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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395208 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>11/26/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hillcrest Rehabilitation & Healthcare Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>100 Little Drive<br>Lower Burrell, PA 15068 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>41984</p> <p>Based on review of clinical records and staff interview, it was determined that the facility failed to inform a resident's representative in advance of the proposed care, including the risk and benefits of the prescribed medication for one of three sampled residents (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs), dated 9/24/24, indicated she had diagnoses included chronic kidney disease, dementia (chronic condition that causes a decline in mental abilities, such as thinking, remembering, and reasoning, that interferes with daily life. It's not a normal part of aging, but it's more common) and diabetes mellitus.</p> <p>Further review of the MDS indicated the resident's BIMS (Brief Interview for Mental Status assessment was 4 indicating severe impairment.</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of physician orders dated 10/22/24 Haloperidol Oral Tablet 2 MG (Haloperidol), Give 1 tablet by mouth every 2 hours as needed for agitation.</p> <p>Review of Resident R1's nurse progress notes August 2024-October 2024, revealed no indication of new medication ordered for agitation. Further review of the progress notes revealed no evidence that the resident's daughter or other representatives was notified of the new order, discussed the advantage and disadvantage of medication and alternative options.</p> <p>(continued on next page)</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| NAME OF PROVIDER OR SUPPLIER<br><br>Hillcrest Rehabilitation & Healthcare Center   |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>100 Little Drive<br>Lower Burrell, PA 15068 |  |
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| <p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Interview with Director of Nursing (DON) on 11/26/24, at 12:30 p.m., DON confirmed that the facility did not inform a resident's representative in advance of the proposed care, including the risk and benefits of the prescribed medication for Resident R1 as required.</p> <p>28 Pa Code 201.29(j) Resident rights.</p> <p>28 Pa. Code 211.12(d)(1) Nursing services.</p> |  |  |

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| <p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p>41984</p> <p>Based on review of resident records, admission documentation and staff interview, it was determined that the facility failed to maintain admission documentation for one of six residents (Resident R1).</p> <p>Findings include:</p> <p>Review of Resident R1's MDS assessment (MDS-Minimum Data Set assessment: periodic assessment of resident care needs), dated 9/24/24, indicated she had diagnoses included chronic kidney disease, dementia (chronic condition that causes a decline in mental abilities, such as thinking, remembering, and reasoning, that interferes with daily life. It's not a normal part of aging, but it's more common) and diabetes mellitus.</p> <p>Review of the Resident Assessment Instrument 3.0 User's Manual effective October 2019, indicated that a Brief Interview for Mental Status (BIMS) is a screening test that aides in detecting cognitive impairment. The BIMS total score suggests the following distributions:</p> <p>13-15: cognitively intact</p> <p>8-12: moderately impaired</p> <p>0-7: severe impairment</p> <p>Review of Resident R1's admission MDS assessment (Minimum Data Set assessment MDS- a periodic assessment of resident care needs) dated 9/24/24 indicated the resident was assessed as having a BIMS score of 4 which indicates severe impairment.</p> <p>Review of Resident R1's clinical record revealed no admission packet.</p> <p>During an interview with Director of Nursing (DON) on 11/26/24 at 12:30 p.m. confirmed Resident R1 did not have her admission paper work was not completed as required.</p> <p>28 Pa Code: 201.18(b)(2) Management</p> <p>28 Pa Code: 201.24(a) Admission policy</p> <p>28 Pa Code: 201.19(i) Residents rights</p> |  |  |