Printed: 06/18/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395277	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025			
NAME OF PROVIDER OR SUPPLIER  Harborview Rehabilitation Care Center at Doylestow		STREET ADDRESS, CITY, STATE, ZIP CODE 432 Maple Avenue Doylestown, PA 18901				
For information on the nursing home's	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 0921  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many			onfortable for residents, staff and the ONFIDENTIALITY** 45840 a safe, sanitary, and comfortable or) a.m. through 12:30 p.m. revealed e odor, the toilet would not flush. 40 p.m. through 2:00 p.m. revealed pool noodle covering the arm rest. and the window, a hole in the wall ear the sink. ained ceiling tiles in the bathroom, when turned off. m, the sink faucet was dripping and a ceiling tile partially hanging m, a ceiling tile partially hanging			
	from the ceiling.  In room [ROOM NUMBER], there were stained ceiling tiles in the bathroom, a ceiling tile partially hanging from the ceiling, exposed drywall without paint around the soap dispenser, and brown spotted stains scattered on the ceiling above bed 1, bed 2, and bed 3.					

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 395277

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NAME OF PROVIDER OR SUPPLIER  Harborview Rehabilitation Care Center at Doylestow		STREET ADDRESS, CITY, STATE, ZIP CODE  432 Maple Avenue Doylestown, PA 18901		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	SUMMARY STATEMENT OF DEFICIENCIES			

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			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395277	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER  Harborview Rehabilitation Care Center at Doylestow		STREET ADDRESS, CITY, STATE, ZIP CODE  432 Maple Avenue Doylestown, PA 18901	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In room [ROOM NUMBER], the window curtain was falling off the left side, the cover was broken off the PTAC unit, and the bathroom had crumbling drywall in the left corner.  In room [ROOM NUMBER], the footboard was broken off bed 3, the toilet paper holder was broken, and there was drywall without spackle or paint surrounding the soap dispenser.  In room [ROOM NUMBER], the transition was loose between the corridor and the room. In the bathroor toilet was running, tile was broken, and there was a hole in the wall above the baseboard.  In room [ROOM NUMBER], there was a large hole in the wall, broken tile by the PTAC unit, and the rub baseboard molding was peeling off the wall below the window.  In room [ROOM NUMBER], there were broken tiles below the window and next to the dresser for bed 2 window blinds were broken, there was a dried tan substance splattered on the ceiling above bed 1, spa unpainted hear the bathroom, the bathroom had a hole in the wall below the sink, and there was a dark ring around the base of the toilet.  In room [ROOM NUMBER], there was unpainted spackle on the wall and the privacy curtain for bed 1 h brown stains. In the bathroom, the toilet was running.  In room [ROOM NUMBER], there was a hole in the wall behind bed 1, the second drawer dresser hand was missing for bed 3, and there was drywall without spackle or paint surrounding the soap dispenser.  In room [ROOM NUMBER], there was no sheet on the mattress on bed 2 and the resident was observe laying directly on the mattress. There was a gallon of sterile water, clean briefs, a package of wipes, an gloves on floor. The toilet would not flush and was out of use.  In room [ROOM NUMBER], the footboard for bed 2 was broken, there were no curtains or blinds for the window, there was a missing tile by bed 2, the bottom drawer dresser handle was missing for bed 2, an toilet would not flush and was out of use.  In room [ROOM NUMBER], the rubber baseboard molding was missing near the bathroom wall, the was gouged near the bathroom wall, and the w		paper holder was broken, and r.  and the room. In the bathroom, the ethe baseboard.  by the PTAC unit, and the rubber dependent of the ceiling above bed 1, spackle the sink, and there was a dark black the privacy curtain for bed 1 had esecond drawer dresser handle rounding the soap dispenser.  and the resident was observed oriefs, a package of wipes, and two the rounding the soap dispenser.  and the resident was observed oriefs, a package of wipes, and two the rounding the soap dispenser.  and the resident was observed oriefs, a package of wipes, and two the rounding the soap dispenser.  and the resident was observed over it, a hole in the flush and was out of use, there aroom had no cover, exposing the and the resident was observed

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		STREET ADDRESS, CITY, STATE, ZI 432 Maple Avenue	PCODE
Harborview Rehabilitation Care Center at Doylestow		Doylestown, PA 18901	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0921	28 Pa. Code 201.18(b)(1)(e)(2.1) Management.		
Level of Harm - Minimal harm or potential for actual harm			
Residents Affected - Many			
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