

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395188	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Buckingham Valley Rehabilitation and Nursingcenter		STREET ADDRESS, CITY, STATE, ZIP CODE 820 Durham Road Buckingham, PA 18912	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, it was determined that the facility failed to provide a safe, clean, and comfortable environment on two of two nursing units. (West and East wings) Findings include: Observation on July 7, 2026, from 11:30 a.m., through 2:00 p.m., revealed the following environmental issues: In room [ROOM NUMBER], there were stains on the walls behind both residents' beds. In the hallway outside of room [ROOM NUMBER], there were brown streaks on the lids of the soiled linen bin and the garbage bin. In room [ROOM NUMBER] the privacy curtain was ripped and missing eight hooks for bed one. The curtain was hanging and tied to the television in order to secure Resident 84's privacy. The baseboards were visibly dirty with brown discoloration. There was dirt and debris on the floor and fall mat below the window. The fall mattress on the left side of the resident's bed had large, dark stains and a musty odor. In room [ROOM NUMBER], the wallpaper at the base of the wall, next to bed two, was torn and peeling. There was a significant amount of orange discoloration and peeling paint on the baseboard heaters in room [ROOM NUMBER] and 211. In room [ROOM NUMBER], there was broken and missing slats on the window blinds. (continued on next page)		

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 207.2(a) Administrator's responsibility.		

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that the environment remained free of accident hazards on one of two nursing units. (West Wing) Findings include: On July 7, 2026, at 12:53 p.m., and July 8, 2026, at 11:50 a.m., and 3:15 p.m., revealed a prescription medication, Nystatin topical powder, and a prepackaged liquid flush medication (saline) were observed on Resident 84's overbed table. In an interview on July 9, 2026, at 11:46 p.m., the Director of Nursing stated that the prescription medication and prepackaged flush should not have been left at the bedside of the resident and that there was one ambulatory resident that was cognitively impaired who could have accessed the potentially hazardous materials. 28 Pa. Code 211.12(d)(5) Nursing services.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, observation, and staff interview, it was determined that the facility failed to implement enhanced barrier precautions (EBP) and the use of personal protective equipment (PPE) to prevent the spread of infection for one of 27 sampled residents. (Resident 116) Findings include: Review of the facility policy entitled, Enhanced Barrier Precautions, last reviewed May 6, 2026, revealed that EBP were to be used with any high-risk resident with an indwelling device during high contact care activities including, catheter care, bathing, dressing, and changing linens. EBP included the use of PPE such as protective gowns and gloves during high-risk activities. Clinical record review revealed that Resident 116 had diagnoses that included Parkinson's Disease, stroke, and neuromuscular dysfunction of the bladder (urinary retention), requiring an indwelling catheter. The Minimum Data Set assessment dated [DATE], revealed that Resident 116 had an indwelling catheter, and was dependent on staff for catheter care, bathing and dressing. On July 7, 2026, at 11:29 a.m., a nurse aide (NA 1) was observed in Resident 116's room. NA 1 provided care to Resident 116, got him dressed for the day, and changed soiled linens without wearing a gown. On July 8, 2026, at 1:32 p.m., the Director of Nursing confirmed that NA 1 should have used appropriate PPE during Resident 116's care. 28 Pa. Code 211.10(d) Resident care policies. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		