

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 05/15/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38735</p> <p>Based on a review of clinical records and staff interviews, it was determined that the facility failed to develop and implement a comprehensive person-centered care plans related to elopement for one of eight residents reviewed. (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's clinical record revealed that the resident was admitted on [DATE], with diagnoses including, but not limited to, psychosis (a mental health condition characterized by a disconnection from reality, which may involve symptoms such as hallucinations (seeing or hearing things that are not present) and delusions (strongly held false beliefs)) and schizophrenia (a mental health condition that disrupts several different areas of your brain. This condition typically affects your thinking abilities, memories and senses. People with schizophrenia commonly struggle to tell what's real and what isn't. They often have hallucinations and delusions and struggle with disorganized thinking).</p> <p>Further review of Resident R1's clinical record revealed that on April 23, 2025, at approximately 11:00 p.m. Resident R1 was not in his room and a search was started. The local police, administrator, nurse practitioner and guardian were notified. Shortly after, the police notified the facility that the resident was found at a local convenience store and returned to the facility by ambulance with no injuries. Statements from Resident R1 indicated that he left because he was hungry.</p> <p>Interview with Resident R1 on May 15, 2025, at 12:25 p.m. revealed that the resident feels claustrophobic at the facility and that he does not like the food. He also feels like the food makes him sick and that if he has the chance he will likely leave again to get outside and to go and get real food from outside the facility.</p> <p>A review of Resident R1's care plan revealed that the facility failed to developed a care plan related to elopment.</p> <p>Interview with the Administrator and Director of Nursing on May 15, 2025, at 1:15 p.m. confirmed that the care plan was not comprehensive related to elopement and keeping the resident safe from another elopment incident.</p> <p>28 Pa. Code 211.12(d)(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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