

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 395471	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/05/2020
NAME OF PROVIDER OF SUPPLIER PREMIER ARMSTRONG REHABILITATION AND NURSING FAC		STREET ADDRESS, CITY, STATE, ZIP 265 SOUTH MCKEAN STREET KITTANNING, PA 16201	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of facility policies and documents and staff interviews it was determined that the facility failed to conduct a thorough investigation into the misappropriation of resident property for one of three resident (Resident R2). Findings include: A review of facility Abuse policy dated 7/1/19, revealed the facility prohibits the misappropriation of resident property by anyone including staff, family and friends. The facility has designed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident misappropriation of property. The Administrator and Director of Nursing are responsible for investigation and reporting. A review of the Admission Record indicated that Resident R2 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. A review of admission physician orders [REDACTED]. A review of the facility Daily Narcotic Record dated 1/30/2020, indicated Resident R2 had 19 [MEDICATION NAME] tablets on hand. The facility is missing the Daily Narcotic Record for 1/31/2020. A review of the January 2020, Medication Administration Record [REDACTED]. A review of Daily Narcotic Record dated 2/1/2020, indicated Resident R2 had zero (0) [MEDICATION NAME] tablets on hand. During an interview on 3/4/2020, at 12:35 p.m. the Director of Nursing (DON) confirmed that the 1/31/2020, Daily Narcotic Record was missing and Resident R2 was missing approximately 15 - 17 [MEDICATION NAME] tablets. The DON also confirmed that the facility failed to investigate to determine the accurate number of missing tablets, their location and the identity of an alleged perpetrator. 28 Pa Code: 201.14(c)(d)(e) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1)(2)(e)(1) Management.		

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

TITLE

(X6) DATE

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.