

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  01/22/2026
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)		
F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records, observation, and staff and resident interviews, it was determined that the facility failed to ensure timely assessment, identification, and documentation of a change in condition related to skin integrity for one of four residents reviewed (Resident R1).Review of facility policy Skin Integrity and Wound Management, revised 2025, revealed the nursing assistant will observe skin daily and report any changes or concerns to the nurse. The licensed nurse will:- Evaluate any reported or suspected skin changes or wounds;- Document newly identified skin/wound impairments as a change in condition;- Document skin/wound findings on the 24-hour Report;-Perform and document skin inspection on all newly admitted /readmitted patients weekly thereafter and with any significant change of condition.Review of Resident R1's clinical record revealed Resident R1 was admitted to the facility on [DATE] with a diagnosis of brain neoplasm (brain tumor), epilepsy (brain condition that causes recurring seizures), and cortical blindness (total or partial loss of vision caused by brain damage to the occipital cortex).Review of Resident R1's most recent Minimum Data Set (MDS) assessment (a mandated assessment of a resident's abilities and care needs) revealed the resident had a Brief Interview for Mental Status (BIMS) score of 3 indicating severe cognitive impairmentInterview with Resident R1's family member on January 22, 2025 at 11:20 a.m., revealed Resident R1 had an unexplained bruise on his/her right inner forearm.Review of Resident R1's clinical record revealed Resident R1 was transferred to the hospital on January 02, 2025 and was re-admitted to the facility on [DATE].Review of Resident R1's re-admission skin assessment, dated January 05, 2025, revealed no documentation of the presence of a bruise to Resident R1's right inner forearm.Review of Resident R1's clinical record revealed weekly skin assessments/wound care treatment were performed on the following dates:January 05, 2026January 08, 2026January 12, 2026January 14, 2026January 15, 2026January 20, 2026Review of Resident R1's physician orders revealed an order, dated January 05, 2025, for geri sleeve (protects sensitive thin skin from tears and abrasions) to be applied to left arm and to remove for skin check/treatment/hygiene.Observation of Resident R1 on January 22, 2026 at approximately 12:30 p.m. with Director of Nursing, Employee E1, present revealed Resident R1 with geri sleeve on his right and left arm. Director of Nursing, Employee E1, then performed a skin assessment on Resident R1's right lower inner forearm and identified a fading bruise. Interview on January 22, 2025 at 1:45 p.m. with Director of Nursing, Employee E1, confirmed there was no documentation that identified the bruise to Resident R1's inner forearm.28 Pa. Code 211.12(c)(d)(1)(5) Nursing Services		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 395459
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