

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Harborview Rehabilitation and Care Center at Lansd		STREET ADDRESS, CITY, STATE, ZIP CODE 25 West Fifth Street Lansdale, PA 19446	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 06530</p> <p>Based on observation, resident and staff interviews and review of facility documentation, it was determined that the facility failed to ensure that air conditioning units (PTAC units) were in functioning condition in 3 of 3 nursing units (1st, 2nd and 3rd floor)</p> <p>Findings include:</p> <p>Observations conducted with the Maintenance Director, Employee E1 on June 10, 2024 from 4:10 p.m. to 4:45 p.m. revealed that the following PTAC (Package Terminal Air Conditioning- a self contained heating and air condition system designed to be mounted through a wall) units in resident rooms and dining areas were non-functioning:</p> <p>room [ROOM NUMBER]- PTAC unit in the room was not working and floor fan was placed in room.</p> <p>room [ROOM NUMBER]- PTAC unit was on but not blowing cool air.</p> <p>room [ROOM NUMBER]- PTAC unit was on but not blowing cool air.</p> <p>room [ROOM NUMBER]- PTAC unit non-functioning. Resident R1 and Resident R2 confirmed that their room felt warm.</p> <p>room [ROOM NUMBER]- 82- PTAC unit the front panel hanging off the unit and resting on the floor. The PTAC unit was non-functioning.</p> <p>room [ROOM NUMBER]- PTAC unit non-functioning, a floor fan was placed in the room.</p> <p>room [ROOM NUMBER]- PTAC unit was on but not blowing cool air.</p> <p>1st Floor Dining room [ROOM NUMBER] of 3 PTAC units were non-functioning.</p> <p>Review of facility documentation of PTAC units revealed the following:</p> <p>room [ROOM NUMBER]- cooling section was non-functioning.</p> <p>room [ROOM NUMBER]- needs control box.</p> <p>(continued on next page)</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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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>room [ROOM NUMBER]- cooling section was non-functioning.</p> <p>room [ROOM NUMBER]- cooling section was non-functioning, front cover needs repair and control box</p> <p>room [ROOM NUMBER]- cooling section was non functioning and control box</p> <p>room [ROOM NUMBER]- needs cooling section, control box, fan deck with heat and front cover.</p> <p>room [ROOM NUMBER]- needs cooling section and control box.</p> <p>room [ROOM NUMBER]- needs cooling section and control box.</p> <p>room [ROOM NUMBER]- needs cooling section and control box.</p> <p>2nd Floor Dining room [ROOM NUMBER] of 2 PTAC units were non-functioning.</p> <p>3rd Floor Dining room [ROOM NUMBER] of 3 PTAC unit was non-functioning.</p> <p>3rd floor Hallway 1 of 2 ceiling air conditioning unit was non functioning.</p> <p>The above finding were confirmed with the Maintenance Director, Employee E1 at the time of the observations on June 10, 2024.</p> <p>28 Pa Code 201.14 (a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(1) Management</p>