

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 04/23/2026
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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>Based on resident and staff interviews, it was determined that the facility failed to provide financial statements quarterly and upon request for five of eleven sampled residents who had active resident accounts. (Residents 2, 3, 5, 7, 11) Findings include: In interviews on April 23, 2026, between 11:00 a.m., and 3:00 p.m., Residents 2, 3, 5, 7, and 11 stated that they had resident accounts; however, they were unaware of any account activity and total balance because they had not received a quarterly statement to reflect activity in the account for the last three months. In an interview on April 23, 2026, at 3:30 p.m., the Administrator confirmed that quarterly statements were not provided to the above-named residents. 28 Pa. Code 201.18(b)(2)(3) Management.</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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that physicians' orders were implemented for one of eleven sampled residents. (Resident 7) Findings include: Review of the facility policy entitled, Medication Administration- General Guidelines, dated July 1, 2025, revealed that medications were to be administered as prescribed and the administration status of each ordered medication should be documented on the medication administration record (MAR) or the treatment administration record (TAR) if topical medications are used for treatment. Clinical record review revealed that Resident 7 had diagnoses that included heart failure, severe obesity, and chronic obstructed pulmonary disease (COPD). A physicians' orders dated November 6, 2025, directed staff to apply barrier cream to sacrum/buttocks area every shift for skin protection from incontinence. Review of Resident 7's TARs for March and April 2026, revealed no evidence that the barrier cream was applied on the day shift (7:00 a.m. To 3:00 p.m.) on March 18 and 22, 2026, and on evening shift (3:00 p.m. To 11:00 p.m.) on April 2, 5, 10, 18, 2026. A physician's order dated December 8, 2025, directed staff to administer a bronchodilator (ipratropium-albuterol, a medication that opens the large tubes that carry air to and from the lungs), to treat Resident 7's COPD using a nebulizer machine every eight hours at 6:00 a.m., 2:00 p.m., and 10:00 p.m. Review of Resident 7's MARs for March 2026, and April 2026, revealed no evidence that the medication was administered at 2:00 p.m. on March 11, 2026, and at 10:00 p.m. on March 27, 2026, and April 14 and 17, 2026. A physician's order dated December 10, 2025, directed staff to perform weekly skin exams every dayshift on Wednesdays. Review of Resident 7's TAR for April 2026, revealed no evidence that the skin exams were completed on April 8 and 22, 2026. A physician's order dated February 13, 2026, directed staff to apply an anti-fungal powder (miconazole nitrate powder) to the groin, and bilateral abdominal fold areas of the skin every day shift (7:00 a.m. To 3:00 p.m.) and evening shift (3:00 p.m. to 11:00 p.m.) for moisture acquired skin damage. Review of Resident 7's TAR for March 2026, and April 2026, revealed no evidence that the barrier cream was applied during day shift on March 18 and 22, 2026, and on evening shift on April 2, 5 and 10, 2026. A physician's order dated February 20, 2026, directed staff to apply a medicated lotion (triamcinolone acetonide) to the arms and legs every day and evening shift for a rash. Review of Resident 7's TAR for April 2026, revealed no evidence that the lotion was provided during evening shift (3:00 p.m. To 11:00 p.m.) on April 2, 5, 10, and 18, 2026. A physician's order last dated April 16, 2026, directed staff to gently cleanse areas with warm soapy water, pat dry, apply antifungal powder (nystatin powder) to left neck areas, arm folds, abdominal folds and groin for rash prevention, and to pad all skin to skin contact areas with abdominal padding and replace pads with each powder application, every day shift (7:00 a.m. to 3:00 p.m.) and evening shift (3:00 p.m. to 11:00 p.m.) for fungal rash. Review of Resident 7's TAR for April 2026, revealed no evidence that the treatment was provided during evening shift on April 16 and 18, 2026. In an interview on April 23, 2026, at 12:45 p.m., Resident 7 stated that he does not always get his medications and treatments as ordered and he needs them as prescribed. In an interview on April 23, 2026, at 4:02 p.m., the Director of Nursing confirmed that there was no evidence that the staff had administered Resident 7's medications or treatments as ordered on the dates mentioned above. CFR 483.25 Quality of Care Previously cited 10/16/25 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		