

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395509	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2026
NAME OF PROVIDER OR SUPPLIER Dresher Hill Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1390 Camp Hill Road Fort Washington, PA 19034	
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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on facility documentation and resident and staff interviews, it was determined the facility failed to ensure that essential equipment was in safe operating condition for one of two elevators. (elevator two) Findings include: Review of the facility documentation revealed that elevator two had malfunctioned on June 14, 2026, and on July 1, 5, and 21, 2026, and required a replacement part. In interviews on July 31, 2026, between 10:15 a.m. and 12:30 p.m., Resident 1 and Resident 2, and Employees 1, 2, 3, and 4 stated that they were aware that elevator two malfunctioned. In an interview on July 21, 2026, at 12:50 p.m., the Administrator confirmed the elevator malfunctioned and was in need of repair. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(3) Management.		

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