

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395047	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2026
NAME OF PROVIDER OR SUPPLIER Heritage Pointe Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 400 South Main Street Doylestown, PA 18901	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to ensure that the responsible party was notified in a timely manner of the outcome of an investigation into an injury of unknown origin for one of five sampled residents. (Resident 1) Findings include: Review of facility policy entitled Abuse, Neglect, and Exploitation, last reviewed, November 7, 2025, revealed that the facility would implement policies and procedures preventing and prohibiting all types of abuse, neglect, misappropriation of resident property, and exploitation that achieved providing residents, representatives, and staff information on how and to whom they would report concerns, incidents and grievances without fear of retribution; and would provide feedback regarding the concerns that had been expressed. Clinical record review revealed that Resident 1 had diagnoses that included dementia, depression, anxiety, restlessness and agitation, and hallucinations. Review of the Minimum Data Set assessment dated [DATE], revealed the resident had cognitive impairment and was dependent on staff for activities of daily living and transfers. Review of the care plan revealed the resident had a behavior problem related to yelling at times and refusal of care. On March 9, 2026, a nurse noted a skin tear with minor swelling and discoloration on Resident 1's left ring finger with the provider and responsible party made aware of the injury of unknown origin. According to the facility investigation into the injury of unknown origin, the outcome of the investigation was determined to be from the resident's aggressive behaviors during care. In an interview on March 27, 2026, at 1:00 p.m., the Administrator confirmed that the resident's representative was not notified of the outcome of the investigation upon completion. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</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
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