

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396048</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/23/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>HARMAR VILLAGE HEALTH &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>715 FREEPORT ROAD CHESWICK, PA 15024</b>
STATE LICENSE NUMBER: <b>077802</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 0583 SS=D	Based on an Abbreviated Survey in response to two complaints, completed on January 23, 2025, it was determined that Harmar Village Health & 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.	F 0583		

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 0583  SS=D	Continued from page 1  483.10(h)(1)-(3)(i)(ii) Personal Privacy/Confidentiality of Records  §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records.  §483.10(h)(1) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.  §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other materials delivered to the facility for the resident, including those delivered through a means other than a postal service.  §483.10(h)(3) The resident has a right to secure and confidential personal and medical records. (i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(h)(2) or other applicable federal or state laws. (ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in	F 0583	There were no residents affected by this deficient practice. All residents have the potential to be affected. To prevent this from recurring, staff education will be provided to facility staff regarding F583 and facility policy, on importance of maintaining confidentiality of residents' medical information by the DON/designee. For ongoing compliance, the Director Of Nursing (DON)/designee will conduct audits of maintaining confidentiality of residents' medial information related to keeping medical information secure and out of view of visitors/family 3 times per week times 4 weeks then weekly x 2 weeks to ensure compliance. Any noted discrepancies will be addressed as appropriate, and results of auditing will be reviewed at the facility Quality Assurance Meeting.	Completion Date: <b>02/18/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

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F 0583  SS=D	Continued from page 2  accordance with State law.  This REQUIREMENT is not met as evidenced by:	F 0583		

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F 0583  SS=D	Continued from page 3  Based on review of facility policy, observation, and staff interview it was determined that the facility failed to maintain the confidentiality of residents' medical information on one of five medication carts (3 East Medication Cart).  Findings include:  During an observation on 1/22/25, at 1:09 p.m. the 3 East Medication Cart at the nurses station was left unattended with the computer screen open with identifiable information any passerby could see resident personal and confidential information.  During an interview on 1/22/25, at 1:10 p.m. Licensed Practical Nurse Employee E2 confirmed the above observation.  During an interview on 1/22/25, at 1:46 p.m. the Nursing Home Administrator confirmed that the facility failed to maintain the confidentiality of residents' medical information as required.	F 0583		

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F 0583  SS=D	Continued from page 4  28 Pa. code: 211.5(b) Clinical records. 28 Pa. Code: 201.29(i) Resident Rights. 28 Pa. Code: 211.12(d)(3) Nursing Services.	F 0583		
F 0755  SS=F		F 0755		

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F 0755  SS=F	Continued from page 5  483.45(a)(b)(1)-(3) Pharmacy Srvcs/Procedures/Pharmacist/Records  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-  §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.  §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and  §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.	F 0755	There were no residents affected by this deficient practice. All residents have the potential to be affected. To prevent this from recurring education will be provided to licensed nurses regarding the importance of accurate accounting of controlled medications with the use of the "inventory or controlled substances policy". The Director of Nursing (DON)/designee will provide education to licensed nurses regarding the importance of accurate accounting of controlled medications with the use of the "inventory or controlled substances policy". For ongoing compliance, the DON/designee will conduct audits of accurate accounting of controlled medication sheets to verify proper signatures 3 times per week times 4 weeks then weekly x 2 weeks to ensure compliance. Any noted discrepancies will be addressed as appropriate, and results of auditing will be reviewed at the facility Quality Assurance Meeting.	Completion Date: <b>02/18/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

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F 0755  SS=F	Continued from page 6  This REQUIREMENT is not met as evidenced by:	F 0755			

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F 0755  SS=F	Continued from page 7  Based on review of facility policy, controlled medication shift reconciliation records and staff interviews, it was determined that the facility failed to implement procedures to promote accurate accounting of controlled medications on five of five medication carts reviewed (2 North, 2 South, 3 East, Memory Impaired Unit (MIU), and 3 South).  Findings include:  Review of facility policy "Inventory Control of Controlled Substances" dated 8/28/24, indicated facility should ensure that the incoming and outgoing nurses count all Schedule II controlled substances and other medications with a risk of abuse or diversion at the change of each shift or at least once daily and document the results on a "Controlled Substance Count Verification/Shift Count Sheet".  During a review of the "Controlled Medication Shift Reconciliation" log for the 3 East Medication Cart on 1/22/25, at 1:11 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet	F 0755		

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F 0755  SS=F	Continued from page 8  during shift change to verify counts of controlled drugs on the following dates: - 1/1/25, oncoming nurse for 11 p.m. shift - 1/2/25, outgoing nurse for 7 a.m. shift - 1/3/25, outgoing nurse for 7 a.m. shift - 1/17/25, oncoming nurse for 11 p.m. shift - 1/19/25, oncoming nurse for 11 p.m. shift - 1/20/25, outgoing nurse for 7 a.m. shift  During an interview on 1/22/25, at 1:13 p.m. Licensed Practical Nurse (LPN) Employee E2 confirmed the above observations and stated, "There should be signatures there."  During a review of the "Controlled Medication Shift Reconciliation" log for the MIU Medication Cart on 1/22/25, at 1:15 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet during shift change to verify counts of controlled drugs on the following dates: - 1/2/25, oncoming nurse for 11 p.m. shift - 1/3/25, outgoing nurse for 7 a.m. shift - 1/11/25, outgoing nurse for 11 p.m. shift	F 0755		

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F 0755  SS=F	<p>Continued from page 9</p> <ul style="list-style-type: none"> <li>- 1/13/25, oncoming nurse for 7 a.m. shift, and outgoing nurse for 3 p.m. shift</li> <li>- 1/16/25, outgoing nurse for 3 p.m. shift</li> <li>- 1/17/25, outgoing nurse for 11 p.m. shift</li> </ul> <p>During an interview on 1/22/25, at 1:19 p.m. LPN Employee E3 confirmed the above observations.</p> <p>During a review of the "Controlled Medication Shift Reconciliation" log for the 3 South Medication Cart on 1/22/25, at 1:21 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet during shift change to verify counts of controlled drugs on the following dates:</p> <ul style="list-style-type: none"> <li>- 1/11/25, outgoing nurse for 11 p.m. shift</li> <li>- 1/12/25, outgoing nurse for 7 a.m. shift and outgoing nurse for 11 p.m. shift</li> <li>- 1/18/25, outgoing nurse for 11 p.m. shift</li> </ul> <p>During an interview on 1/22/25, at 1:22 p.m. LPN Employee E4 confirmed the above observations.</p> <p>During a review of the "Controlled Medication Shift</p>	F 0755		

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F 0755  SS=F	Continued from page 10  Reconciliation" log for the 2 South Medication Cart on 1/22/25, at 1:24 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet during shift change to verify counts of controlled drugs on the following dates: - 1/4/25, oncoming nurse for 11 p.m. shift - 1/5/25, outgoing nurse for 7 a.m. shift - 1/6/25, oncoming nurse for 11 p.m. shift - 1/7/25, oncoming and outgoing nurse for 7 a.m. shift, oncoming and outgoing nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift - 1/14/25, oncoming nurse for 3 p.m. shift, and outgoing and coming nurse for 11 p.m. shift - 1/17/25, outgoing nurse for 7 a.m. shift - 1/18/25, outgoing nurse for 7 a.m. shift - 1/21/24, oncoming nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift  During an interview on 1/22/25, at 1:24 p.m. LPN Employee E5 confirmed the above observations.  During a review of the "Controlled Medication Shift Reconciliation" log for the 2 North Medication Cart	F 0755		

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F 0755  SS=F	Continued from page 11  on 1/22/25, at 1:26 p.m. revealed the oncoming nurse and/or outgoing nurse failed to sign the sheet during shift change to verify counts of controlled drugs on the following dates: - 1/2/25, outgoing nurse for 11 p.m. shift - 1/7/25, oncoming nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift - 1/11/25, oncoming nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift - 1/12/25, oncoming nurse for 7 a.m. shift, outgoing and oncoming nurse for 3 p.m. shift, and outgoing nurse for 11 p.m. shift - 1/16/25, outgoing and oncoming nurse for 3 p.m. shift, and outgoing and oncoming nurse for 11 p.m. shift - 1/17/25, outgoing nurse for 7 a.m. shift, outgoing and oncoming nurse for 3 p.m. shift, and outgoing and oncoming nurse for 11 p.m. shift - 1/18/25, outgoing nurse for 7 a.m. shift, and oncoming nurse for 11 p.m. shift - 1/19/25, outgoing and oncoming nurse for 7 a.m. shift, and outgoing nurse for 3 p.m. shift	F 0755		

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F 0755  SS=F	Continued from page 12  During an interview on 1/22/25, at 1:28 p.m. LPN Employee E5 confirmed the above observations.  During an interview on 1/22/25, at 1:4 p.m. the Nursing Home Administrator confirmed that the facility failed to implement procedures to promote accurate accounting of controlled medications on five of five medication carts as required.  28 Pa. Code 211.12 (d)(3)(5) Nursing services 28 Pa. Code 211.19(a)(1)(k) Pharmacy services	F 0755		

Pennsylvania Department of Health

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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>The facility cannot retroactively correct past staffing issues. To prevent this from reoccurring the Scheduler will be reeducated on staffing Nurses Aides to include expectations of HPPD and ratios by the DON/ designee. The facility will hold staffing meetings 5 days per week, consisting of the Nursing Home Administrator, Director of Nursing, Human Resources and Scheduler, to review ratio and PPD compliance for upcoming schedules. DON/ designee will monitor PPD hours 5 days a week and ongoing to ensure compliance. Ad hoc education will be provided as needed. The results of the meeting will be forwarded to the facility QAPI committee for further review and recommendations.</p>	<p>Completion Date: <b>02/18/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b></p>
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P 5520	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 a minimum of one nurse aide per ten residents during the day shift for three of 21 days (1/5/25, 1/18/25, and 1/19/25), failed to provide a minimum of one nurse aide per 11 residents during the evening shift for two of 21 days (1/5/25, and 1/19/25), and failed to provide a minimum of one nurse aide per 15 residents on the night shift for five of 21 days (1/5/25, 1/7/25, 1/13/25, 1/17/25, and 1/19/25).  Findings include:  Review of facility census data, nursing time schedules from 1/1/25 through 1/21/25 revealed the following nurse aide staffing shortages.  Day shift: Date      Census                  Full time equivalents (FTE) required      FTE present  1/5/25      94                                  9.4	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396048</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/23/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>HARMAR VILLAGE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>715 FREEPORT ROAD CHESWICK, PA 15024</b>		
STATE LICENSE NUMBER: <b>077802</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
P 5520	Continued from page 2  4.27 1/18/25 102 10.2 9.67 1/19/25 99 9.9 6.00  Evening shift: Date Census FTE required FTE present 1/5/25 94 8.55 7.53 1/19/25 99 9.00 8.00  Night shift: Date Census FTE required FTE present 1/5/25 94 6.27 6.00 1/7/25 97 6.47	P 5520		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396048</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/23/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>HARMAR VILLAGE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>715 FREEPORT ROAD CHESWICK, PA 15024</b>		
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P 5520	Continued from page 3  4.87 1/13/25 105 7.00 5.87 1/17/25 101 6.73 5.07 1/19/25 99 6.60 6.00  During an interview on 1/23/25, at 12:34 p.m. Nursing Home Administrator confirmed that the facility failed to provide a minimum of one nurse aide per 10 residents during the day, and one nurse aide per 11 residents during the evening shift, and one nurse aide per 15 residents on the night shift, with no additional excess higher-level staff to compensate this deficiency.	P 5520		
P 5530		P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396048</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/23/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>HARMAR VILLAGE HEALTH &amp; REHAB CENTER</b>  STATE LICENSE NUMBER: <b>077802</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>715 FREEPORT ROAD CHESWICK, PA 15024</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
P 5530	Continued from page 4  Nursing services.  (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.  This REGULATION is not met as evidenced by:	P 5530	The facility cannot retroactively correct past staffing issues. To prevent this from reoccurring the Scheduler will be reeducated on staffing Licensed Practical Nurses (LPN) to include expectations of LPN ratios by the DON/ designee. The facility will hold staffing meetings 5 days per week, consisting of the Nursing Home Administrator, Director of Nursing, Human Resources and Scheduler, to review LPN ratio compliance for upcoming schedules. DON/ designee will monitor LPN ratios 5 days a week and ongoing to ensure compliance. Ad hoc education will be provided as needed. The results of the meeting will be forwarded to the facility QAPI committee for further review and recommendations.	Completion Date: <b>02/18/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396048</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/23/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>HARMAR VILLAGE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>715 FREEPORT ROAD CHESWICK, PA 15024</b>		
STATE LICENSE NUMBER: <b>077802</b>				
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P 5530	Continued from page 5  Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 25 residents during the day shift on one of 21 days (1/19/25) and one LPN per 40 residents during the night shift on one of 21 days (1/13/25).  Findings include:  Review of facility census data, nursing time schedules from 1/1/25 through 1/21/25 revealed the following LPN staffing shortages.  Day shift: Date      Census      Full time equivalents (FTE) required      FTE present 1/19/25    99                      3.96 3.94  Night shift: Date      Census      FTE required FTE present	P 5530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396048</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/23/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>HARMAR VILLAGE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>715 FREEPORT ROAD CHESWICK, PA 15024</b>		
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P 5530	Continued from page 6  1/13/25 105 2.63 2.44  During an interview on 1/23/24, at 12:34 p.m. the Nursing Home Administrator confirmed the staffing shortages and that the facility failed to provide one LPN per 25 residents during the day shift, and one LPN for 40 residents during the night shift as required with no additional excess higher-level staff to compensate this deficiency.	P 5530		
P 5640		P 5640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396048</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/23/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>HARMAR VILLAGE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>715 FREEPORT ROAD CHESWICK, PA 15024</b>		
STATE LICENSE NUMBER: <b>077802</b>				
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P 5640	Continued from page 7  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 facility cannot retroactively correct past staffing issues. To prevent this from reoccurring the Scheduler will be reeducated on minimum overall nursing hour staffing to include expectations of HPPD and ratios by the DON/designee. The facility will hold staffing meetings 5 days per week, consisting of the Nursing Home Administrator, Director of Nursing, Human Resources and Scheduler, to review ratio and PPD compliance for upcoming schedules. DON/designee will monitor PPD hours 5 days a week and ongoing to ensure compliance. Ad hoc education will be provided as needed. The results of the meeting will be forwarded to the facility QAPI committee for further review and recommendations.	Completion Date: <b>02/18/2025</b> Status: <b>APPROVED</b> Date: <b>02/05/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396048</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/23/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>HARMAR VILLAGE HEALTH &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>715 FREEPORT ROAD CHESWICK, PA 15024</b>		
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P 5640	Continued from page 8  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 six of 21 days (1/5/25, 1/7/25, 1/9/25, 1/13/25, 1/17/25, and 1/19/25).  Findings include:  Nursing time schedules for the time frame of 1/1/25 through 1/21/25 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:  1/5/25 - 2.80 1/7/25 - 3.04 1/9/25 - 3.10 1/13/25 - 2.98 1/17/25 - 3.08 1/19/25 - 2.80  During an interview on 1/23/25, at 12:34 p.m. the Nursing Home Administrator confirmed that the	P 5640		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>396048</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>01/23/2025</b>
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P 5640	Continued from page 9  facility failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on six of 21 days.	P 5640			



# Certified End Page

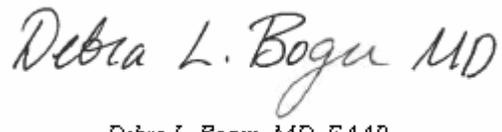
**HARMAR VILLAGE HEALTH & REHAB CENTER**

**STATE LICENSE NUMBER: 077802**

**SURVEY EXIT DATE: 01/23/2025**

**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