

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  07/08/2025
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 - Some</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>Based on observations, and staff and resident interviews, it was determined that the facility failed to maintain a comfortable environment for two of six nursing units observed (3rd floor common room, and Unit C).</p> <p>Findings Include:</p> <p>A tour of the facility was conducted on July 8, 2025, at approximately 9:30 a.m. and 12:30 p.m. with Nursing Home Administrator (NHA), Employee E 1 and Regional Maintenance Director, Employee E3, to monitor the temperatures of the building and resident care areas.</p> <p>Temperatures taken by NHA, Employee E1, on July 8, 2025, 2025, at 12:30 p.m. in the 3rd floor multipurpose room revealed temperatures reached up to 83 degrees Fahrenheit. Temperature of the room felt hot, humid, and uncomfortable.</p> <p>Observations on July 8, 2025, at 12:30 p.m. in the 3rd floor multipurpose room revealed about 22 residents were gathered in the room and were being supervised by 2 nurse aides preparing for lunch. Observed was a large portable air condition unit in one corner of the room.</p> <p>Interviews with Resident R2 and R3 on July 8, 2025 at 12:45 p.m. reported feeling hot and uncomfortable due to the temperatures of the room located in Unit C. The air temperature in the residents' room was recorded at 82 degrees Fahrenheit.</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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