

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/04/2025
NAME OF PROVIDER OR SUPPLIER  Markley Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  550 East Fornance Street Norristown, PA 19401	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38735</p> <p>Based on observations, and staff interview, it was determined that the facility failed to ensure the availability of disposable paper towels on one of two floors. (Second floor)</p> <p>Findings include:</p> <p>Review of the facility policy Handwashing/Hand Hygiene, revised October 2023, revealed, Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) are readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. Alcohol-based hand-rub (ABHR) dispensers are placed in areas of high visibility and consistent with workflow throughout the facility. Review of facility policy, Assisting the Resident with In-Room Meals, revised December 2013, revealed, Employees must wash their hands before serving food to residents</p> <p>Observations in resident bathrooms during a tour of the Second floor revealed that there were no paper towels in the dispensers in the bathrooms of the following resident rooms: room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER] and the visitor's bathroom across from the nursing station.</p> <p>Interview with Licensed nurse, Employee E14, on March 6, 2025, at 12:50 p.m. revealed that she had called the front desk twice to have housekeeping bring more towels to the second floor to fill the empty towel dispensers.</p> <p>Interview on March 6, 2025, at 1:30 p.m. with the Administrator (Employee E1) confirmed that the facility did not have an adequate supply of paper towels and that some dispensers in resident bathrooms and the hall bathroom.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee</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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