

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395566	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/08/2024
NAME OF PROVIDER OR SUPPLIER  Highland Manor Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  750 Schooley Avenue Exeter, PA 18643	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41581</b></p> <p>Based on observations and staff interview, it was determined that the facility failed to provide housekeeping and maintenance services to maintain a clean and safe resident environment.</p> <p>Findings include:</p> <p>An observation on October 8, 2024, at approximately 9:45 AM, revealed the following:</p> <p>The shower room in the 200 hall was noted to have a black substance built-up on the caulking around the shower.</p> <p>room [ROOM NUMBER] was noted to have water damage to the ceiling. Old brown water stains were seen along with a black mold like substance. A bath blanket was noted on the floor with dried brown water stains on it. Further, there was a dead earwig (bug that is attracted to moisture) on the bath blanket. A bedside table was noted to be cracked and chipped. [NAME] spots and streaks were noted on the wall next to the nightstand. The molding was peeling off the wall.</p> <p>The center hallway had water damage to the ceiling. Brow stains were noted on the ceiling and a piece of plywood was screwed to the ceiling covering a hole.</p> <p>The shower room in the center hall was noted to have cracked tile in the shower, along with a black substance built-up on the caulking around the shower.</p> <p>The soiled utility room in the center hall had a large amount of a black like mold substance on the walls around the hopper (Flushing-Rim Clinical Sink is used for disposal of blood or body fluids). The hopper was noted to be leaking water. There was a strong smell of mildew in the soiled utility room.</p> <p>The hallway in front of the dining room had brown water stains on the ceiling. There was joint tape peeling away from the ceiling and wall with a black substance noted under the tape.</p> <p>Interview with the Nursing Home Administrator on October 8, 2024, at approximately 1:00 PM, confirmed that the facility failed to maintain a clean and sanitary environment for the residents.</p> <p>28 Pa. Code 201.18 (e)(2.1) 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
---	-------	-----------