

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  09/10/2024
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 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The resident has the right to receive notices in a format and a language he or she understands.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47975</b></p> <p>Based on review of facility policy, review of the resident clinical record, and interviews with staff, it was determined that the facility failed to provide American Sign Language translation for a resident's representative as required for a care plan meeting for one of eleven residents reviewed. (Resident R11)</p> <p>Findings Include:</p> <p>Review of the facility policy titled Baseline Care Plan undated states, Intent- It is the policy of the facility to promote seamless interdisciplinary care for our residents by utilizing the interdisciplinary plan of care based on assessment, planning, treatment, service and intervention. It is utilized to plan for and manage resident care as evidenced by documentation from admission through discharge for each resident.</p> <p>Review of Resident R11's clinical record revealed the resident was admitted to the facility on [DATE] with the following diagnoses: Dysphagia, Anxiety, Type 2 Diabetes, Hypertension, Major Depressive Disorder, Heart Failure, Hyperlipidemia, Chronic Kidney Disease, and Chronic Atrial Fibrillation.</p> <p>Review of Resident R11's MDS (Minimum Data Set) completed on August 29, 2024 revealed a BIMS (Brief Interview for Mental Status) score of nine indicating moderate impairment.</p> <p>Review of Resident R11's clinical record revealed the resident had a current (POA) Power of Attorney for medical care.</p> <p>Review of Nursing Note from August 12, 2024 states, . *Residents daughter is dear and uses sign language and/or writing.</p> <p>Review of facility Social Services Note from August 22, 2024 stated, Note Text: Social Service/ Care management meeting held with resident. RP informed will not attend Care Plan meeting without a sign language line interpreter. RP is aware that facility cannot provide or pay for specialized line for RP/FM's but only for our resident's needs. POLST to be completed with assist. of NP. Resident encouraged to make staff aware of any questions as they arise. Staff to offer ongoing supports. Probable LTC placement at this SNF.</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 0574</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview held with the facilities Social Worker Employee E3 on September 10, 2024 at 10:43 a.m. and was asked about Resident R11's care plan meeting. Employee E3 stated that she was aware of the family member needing a translator and at one point the admission's department was looking into a special application to be able to provide the language interpreter, but it had an associated cost and the facility was not willing to pay for it. Employee E3 stated that if it had been the need of the resident then the facility would have been provided the service.</p> <p>Interview held with the facilities Nursing Home Administrator Employee E1 on September 10, 2024 at 10:45 a.m. revealed the facility was not willing to provide a translation line to Resident R11's family member. Employee E1 stated, If the resident needed it themselves, we would have provided. Employee E1 stated that staff was communicating with the family member with writing in person when they were at the facility. Employee E1 stated that the family member did not want to use her own interpreter over the phone for the care plan meeting.</p> <p>28 Pa. Code 201.29 (a)(c) Resident rights</p>		

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<p>F 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>47975</p> <p>Based on clinical record reviews and interviews with staff, it was determined that the facility failed to notify the office of the State Long Term Ombudsman of facility initiated emergency transfers and discharges for three of three discharges reviewed. (Residents R10, R8, R9).</p> <p>Findings Include:</p> <p>Review of facility documentation (list of all facility- initiated discharges) revealed that Resident R10 was discharged from the facility to the hospital on June 16, 2024 and did not return after the hospitalization .</p> <p>Review of facility documentation (list of all facility- initiated discharges) revealed that Resident R8 was discharged from the facility to the hospital on July 15, 2024, was cut off by insurance, and did not return to the facility.</p> <p>Review of facility documentation (list of all facility- initiated discharges) revealed that Resident R9 was discharged from the facility to the hospital on July 21, 2024. Resident R9 was readmitted back to the facility and was again discharged back to the hospital on August 7, 2024. After the second hospitalization the resident did not return to the facility.</p> <p>Further review of the facility documentation reveled no documented evidence that the State Long Term Ombudsman was notified of Resident R10, R8, and R9 facility-initiated discharge.</p> <p>Interview with the facilities Nursing Home Administrator Employee E1 held on September 10, 2024 at 1:01 p. m. revealed that the facility did not have a process in place for providing the state long term ombudsman with a copy of the discharge notices for the facility.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</p> <p>28 Pa. Code 201.18(b)(2) Management</p>