

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 01/08/2026
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 observation, it was determined that the facility failed to provide a safe, clean, and comfortable environment on three of three nursing units. (First, Second, and Third Floors) Findings include: Observations on January 8, 2025, from 10:45 a.m. through 12:15 p.m. revealed the following: In the first-floor supervised bathing area, the floor was broken and cracked. The rubber baseboard molding around the shower partition panel was cracked and peeling. There was a black substance on the base and corner of the shower partition panel that separated the bathing area from the drying area. There were two stained ceiling tiles above the shower. In the second-floor supervised bathing area, there were two stained ceiling tiles above the shower. There were two holes in the wall above the sink. In resident room [ROOM NUMBER], the privacy curtain between beds 1 and 2 had orange and brown stains. In the third-floor supervised bathing area, the privacy curtain had brown stains along the entire bottom of the curtain. There was peeling blue paint throughout both shower stall floors. There was a bag of wet linens on the floor. CFR 483.10(i) Safe Environment. Previously cited 10/16/25 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(3)(e)(2.1) Management.

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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