STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395277	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harborview Rehabilitation Care Center at Doylestow	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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, and resident and staff interview, it was determined that the facility failed to ensure that a therapeutic diet was provided as recommended by a registered dietitian to one of 2 sampled residents on a therapeutic diet. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included heart failure, prediabetes, and anemia. The Minimum Data Set assessment dated [DATE], indicated that the resident was alert and oriented and was on a therapeutic diet. A review of a nutrition note dated April 24, 2026, revealed that the resident had requested double portions of protein. Review of the care plan revealed potential for nutritional problems related to anemia. The intervention was for staff to provide a double portion of protein. Review of the facility menu revealed that on May 21, 2026, the meal served at lunch was three ounces of ham, four ounces of cabbage, and a sweet potato. On May 21, 2026, at 12:30 p.m., Resident 1 was observed in his room with his lunch meal. Review of his tray card revealed that he was to receive double portions of food at his meals. At the time of the observation, he only received one portion each of the lunch items listed above. Resident stated that he had a good appetite and was not happy that he did not receive a double portion of food on his tray. In an interview on May 21, 2026, at 1:28 p.m., dietary employee 1 stated that the resident was to receive double portions of food at his meals. 28 Pa Code: 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(3)(5) Nursing services.

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