

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 01/30/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43277</p> <p>Based on a tour of resident care areas, review of facility documentation, review of clinical records, and staff and resident interviews it was determined that the facility failed to ensure dependent residents received the necessary services to maintain persona hygiene for two of four residents reviewed (Resident R1 and Resident R2).</p> <p>Findings Include:</p> <p>Review of documentation submitted by the facility on January 20, 2025, to the State Survey Agency via the Event Reporting System (electronic database that collects reports of resident events from healthcare facilities), revealed on January 18, 2025, it was reported that there was no hot water available on the nursing units. Maintenance was contacted and was able to successfully restore one of two hot water heaters. The facility reported being unable to maintain comfortable water temperatures during times of peak water demand due to only one hot water heater supplying hot water to the entire center.</p> <p>Continued review of facility documentation submitted to the Event Reporting System on January 20, 2025, revealed nursing was advised to offered residents bed baths instead of showers until the hot water heater was repaired.</p> <p>Interview on January 30, 2025, at 9:35 a.m. with the Nursing Home Administrator, Employee E1, revealed the facility was still operating with only one hot water heater while waiting for the second one to be repaired. Nursing Home Administrator, Employee E1, reported that the facility was unable to maintain comfortable shower temperatures during peak shower time.</p> <p>Further interview with the Nursing Home Administrator, Employee E1, revealed no adjustments were made to resident shower times/days to accommodate resident needs.</p> <p>During a tour of shower rooms on January 30, 2025, at approximately 10:15 a.m. with the Nursing Home Administrator, Employee E1, and Maintenance Director, Employee E3, revealed shower temperatures were at comfortable levels for bathing in two of the three shower rooms checked (North Wing Shower room [ROOM NUMBER] degrees Fahrenheit (F), and [NAME] Wing Shower room [ROOM NUMBER] degrees F).</p> <p>Review of Resident R1's Minimum Data Set (MDS - federally mandated resident assessment and care screening) dated December 30, 2024, revealed the resident was cognitively intact and had diagnoses of muscle weakness and difficulty in walking.</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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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident R1's comprehensive care plan revised November 16, 2024, revealed the resident required assistance/was dependent for activities of daily living care in bathing, grooming, and personal hygiene.</p> <p>Per a review of facility documentation Resident R1 scheduled shower times were Wednesday and Saturday during the 3:00 p.m. to 11:00 p.m. shift.</p> <p>During an interview on January 30, 2025, at 11:30 a.m. with Resident R1 the resident reported that her hair has not been washed in two weeks. Resident R1 reported not being offered a shower for two weeks due to the cold-water temperatures, and subsequently does not feel clean with just a bed bath. Resident R1 denied shower schedule being adjusted to accommodate a shower.</p> <p>Interview on January 30, 2025, at approximately 12:45 p.m. with nurse aide, Employee E4, confirmed Resident R1 was upset about not having her hair washed due to not getting showers. Further interview with nurse aide, Employee E4, revealed the employee set up Resident R1 an appointment with the hairdresser for January 31, 2025, so that Resident R1 can get her hair washed.</p> <p>Review of Resident R2's MDS dated [DATE], revealed the resident was cognitively intact and required supervision/touching assistance for shower/bathing self.</p> <p>Review of Resident R2's comprehensive care plan revised May 31, 2022, revealed Resident R2 was at risk for decreased ability to perform activities in daily living in bathing and personal hygiene related to fatigue and activity intolerance.</p> <p>Interview on January 30, 2025, at 12:37 p.m. with Resident R2 revealed the resident has not had a shower or her hair washed in a couple weeks due to shower temperatures being cold. Resident R2 denied shower schedule being adjusted to accommodate a shower.</p> <p>28 Pa. Code 201.14 (a) Responsibility of licensee.</p>		