

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  09/11/2025
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>Based on observation and staff interview, it was determined that the facility failed to maintain a clean and orderly environment in the facility laundry department and the second hallway ice machine. Findings include: An observation of the second hallway, resident unit ice machine, located in the hallway was noted with no airgap. An air gap is defined as the unobstructed vertical space between the end of a water supply or drainage pipe and the flood level of a fixture or drain. In an ice machine, the air gap prevents contaminated water from backing up into the potable (drinkable) water supply or the ice that residents consume. The importance of the air gap is to prevent cross-contamination, which occurs when dirty water or substances can enter and contaminate clean water or ice. Without an air gap, residents are at risk of exposure to harmful bacteria or other contaminants. Water was observed draining directly into the floor drainpipe. The floor underneath the drainage pipe, extending from the front of the ice machine to the drainpipe, contained a thick layer of sticky black material. An observation on September 12, 2025, at 11:30 A.M. in the facility laundry department dirty room (the area used for handling soiled laundry) revealed two slop sinks with clumps of lint and debris inside them, both filled with plastic hangers and a plastic bag containing soiled wheelchair/lift belts. The faucet was leaking water. A dirty mop bucket containing plastic garbage, mop covers, broken mops, and a plastic container were on the floor. An open, overflowing garbage can was present. Behind the washing machines, the floor contained plastic, paper, dirty used gloves, and clumps of lint. The floor had a buildup of a sticky black substance around the perimeter. The exhaust fan had a heavy buildup of lint and dirt. Additional items noted included open plastic bags of floor mats on the floor between the washing machines, two bags of dirty clothing on the floor, a floor cleaning machine placed in front of the washing machines, and a ripped, dirty fall mat propped against the wall. In the clean area (the side with dryers, folding tables, carts, and clothing racks), the garbage can was overflowing. The floor had visible dirt, dried liquid stains, and used plastic gloves scattered throughout. A large pile of lint was on the floor in front of a dryer. The windowsill, dryer exhaust tubing, wall exhaust fan, and door hinges all had a heavy buildup of lint. Clean linen and clothing racks contained mechanical lift pads that were in direct contact with the floor. A dirty washcloth was also observed on the floor. These observations were confirmed with the Nursing Home Administrator at the time of the survey. The facility failed to ensure that both the ice machine and laundry areas were maintained in a sanitary and orderly condition, placing residents at risk for cross-contamination, exposure to environmental contaminants, and a diminished homelike environment. 28 Pa. Code 201.14 (a) Responsibility of licensee. 28 Pa Code 201.18 (b)(1)(3) 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
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