

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 04/21/2025
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244</p> <p>Based on observation, it was determined that the facility failed to ensure that medications/biologicals were securely stored in a medication or treatment cart on two of three nursing units. (Second and Third floor nursing units)</p> <p>Findings include:</p> <p>Observation on April 21, 2025, at 10:05 a.m., and again at 12:00 p.m., in resident room [ROOM NUMBER]-2, revealed two bottles of iodoform gauze (medicated fabric used in wound treatments), one opened bottle of normal saline solution (wound cleansing solution) without a cap, and a tube of anti-fungal cream on a bedside table in the corner of the room.</p> <p>Observation on April 21, 2025, at 10:41 a.m., and again at 12:20 p.m., on the second floor dining room revealed a box of Frosty Heat Lidocaine patches (medicated pain patch) on the window sill in the dining room.</p> <p>Observations on April 21, 2025, on the third floor nursing unit, from 10:05 a.m. through 11:55 a.m., revealed the treatment cart in the hallway was unlocked and unattended with a tube of medicated cream on top and accessible to anyone in the vicinity.</p> <p>28 Pa. Code 211.12(d)(1)(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
---	-------	-----------