

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 12/02/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical record, observations, and interviews with staff and residents, the facility failed to provide appropriate care and treatment for a wound for one of four residents (Resident R1). Findings: Review of the facility Dressings, Dry/Clean policy last reviewed 2/20/25, indicated it is the facility's policy to verify that there is a physician order for wound care. Review the resident's care plan, current orders, and diagnoses to determine the if there are special resident needs. Check the treatment record. The date and time the dressing was changed, and the name and title (or initials) of the individuals changing the dressing, and the type of dressing used and wound care given must be documented in the resident's medical record. Review of the clinical record indicated Resident R1 was admitted to the facility on [DATE], with diagnoses of high blood pressure, diabetes (high sugar in the blood) and anxiety. During an interview and observation on 10/6/25, at 9:21 a.m. Resident R1 was observed with a left forearm dressing that was undated. Resident R1 stated someone put it on 10/4/25, and no one has changed it. Review of Resident R1's clinical record from 9/26/25, to 10/6/25, failed to include a physician order for the resident's wound care. During an interview on 10/6/25, at 9:23 a.m. Licensed Practical Nurse, Employee E1 confirmed Resident R1 had an undated dressing. RN, Employee E1 confirmed Resident R1 had a skin tear and there were no orders to clean it. During an interview on 10/6/25, at 9:53 a.m. the Nursing Home Administrator confirmed the facility failed to provide appropriate care and treatment for a wound for one of four residents (Resident R1). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1) Management. 28 Pa. Code: 211.10 (c)(d) Resident Care policies. 28 Pa. Code: 211.12 (d)(1)(2)(3)(5) Nursing services.</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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