

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395208	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/05/2025
NAME OF PROVIDER OR SUPPLIER  Hillcrest Rehabilitation & Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Little Drive 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50075</p> <p>Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to make certain that residents were provided appropriate treatment and care for one of three residents (Residents R1).</p> <p>Findings include:</p> <p>Review of facility policy Resident Rights, indicated basic rights to all residents of this facility. Resident to be notified of his or her medical condition and of any changes in his or her condition. Be informed of, and participate in, his or her care planning and treatment.</p> <p>Review of facility policy Medication and Treatment Orders, indicated orders for treatments will be consistent with principles of safe and effective order writing.</p> <p>Review of Resident R1's clinical record indicated the resident was admitted to the facility on [DATE].</p> <p>Review of Resident R1's MDS dated [DATE], indicated diagnoses of high blood pressure, arthritis, and coronary artery disease (damage or disease in the heart's major blood vessels).</p> <p>Review of Resident R1's physician orders dated 12/25/24, indicated a follow up appointment to be made with cardiology one month after stent placement (a medical procedure used to open up narrowed or blocked blood vessels).</p> <p>Review of Resident R1's clinical record on 2/5/25, at 11:33 a.m. failed to have cardiology follow up appointment records to review.</p> <p>During an interview on 2/5/25, at 12:05 p.m. Scheduler Employee E1 stated, I was not aware of that appointment, and it has not been made. She has not gone to that appointment.</p> <p>During an interview on 2/5/25, at 2:01 p.m. Director of Nursing confirmed that the facility failed to make an appointment per physician order for Resident R1.</p> <p>28 Pa. Code 201.18 (b)(1) Management</p> <p>28 Pa. Code 201.29(a) Resident Rights</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	28 Pa. Code 211.10 (c)(d) Resident Care policies  28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services