facility administrative staff failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on four of 21 days (1/16/25, 1/25/25, 1/26/25, and 1/28/25).  Findings include:  Nursing time schedules for the time frame of 1/16/25 through 2/5/25 revealed that the facility failed to maintain 3.2 hours of general nursing care to each resident in a 24-hour period on the following dates:  1/16/25 - 3.18 1/25/25 - 3.04 1/26/25 - 3.14 1/28/25 - 3.11  During an interview on 2/6/25, at 2:22 p.m. the Nursing Home Administrator confirmed that the facility failed to provide the minimum number of	P 5640		

Pennsylvania Department of Health

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P 5640	Continued from page 2  general nursing hours to each resident in a 24-hour period on four of 21 days.	P 5640			



# Certified End Page

**ARMSTRONG REHABILITATION AND NURSING CENTER**

**STATE LICENSE NUMBER: 530602**

**SURVEY EXIT DATE: 02/06/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY