

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395277 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>08/05/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Harborview Rehabilitation Care Center at Doylestown |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>432 Maple Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|--|--|
| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>43883</p> <p>Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to provide adequate supervision to monitor a resident's whereabouts and prevent an elopement for one of four sampled residents. (Resident 8)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 8 had diagnoses that included mood disorder, amnesia, bipolar disorder, and depression. Review of a facility incident report dated August 2, 2024, revealed that at 8:18 p.m. , staff noted that the resident was not in his room. Further review of the clinical record revealed that staff documented that the resident had not been seen since before dinner and that his dinner meal tray remained in his room untouched. The facility was unable to locate the resident and was unaware of his location until the following day, August 3, 2024.</p> <p>In an interview on August 5, 2024, at 11:57 a.m. the Administrator confirmed that the facility was unable to locate the resident on August 2, 2024.</p> <p>In an interview on August 5, 2024, at 4:28 p.m. the Assistant Director of Nursing confirmed that that the resident did not have physician orders that permitted him to be out of the building unsupervised.</p> <p>CFR 483.12(d)(1)(2) Free of Accident Hazards/Supervision</p> <p>Previously cited 7/1/24</p> <p>28 Pa. Code 201.18(b)(1)(3) Management.</p> <p>28 Pa. Code 211.12(d)(1)(3)(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 |
|---|-------|-----------|

|  |   |   |  |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395277  | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>08/05/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Harborview Rehabilitation Care Center at Doylestown  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>432 Maple Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |   |  |
| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>                    | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43883</p> <p>Based on observation, it was determined that the facility failed to provide a safe, sanitary, and comfortable environment on three of three nursing units. (First, Second, and Third Floor)</p> <p>Findings include:</p> <p>Observation on the first floor nursing unit on August 5, 2024, at 9:30 a.m., revealed the following:</p> <p>There were stained ceiling tiles above the nurses station.</p> <p>In room [ROOM NUMBER], the soap dispenser in the bathroom as broken.</p> <p>The wall adjacent to the shower door was chipped and the plaster was crumbling. In the shower room, the soap dispenser was broken off of the wall. There was a light without a cover and another light with a broken cover.</p> <p>Observation on the second floor nursing unit on August 5, 2024, at 10:12 a.m., 12:25 p.m., 2:25 p.m., and 3:50 p.m., revealed the following:</p> <p>In room [ROOM NUMBER], the hot water in the bathroom sink was not functioning.</p> <p>In room [ROOM NUMBER], the wall above the window was cracked.</p> <p>In room [ROOM NUMBER], there was hole in the wall under the sink.</p> <p>In room [ROOM NUMBER], above the toilet, there were missing and stained ceiling tiles. There was water dripping from the bathroom ceiling.</p> <p>The battery pack to a mechanical lift was not covered.</p> <p>A piece of baseboard at the entrance to the dining room was peeled away from the wall.</p> <p>Observation on the third floor nursing unit on August 5, 2024, at 10:20 a.m. and 11:47 a.m., revealed the following:</p> <p>There was a metal hook on the floor in the corridor by the elevators.</p> <p>In room [ROOM NUMBER], the floor was dirty and sticky.</p> <p>There was dirt, a plastic spoon, and an alcohol swab on the floor outside of room [ROOM NUMBER].</p> <p>In room [ROOM NUMBER], the floor was dirty and the wall behind the headboard was peeling.</p> <p>(continued on next page)</p> |   |  |

|   |  |   |  |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395277 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>08/05/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Harborview Rehabilitation Care Center at Doylestown |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>432 Maple Avenue<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|---|--|
| <p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>In room [ROOM NUMBER], there were broken and cracked floor tiles.</p> <p>There was a wheelchair in the hallway between rooms [ROOM NUMBERS] that had an open pack of briefs and dirt on the seat cushion.</p> <p>There was a rag and a lift sling on a chair in the hallway outside of room [ROOM NUMBER].</p> <p>The door to the shower room was marred and chipped.</p> <p>In the shower room, the shower floor was broken. There were batteries on the floor behind the garbage, the floor was wet. There was a bag of wet linens on the top of the garbage can and not in the covered, soiled laundry bin.</p> <p>CFR 482.90(i) Other Environment Conditions.</p> <p>Previously cited 7/1/24</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</p> |