

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395726</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>12/11/2024</b>
NAME OF PROVIDER OR SUPPLIER: <b>HARMON HOUSE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>601 SOUTH CHURCH STREET MOUNT PLEASANT, PA 15666</b>		
STATE LICENSE NUMBER: <b>086002</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 0600 SS=G	<p>Based on a Complaint and Incident survey completed on December 11, 2024, it was determined that Harmon House Health and Rehab 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.</p> <p>483.12(a)(1) Free from Abuse and Neglect</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical</p>	F 0600	Past noncompliance: no plan of correction required.	<p>Completion Date: <b>12/23/2024</b> Status: <b>APPROVED</b> Date: <b>12/24/2024</b></p>

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 0600  SS=G	Continued from page 1  abuse, corporal punishment, or involuntary seclusion;  This REQUIREMENT is not met as evidenced by:	F 0600		

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F 0600  SS=G	Continued from page 2  Based on review of facility policies, investigation reports, and clinical records, as well as staff interviews, it was determined that the facility failed to ensure that residents were free from abuse or neglect for one of four residents reviewed (Resident 2) who was transferred incorrectly, resulting in a fall with a head laceration requiring staples. This deficiency was cited as past noncompliance.  Findings include:  The facility's abuse policy, dated September 11, 2024, indicated that the facility will not tolerate abuse, mistreatment, exploitation of residents, and misappropriation of resident property by anyone.  The facility's policy on mechanical lifts, dated September 11, 2024, indicated that a two-person assist is required for all mechanical lifts, including Hoyer lifts (a mechanical lift that features a U-shaped base, an overhead bar, and a sling that work together to lift, reposition, and lower a patient	F 0600		

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F 0600  SS=G	Continued from page 3  into a chair or bed).  A quarterly Minimum Data Set (MDS) assessment (required assessments of a resident's abilities and care needs) for Resident 2, dated November 6, 2024, indicated that the resident understood and was understood by others, was cognitively intact, was dependent on staff for daily care needs, and had diagnoses that included quadriplegia (a medical condition where the person has all loss of movement in all arms and legs), and multiple sclerosis (a chronic, autoimmune disease that affects the brain and spinal cord).  A nursing note for Resident 2, dated November 28, 2024, at 8:17 p.m., indicated that the resident was being transferred onto his bed by Nurse Aide 1 by a mechanical lift when the sling pad slipped from under the resident and he hit his head on the headboard resulting in a laceration to the back of his head. The physician was notified and new orders were received to transfer the resident to the emergency room.	F 0600		

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F 0600  SS=G	Continued from page 4  A nursing note for Resident 2, dated November 28, 2024, at 9:15 p.m., revealed that the resident returned from the emergency room with three staples to the back of his head.  An incident report for Resident 2, dated December 6, at 12:05 p.m., revealed that the resident was transferred in a Hoyer lift by Nurse Aide 1. The sling pad slipped from under the resident causing him to hit his head on the headboard resulting in a laceration that required three staples.  Nurse Aide 1 received the facility's abuse training on June 4, 2024.  Interview with the Director of Nursing on December 11, 2024, at 10:08 a.m. confirmed that Nurse Aide 1 was aware of the facility's policy for transferring a resident with two persons in a Hoyer lift and should have had a second person assist with the transfer of Resident 2.	F 0600		

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F 0600  SS=G	Continued from page 5  A review of the facility's plan of correction included the following:  Reeducation on transporting residents in mechanical lifts and transfers completed for all nursing staff, including nurse aides, licensed practical nurses, and registered nurses.  Audits of residents that require mechanical lifts and assist with transfers.  Audits to be completed three days a week for four weeks to ensure proper transfer status is being used.  Interviews with nursing staff on December 11, 2024, revealed that they had been educated on proper transfers of residents.  A review of the facility's corrective actions revealed that they were in compliance with F600 on December 3, 2024.  Interview with the Director of Nursing on December	F 0600		

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F 0600  SS=G	Continued from page 6  11, 2024, revealed that staff education was completed and ongoing audits will be discussed monthly during the Quality Assurance (QA) meeting.  28 Pa. Code 201.14(a) Responsibility of Licensee.  28 Pa. Code 201.18(e)(1) Management.  28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.	F 0600		
F 0689  SS=G	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by:	F 0689	Past noncompliance: no plan of correction required.	Completion Date: <b>12/23/2024</b> Status: <b>APPROVED</b> Date: <b>12/24/2024</b>

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F 0689  SS=G	Continued from page 7  Based on review of facility policies, investigation documents, and clinical records, as well as staff interviews, it was determined that the facility failed to maintain a safe environment for one of four residents reviewed (Resident 2), resulting in an incident that required staples for a laceration on his head. This deficiency was cited as past non-compliance.  Findings include:  The facility's policy on mechanical lifts, dated September 11, 2024, indicated that a two-person assist is required for all mechanical lifts, including Hoyer lifts (a mechanical lift that features a U-shaped base, an overhead bar, and a sling that work together to lift, reposition, and lower a patient into a chair or bed).  A quarterly Minimum Data Set (MDS) assessment (required assessments of a resident's abilities and care needs) for Resident 2, dated November 6,	F 0689		

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F 0689  SS=G	Continued from page 8  2024, indicated that the resident understood and was understood by others, was cognitively intact, was dependent on staff for care, including transfers and bed mobility, and had diagnoses that included quadriplegia (a medical condition where the person has all loss of movement in all arms and legs), and multiple sclerosis (a chronic, autoimmune disease that affects the brain and spinal cord). The current care plan for Resident 2 indicated that he was a two-person assist for transfers.  An incident report for Resident 2, dated December 6, at 12:05 pm., revealed that the resident was transferred in a Hoyer lift by Nurse Aide 1, the sling pad slipped from under the resident, and he hit his head on the headboard causing a laceration that required three staples.  Interview with the Director of Nursing on December 11, 2024, at 10:08 a.m. confirmed that two people should have been transferring Resident 2 while using the mechanical lift.	F 0689		

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F 0689  SS=G	Continued from page 9  A review of the facility's plan of correction included the following:  Reeducation on transferring residents in mechanical lifts completed for all nursing staff, including nurse aides, licensed practical nurses, and registered nurses.  Audits of residents that require mechanical lifts and assist with transfers.  Audits of transfers will be completed three days a week for four weeks to ensure proper transfer status is being used.  Interviews with nursing staff on December 11, 2024, revealed that they had been educated on proper transfers of residents.  A review of the facility's corrective actions revealed that they were in compliance with F689 on December 3, 2024.	F 0689		

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F 0689  SS=G	Continued from page 10  Interview with the Director of Nursing on December 11, 2024, revealed that staff education was completed and ongoing audits will be discussed monthly during the Quality Assurance (QA) meeting.  28 Pa. Code 201.14(a) Responsibility of Licensee.  28 Pa. Code 201.18(e)(1) Management.  28 Pa. Code 211.12(d)(1)(3)(5) Nursing Services.	F 0689		



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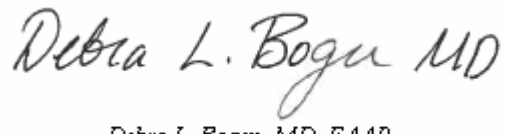
**HARMON HOUSE HEALTH & REHAB CENTER**

**STATE LICENSE NUMBER: 086002**

**SURVEY EXIT DATE: 12/11/2024**

**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