

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/29/2024
NAME OF PROVIDER OR SUPPLIER  Harborview Rehabilitation Care Center at Doylestown		STREET ADDRESS, CITY, STATE, ZIP CODE 432 Maple Avenue Doylestown, PA 18901	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>43883</p> <p>Based on observation and resident interview, it was determined that the facility failed to provide a reasonable accommodation of needs for one of seven sampled residents. (Resident 2)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included multiple sclerosis, depression, and anxiety. Review of the care plan revealed that the resident was incontinent and staff were to keep her skin clean and dry. Further review of the care plan revealed that the resident required assistance from staff for activities of daily living. On April 29, 2024, at 10:48 a.m., Resident 2 was observed in bed. The resident stated that her brief needed to be changed, she had not received any care that morning, and that she would like assistance to get out of bed. The resident stated that staff were aware. Observation revealed that the resident did not receive staff assistance or care until 11:29 a.m.</p> <p>In an interview on April 29, 2024, at 1:50 p.m., Resident 2 confirmed that she waited over 40 minutes for her soiled brief to be changed and was not assisted out of bed or provided any care that morning until 11:29 a.m.</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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