

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 03/16/2026
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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident interview, and staff interview, it was determined that the facility failed to provide care and services to maintain activities of daily living (showering) for one of six sampled residents. (Residents 4) Findings include: Clinical record review revealed that Resident 4 had diagnoses that included obesity, chronic kidney disease, and arthritis in both hips. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident had no cognitive impairment, required substantial assistance from staff for showers, and was totally dependent on staff for shower transfers. Review of facility documentation revealed that the resident was to receive a shower on Tuesdays and Fridays on the evening shift. In an interview on January 20, 2026, at 12:05 p.m., Resident 4 stated, I haven't had a shower in a month. There was no documented evidence that Resident 4 received, was offered, or refused a shower during the previous 30 days. In an interview on February 12, 2026, at 3:15 p.m., the Nursing Supervisor confirmed that there was no documented evidence that showers were offered or provided to Resident 4. 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
---	-------	-----------

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 03/16/2026
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)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation it was determined that the facility failed to maintain sanitary conditions in the kitchen. Findings include: Observation during the kitchen tour on March 16, 2026, at 1:30 p.m., revealed in the dishwashing machine area, there was an exposed ceiling with several missing tiles, and a black-like substance on the walls and ceiling surfaces. There were droplets of water above the exit door. There was an accumulation of a black substance below the dishwashing machine. 28 Pa. Code 201.18(b)(3) Management.</p>

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 03/16/2026
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)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation, facility documentation, and staff interview, it was determined that the facility failed to ensure mechanical equipment was maintained in a safe and operating condition in the kitchen and in the back hall elevator. Findings include: Observation during the kitchen tour on March 16, 2026, at 1:30 p.m., revealed a ventilation system above the dishwasher machine that had a broken fan that was not functioning. In an interview on March 16, 2026, at 1:40 p.m., the Director of Dining Services stated that the ventilation system has not been working for over three weeks. A review of facility documentation revealed that the facility notified the local Department of Health that the ventilation system was inoperable on February 13, 2026. There were no interventions implemented to prevent the compromised ventilation system from affecting food contact surfaces while awaiting repair. In an interview on March 16, 2026, at 3:00 p.m., the Administrator confirmed the ventilation system has not been working. Observation during the facility tour on March 16, 2026, at 2:10 p.m., revealed that the ventilation fan was broken and had an accumulation of dust inside of the back hall elevator. The bottom side panel wall was cracked, and the door tracks had an accumulation of dirt and debris. 28 Pa. Code 201.18 (b)(3)(e)(2.1) Management.</p>		