

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 07/31/2025
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to provide Activity of Daily Living (ADL) assistance for three of five residents (Residents R1, R2, and R3). Findings include: Based on review of facility policy Activities of Daily Living (ADLs), Supporting dated 2/20/25, indicated residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE]. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 5/19/25, indicted diagnoses of Cerebral Palsy (group of disorders that affect a person's ability to move and maintain balance and posture), anxiety, and depression. Section GG - Functional Abilities, Question GG0130E indicated the resident was coded 4 supervision or touching assistance for shower/bathe self: the ability to bathe self, including washing, rinsing, and drying (excludes washing of back and hair). Review of Resident R1's Kardex (a snapshot of resident care needs) indicated Resident R1 is scheduled for a bath/shower every Wednesday and Saturday evening shift with limited assistance of one. Review of Resident R1's July 2025 shower documentation indicated no shower or bath was provided on: 7/2/25, 7/5/25, 7/9/25, 7/16/25, 7/19/25, 7/23/25, 7/26/25, and 7/30/25. Review of a Nursing Progress Note dated 7/2/25, at 9:58 p.m. stated, Resident refused her shower then at 9:30 wanted it, we told her they didn't have time. Review of the clinical record indicated Resident R2 was admitted to the facility on [DATE]. Review of Resident R2's MDS dated [DATE], indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and hemiplegia (paralysis on one side of the body). Section GG - Functional Abilities, Question GG0130E indicated the resident was coded 1 dependent for shower/bathe self: the ability to bathe self, including washing, rinsing, and drying (excludes washing of back and hair). Review of Resident R2's Kardex indicated Resident R2 is scheduled for a bath/shower every Wednesday and Saturday evening shift with extensive assistance of one. Review of Resident R2's July 2025 shower documentation indicated no shower or bath was provided on: 7/2/25, 7/9/25, 7/19/25, 7/23/25, 7/26/25, and 7/30/25. Review of the clinical record indicated Resident R3 was admitted to the facility on [DATE]. Review of Resident R3's MDS dated [DATE], indicated diagnoses of high blood pressure, hemiplegia, and muscle weakness. Section GG - Functional Abilities, Question GG0130E indicated the resident was coded 4 supervision or touching assistance for shower/bathe self: the ability to bathe self, including washing, rinsing, and drying (excludes washing of back and hair). Review of Resident R3's Kardex indicated Resident R3 is scheduled for a bath/shower every Wednesday and Saturday evening with limited assistance of one. Review of Resident R3's July 2025 shower documentation indicated no shower or bath was provided on: 7/5/25, 7/9/25, 7/16/25, 7/19/25, 7/23/25, 7/26/25, and 7/30/25. During an interview on 7/31/25, at 11:53 a.m. the Director of Nursing was unable to locate additional documentation to indicate Residents R1, R2, and R3 were offered and/or refused baths/showers on the dates listed above and that the facility failed to provide activities of daily living (continued on next page)		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assistance for Residents R1, R2, and R3. 28 Pa. Code: 211.10(d) Resident care policies.28 Pa. Code: 211.12(c)(d)(1)(3)(5) Nursing services.		