

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  Crestview Center		STREET ADDRESS, CITY, STATE, ZIP CODE 262 Toll Gate Road Langhorne, PA 19047	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>48347</p> <p>Based on review of facility policy, observation and staff and resident interviews, it was determined the facility failed to ensure that a resident's call bell was within reach for one of 14 residents reviewed. (Resident R2)</p> <p>Findings include:</p> <p>Based on facility policy titled Call Lights revised June 1, 2021, revealed that to ensure safety and communication, all residents will have a call light or alternative communication device within their reach at all times when unattended.</p> <p>Review of facility grievances of the past three months revealed on January 15, 2024, February 8, 2024, February 14, 2024, and February 19, 2024 there were documented grievances describing concerns related to a delay response to call bells. Further review of the grievances revealed that all concern has been addressed and resolved by implementing education for staff and call bell audits.</p> <p>Observation of Resident R2 on April 18, 2024 at 8:47 a.m. revealed that Resident R2 was calling for help. Resident R2 stated she did not feel well and needed a nurse. Resident stated she needed to be cleaned; an odor of feces was detected in the room. Further observation revealed that the resident's call bell was found behind the resident's bed and out of resident's reach.</p> <p>Interview with nursing assistant, Employee E4, who responded to the resident's needs, confirming the resident needed care and call bell was not assessable to the resident.</p> <p>28 Pa. Code 211.10 (d) Resident care policies</p> <p>28 Pa Code 211.12 (d)(1) 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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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>48347</p> <p>Based on review of facility policy, review of clinical record, review of manufacture directions and staff interview, it was determined that the facility failed to ensure that an opened container of enteral feeding formula was label and dated for one of one resident review on enteral feeding. (Resident R1)</p> <p>Findings include:</p> <p>Review of facility policy titled Enteral Management revised March 1, 2022, revealed that the purpose is to provide safe and effective management of enteral tubes to provide nutrition when the resident is unable to consume food orally. Further review of the policy states that enteral feeding may be provided by a syringe bolus when ordered by a physician. This method is for select situations for stable patients who do not have a history of gastrointestinal reflux or previous aspiration pneumonia, who have normal gastric function and are able to protect their airways or provide their own care.</p> <p>Review of Resident R1's clinical record revealed the diagnoses of fracture of right pubis, history of traumatic brain injury, severe protein calorie malnutrition, fusion of spinal cervical region (surgery that joins two or more vertebrae in the neck), dysphagia (term for difficulty swallowing), hepatitis C (viral infection that affects the liver), and dementia(loss of memory).</p> <p>Continued review of Resident R1's clinical record revealed a physician order for enteral feed initiated March 29, 2024, Two Cal HN (a high calorie formula and protein dense nutrition to support patients with volume intolerance and or fluid retention) , with instructions to administer bolus via syringe at 225ml four times daily having a total of 900ml daily.</p> <p>Review of the manufactures instruction for Two Cal HN enteral feed instructs that this formula once opened must be used within 48 hours.</p> <p>Observation of Resident R1 on April 18, 2024, at 8:30 a.m. revealed that Resident R1 was resting in bed, next to the bed was observed a container of the enteral feeding formula Two Cal HN on top of the Resident R1's bedside table. The container of formula was opened, undated, and unlabeled.</p> <p>Interview with Employee E3 at time of observation confirmed that the container of enteral formula Two Cal was not labeled or dated.</p> <p>28 Pa. Code 211.10 (c) Resident care policies</p> <p>28 Pa Code 211.12(d)(1) Nursing care policies</p>		