

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  08/21/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and interview with staff, it was determined that the facility failed to develop and implement a person-centered care plan related to range of motion and dental needs for one of 25 residents reviewed (Resident R93). Findings include: Review of Resident R93's clinical record revealed that Resident R93 was admitted to the facility on [DATE]. Resident R93's has a current diagnosis of Cervical Disc Disorder with Myelopathy (spinal cord compression), Lumbar Region. Review of Resident R'93s OT (Occupational Therapy) discharge recommendation dated May 29, 2025, revealed a recommendation of Cervical ROM (range of motion). Interview with Director of Rehab, Employee E8, conducted on August 21, 2025, at 9:35 AM, confirmed that Resident R93 was discharged from OT on May 29, 2025, with recommendations for cervical ROM. Interview with Employee E2, Director of Nursing services revealed that the facility did not have a Restorative Nursing Program and that the facility is just starting to develop their Restorative Nursing Program. Further Employee E2 confirmed that there was no documented evidence that the cervical ROM was performed on Resident R93. Further, Employee E2 also confirmed that there was no care plan related to the cervical ROM. Observation on Resident R93 conducted on August 18, 2025, at 12:26AM revealed that Resident R93 was edentulous. Further, Resident R93 was eating breakfast. Interview with Resident R93 conducted at the time of the observation revealed that she has dentures, but it hurts so she does not use it and that she needs new ones. Review of Resident R93's clinical record revealed that Resident R93 was admitted to the facility on [DATE] Review or Resident R93 MDS (Minimum Data Set - a federally required resident assessment completed at a specific interval) section L0200. Dental , B. No natural teeth or tooth fragment(s) (edentulous) was coded NO Review of Resident's current care plan revealed no care plan for dental needs. Interview with RNAC Employee E7 conducted on August 20, 2025, at 12:40PM confirmed that Resident R93 was edentulous and that Resident R93 has full dentures. Further RNAC Employee E7 confirmed that there was no dental care plan related to dentures developed. Further RNAC also revealed that she was not aware that Resident R93 complained of pain related to denture use. Interview with Speech Therapist, Employee E8 confirmed that resident has not been wearing her dentures and that Resident R93 gums her food. Further, Employee E8 also revealed that she has evaluated resident for swallow and that resident was gumming her food. Further interview with RNAC, Employee E7 confirmed that there was no care plan for resident preferences related to not wearing dentures. Further Employee E7 also confirmed that there was no CarePlan for non-compliance related to wearing dentures. Interview with Director of Nursing Employee E2 revealed that they did not have a policy for restorative nursing program. 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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