

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

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure meals were served and maintained under sanitary conditions for one of five residents reviewed for nutrition. (Resident R39) Findings include: According to the FDA Food Code (2017), Section 3-501.19, Time/Temperature Control for Safety (TCS) foods, such as milk, meat, and cooked vegetables, must be consumed, served, or discarded within a maximum of 4 hours when held without temperature control. In addition, CDC and USDA further recommend discarding perishable foods left at room temperatures beyond 2 hours. On August 18, 2025, at 2:01 p.m. and 2:45 p.m., observations revealed Resident R39's lunch tray remained at the bedside with food and beverages still present, including meatloaf, potatoes, cauliflower, and milk more than two and a half hours after service. The interview conducted on August 18, 2025, at 2:50 p.m. with Licensed Practical Nurse, Employee E30, confirmed that the lunch meal had been delivered between 11:30 a.m. and 12:00 p.m. that day. On August 19, 2025, at 12:24 p.m., resident R39 was observed asleep with a meal tray still at bedside containing fish, collard greens, and sweet potatoes. Follow-up observations at 2:15 p.m. revealed the meal tray was still at bedside. The interview conducted on August 18, 2025, at 2:17 p.m. with Licensed Practical Nurse, Employee E30, confirmed that the lunch meal had been delivered between 11:30 a.m. and 12:00 p.m. that day. On August 20, 2025, at 11:22 a.m. Resident R39's breakfast tray was observed at the bedside containing milk, oatmeal, cereal, a cookie, more than 3 hours after delivery. The interview conducted on August 20, 2025, at 11:29 a.m. with Licensed Practical Nurse, Employee E30, confirmed that the meal had been delivered between 7:30 a.m. and 8:00 a.m. that morning. During an interview with the Facility Administrator and Director of Nursing, on August 21, 2025, at 2:00 p.m. it was acknowledged that meal trays were not consistently removed in a timely manner. 28 Pa. Code 201.14(a) Responsibility of licensee		

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 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. Based on review of facility documentation and staff interviews, it was determined that the facility failed to include the needs of its bariatric resident population in the facility assessment, which is required to ensure the facility has the necessary resources to provide person-centered care. Findings include: Review of the facility census dated August 18, 2025, revealed a total resident census of 117. Documentation provided to the surveyor by the facility included a list identifying 10 residents currently residing in the facility with a diagnosis of morbid obesity requiring bariatric-specific equipment. This equipment includes bariatric beds, wheelchairs, mechanical lifts, and other accessories to support safe care delivery. Review of the facility assessment tool, dated August 5, 2025, revealed the assessment failed to include any reference to the bariatric resident population, their care needs, or the specialized equipment, supplies, and staffing resources required to safely care for them. According to the facility's assessment tool, the facility is expected to conduct, document, and annually review a facility-wide assessment, which includes the resident population and the resources needed to meet their needs in a person-centered manner. Review of facility policy titled Bariatric Resident Guidelines, dated February 1, 2024, stated it is the policy of the facility to provide a safe environment and appropriate care to bariatric residents, including necessary equipment such as bariatric lifts, beds, gowns, shower chairs, and large BP cuffs. The policy also indicates that bariatric residents require a two-person assist and that staff are to be trained in transfers, mobility, and evacuation preparedness. Interview with Nursing Home Administrator (NHA), Employee E1 on August 20, 2025, Employee E1 confirmed that the facility had obtained bariatric equipment on an as needed basis. However, the NHA acknowledged that the facility had not evaluated or included the staffing needs, care planning considerations, or resource requirements specific to the bariatric population in the facility's most recent assessment. 28 Pa. Code 201.14(j) Responsibility of licensee 28 Pa. Code 201.20(a)(6) Staff Development		

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on reviews of staff training and competency sets for nurse aides, reviews of the facility assessment and interviews with staff, it was determined that the facility failed to ensure that nursing assistants retained a required minimum of 12 hours of nursing training annually for 16 nursing assistants employed since the last review period. (Employees E14, E15, E16, E17, E18, E19, E20, E21, E22, E23, E24, E25, E26, E27, E28, and E29) Findings Include:Record review of staff training files revealed that Nurse Aides Employees E14, E15, E16, E17, E18, E19, E20, E21, E22, E23, E24, E25, E26, E27, E28, and E29, were employed by the facility since the last review period on November 12, 2024, and had not completed the required 12 hours of annual nursing- related in-service training based on the needs of the residents (dementia care of the cognitively impaired, abuse prevention, accident prevention, restorative nursing techniques, emergency preparedness, resident rights, cultural competency). During the interview on August 21, 2025, at 12:46 p.m. the facility Director of Nursing confirmed the above findings and stated that the facility had not ensured the completion of the annual required in-service training for these nursing assistants. 28 PA. Code 201.20(a)(1)(2)(5)(6) Staff development28 PA. Code 201.14(a) Responsibility of licensee28 PA. Code 201.19(1)(3)(7) Personnel policies and procedures		

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, and staff interview, it was determined that the facility failed to ensure that all residents at the lunch table were provided their meals at the same time and failed to ensure resident's dignity on one of five dining rooms observed. (First Floor) Findings include: Observation on August 19, 2025, at 11:33 a.m., during lunch service in the first-floor dining room, three residents were observed seated at one table. Two of the residents had received their meals and were actively eating. Resident R70 was seated at the same table, with the meal tray placed in the center of the table, out of the resident's reach. Continued observation at 11:55 a.m. revealed the same three residents at the table. The two residents who had previously received their meals had finished eating. Resident 70 remained without the lunch meal, and the tray was still observed in the center of the table, untouched. Review of Resident R70's meal ticket indicated that the lunch meal consisted of fish, potatoes, collard and greens. Review of Resident R70's current care plan listed dietary requirements including mechanical soft solids and thin liquids. Tray notes indicated aspiration precautions and that the resident required one-on-one assistance with feeding. Interview with the Food Service Manager, Employee E19 confirmed that Resident R70 had not yet been served because she's a feeder, meaning she required assistance with eating. The use of the term feeder was made in the presence of staff and other residents. Interview with the Nursing Home Administrator (NHA), Employee E1 during the observation confirmed that Resident R70 had not yet received assistance with dining. Employee E1 subsequently directed a staff member to assist the resident. 28 Pa. Code 211.6(a) Dietary Services28 Pa. Code 201.29(4) Resident Rights		

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F 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. Based on a review of clinical records, review of facility documentation, and staff interview, it was determined that facility failed to timely provide notices of Medicare non coverage (payment) for two out of six residents reviewed (Residents R126, R31). Findings Include: A review of the form Instructions for the Notice of Medicare Non-Coverage (NOMNC) CMS-10123, (a notice that informs the recipient when care received from the skilled nursing facility is ending; and how to contact a Quality Improvement Organization (QIO) to appeal) revealed instructions that a Medicare provider must ensure that the notice is delivered at least two calendar days before Medicare covered services end. Review of facility documentation revealed Medicare services ended for Resident R126 on April 2, 2025; Medicare services ended for Resident R31 on April 30, 2025. Resident R126 was discharged to another facility and Resident R31 remained in facility. Review of the Notices of Medicare Non-Coverage (form CMS-10123) provided for Residents R126 and R31 revealed the facility failed to provide the required form timely. The facility did not provide form CMS-10123 at least two calendar days before Medicare covered services ended. Interview on August 20, 2025, at 10:15 a.m. with Social Services, Employee E13, confirmed the NOMNC was not provided timely for Resident R126 and R31. 28 Pa. Code 201.14 (a) Responsibility of licensee		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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 observations, interview with residents and staff and interview conducted during resident group meeting, it was determined that the facility failed to provide a clean, comfortable, homelike environment for one of 25 residents reviewed (Residents R56). The facility failed to provide a locked drawer for personal belongings for twelve of twelve residents reviewed (Residents R56, R102, R80, R40, R7, R16, R61, R116, R5, R82, R23, R19). Findings include: On April 18, 2025, at 10:25 am observation in room [ROOM NUMBER] had significant dirt around the baseboards and floor visibly soiled. Further observation in room [ROOM NUMBER], revealed a hole in wall near outlet. Interview with Employee E1, Nursing Home Administrator on August 19, 2025, at 12:00pm confirmed findings of soiled floor, significant dirt and hole in wall of room [ROOM NUMBER]. Interview on August 18, 2025 at 10:30am with Resident R56 in room [ROOM NUMBER] revealed that resident hides belongings in room to prevent losing them or someone taking them while she is at activities. Further interview revealed that Resident R56 did not have a locking drawer to feel comfortable leaving personal belongings in her room while she was not there. On August 19, 2025, at 10:30 a.m. a resident group meeting was held with eleven alert and oriented residents (Residents R102, R80, R40, R7, R16, R61, R116, R5, R82, R23, R19) who reported that they do not have a locked drawer to store and keep safe personal belongings. Interview with Employee E4, Maintenance Director on August 19, 2025, at 12:30pm stated that residents must request a locking drawer on admission, they are not provided with them automatically. Further, Employee E4 confirmed above listed residents do not have locking drawer. 28 Pa. Code 201.18(b)(1) Management		

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on a resident group interview, tour of the facility and staff interview, it was determined that the facility failed to ensure that the grievance forms were available and accessible to residents for anonymous submission on two of three nursing units (2nd floor and 3rd floor nursing units). Findings Include: On August 19, 2025, at 10:30 a.m. a resident group meeting was held with eleven alert and oriented residents (Residents R102, R80, R40, R7, R16, R61, R116, R5, R82, R23, R19) who reported residents were unaware of where the grievance forms were located. The residents were unaware of location of grievance/concern submission boxes to submit an anonymous grievance. On August 19, 2025, at 11:40 a.m., a facility tour was conducted with the Nursing Home Administrator, Employee E1. During the tour, it was confirmed that grievance forms were not available on the second and third floor nursing units. Nurses at the nursing station indicated that grievance forms are available upon request behind the nursing station. Interview with Nursing Home Administrator, Employee E1 on August 19, 2025, confirmed no forms available on the second or third floor for residents to submit anonymous grievances and no grievance/ concern submission boxes available second or third floor nursing units. Further interview revealed Residents with wander guards or inability to leave nursing unit would have to provide grievance to staff member who can drop the grievance in the box on the 1st floor or they can give their grievance to administrator. 28 Pa. Code 201.14 (a) Responsibility of licensee 28 Pa. Code 201.18(b)(3) Management 28 Pa. Code 201.18(e)(1) Management 28 Pa. Code 201.29(a) Resident rights		

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F 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident's assessment data and transmit these data to the State within 7 days of assessment. Based on review of clinical record and interview with staff, it was determined that the facility failed to complete and submit a MDS (Minimum Data Set- a federally required assessment completed at a specific interval) discharge tracking for two of two resident records reviewed. (Resident R121 and Resident R29) Findings: Review of Resident R121's clinical record revealed that Resident R121 was discharge to the hospital on May 11, 2025. Review of the MDS schedule revealed that a discharge MDS was initiated. Review of the discharge MDS revealed that the MDS was completed on May 28, 2025, and submitted on May 28, 2025. Interview with RNAC (Register Nurses Assessment Coordinator), Employee E7 conducted on August 21, 2025, at 11:51AM revealed that Resident R121's discharge MDS should have been completed within 7 days from the start date of May 11, 2025, and should have been submitted with in 7 days after completion. Further Employee E7 confirmed that she completed the MDS late and that she also submitted it late. Review of Resident R29's clinical record reveled that Resident R29 was discharge to the hospital on July 16, 2025. Review of the MDS schedule revealed that a discharge MDS was initiated on July 16, 2025. Review of the discharge MDS revealed that the MDS was completed on August 4, 2025, and submitted on August 5, 2025. Interview with RNAC, Employee E7 conducted on August 21, 2025, at 11:51AM revealed that Resident R29's discharge MDS should have been completed within 7 days from the start date of July 16, 2025, and should have been submitted with in 7 days after completion. Further Employee E7 confirmed that she completed the MDS late and that she also submitted it late. 28 Pa. Code 211.5(d) Medical records. 28 Pa. Code 201.18(e)(2) Management.		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 R93's 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 of 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		

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of clinical records and interview with staff, it was determined that the facility failed to provide services to maintain and prevent further deterioration of functional status for one of 25 residents observed. (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 but not limited to Cervical Disc Disorder with Myelopathy (spinal cord compression), Lumbar Region. Review of Resident R's OT (Occupational Therapy) discharge recommendation dated May 29, 2025, revealed a recommendation of Cervical ROM (range of motion). Further review of Resident R93's clinical record revealed that there was no documented evidence that Cervical Range of Motion was provided to Resident R93. 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. 28 Pa. Code 201.29 (d) Resident's rights 28 Pa. Code 211.12 (c) Nursing services		

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, clinical record review, staff interview and review of facility policy, it was determined that the facility failed to ensure that a resident preference was honored and to accommodate resident's allergies for two of 25 residents reviewed. (Resident R23 and Resident R39) Findings include: Review of the facility policy titled Dietary Services - Menus and Nutritional Adequacy dated 2/18/2024 revealed that the facility will ensure that all menus are developed and prepared to meet the resident choices including their nutritional, religious, cultural, and ethnic needs while using established national guidelines. Review of Resident R23's quarterly Minimum Data Set (MDS- a federal mandated assessment tool for all residents) dated June 9, 2025, revealed that Resident R23 was admitted into the facility on November 21, 2024 with diagnosis of diabetes (chronic medical condition that affects how your body process blood sugar), seizure disorder (a neurological condition characterized by recurrent seizures), anxiety (a feeling of worry, nervousness or unease) and bipolar disorder (a mental health condition characterized by extreme mood swings). Further review of Resident R 23's MDS revealed that this resident had the BIMS (brief interview of mental status) score of fifteen which indicated that Resident R23 cognition was intact. Review of Resident 23's clinical record revealed that this resident has food allergies of strawberries and tree nuts. Review of Residents R23's lunch ticket for August 19, 2025, revealed that Resident R 23 was ordered a regular - consistent carbohydrate diet with thin liquids, with allergies: strawberries, nuts and seeds. Review of the daily menu for the date of August 19, 2025, for the lunch meal was baked fish, sweet potatoes, collard greens and cake with icing. Observation on August 19, 2025, at 11:42am. in the first-floor dining room, revealed Resident R23 was served cake with icing as indicated on the lunch ticket. Resident R23 was observed questioning a staff member who served the cake, what kind of cake it was. The staff member then replied, I don't know. Resident R23 then declined the cake and returned it. Interview with Resident R23 during the observation revealed that he believed the cake contained peanut butter based on the smell. The resident stated, I'm allergic to all nuts. I cannot eat the cake. Interview with Nurse Aide, Employee 10, who served the cake, revealed she was unaware that the cake contained peanut butter. Further observation revealed that no alternative dessert was offered to Resident R23. Interview with the Food Service Manager, Employee E9 confirmed that Resident R23 had a documented allergy to nuts and stated, This resident should not have been served the cake. Employee E9 further explained that all food tickets list allergies and preferences, and kitchen staff are expected to prepare meals accordingly. The cake served that day had been improvised and was not specifically listed on the menu, nor was the change documented. (continued on next page)		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident R39's physician diet order dated July 14, 2025, revealed the following restrictions: No beef, no pork, no straws. On August 18, 2025, Resident R39 was observed receiving a lunch tray that included water cup with a straw. On August 20, 2025, at 11:58 a.m. Resident R39 was observed receiving a lunch tray that included pork over rice and water with a straw. Interview with Licensed Practical Nurse, Employee E31, at 11:59 a.m. confirmed the meal was served despite the diet restrictions. 28 Pa. Code 211.6(f) Dietary Services		

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	
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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to ensure that call bells were functioning properly for two of 25 residents reviewed. (Resident R73 and Resident 106)Findings include: Review of Resident R73's clinical record revealed that Resident R73 was admitted to the facility on [DATE]. Further review of Resident R73's clinical record revealed that Resident R73 has a diagnosis of Pain in Unspecified Knee, and difficulty walking. Observation conducted on August 18, 2025, at 10:56AM revealed that the Resident R73 was in bed wearing a gown. Further observation revealed that Resident R73 was yelling for help. Further observation revealed that the call bell outlet located on the wall left side of Resident R73's bed above his bed side table revealed that two call bell prongs attached to it. Further, one prong did not have a cord and the other prong had a cord cut 3 inches from the prong. Observation conducted on August 18, 2025, at 10:56AM revealed that the Resident R106 was in bed wearing a gown. Further observation revealed that Resident R106 was in bed sleeping.Further observation revealed that the call bell outlet located on the wall left side of Resident R106's bed above his bed side table revealed that two call bell prongs attached to it. Further, one of the prongs did not have a cord and the other cord was on the floor.Interview with second floor Unit manager Employee E30 conducted at the time of the observation confirmed that the call bells for Resident R106 and Resident R73 were non-functional. 28 Pa. Code 211.12(c) Nursing services 28 Pa. Code 211.12(d)(12)(3) Nursing services		

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and an interview with staff and resident group meeting, it was determined that the facility failed to ensure that the Department of Health Survey results were readily accessible to residents and visitors on three of three nursing units. (1st floor, 2nd floor and 3rd floor nursing units) Findings Include: On August 19, 2025, at 10:30 a.m. a resident group meeting was held with eleven alert and oriented residents (R102, R80, R40, R7, R16, R61, R116, R5, R82, R23, R19) who reported that they were not aware of the location where the survey results binder would be located and available to review. Observation on August 19, 2025, at 11:35 a.m. revealed the survey binder was in the main lobby in black unlabeled binder hanging on wall. Further observation with the Nursing Home Administrator, Employee E1 revealed the survey binder did not contain any survey results beyond February 2, 2024 which confirmed that residents do not have access, and it is not readily accessible to residents. Interview on August 19, 2025, at 11:35am with Nursing Home Administrator, Employee E1 confirmed the state survey results were not readily accessible for resident, families, and visitors to review. 28 Pa. Code 201.14 (a) Responsibility of licensee		