STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395459	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestview Center	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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of clinical records an interview with staff it was determined that the facility failed to ensure that residents who have a change in clinical status were evaluated by a provider. For one of ten residents observed (Resident R1)Findings include: Review of Resident R1's clinical record revealed Resident R1 was admitted to the facility on [DATE], with diagnosis of but not limited to Centrilobular Emphysema (chronic lung disease). Review of progress note dated November 30, 2025, at 10:00 p.m. written by licensed nurse Employee E3 revealed a change in condition. At the time of evaluation resident/patient vital signs, weight and blood sugar were: Blood Pressure 92/43 (normal blood pressure 110/80) , Pulse: 90 (normal pulse 60 per 100 beats per minute) - RR (respiration rate):18.0 (normal 30 to 60 breath per minute)-Temperature: T 99.5 (normal body temperature 97.-95.5 degrees Fahrenheit), Weight: 91.2 pounds, Pulse Oximetry: O2 89.0 % ([NAME] oxygen level 95%-100%) - Method: Room Air. Outcomes of Physical Assessment: Positive findings reported on the resident/patient evaluation for this change in condition were: Relevant medical history is: COPD Dementia, Functional Status Evaluation: General weakness, Respiratory Status Evaluation: Shortness of breath. Nursing observations, evaluations, and recommendations are: Resident is very weak/tired this shift. She is SOB (short of breath) at times, with decreased pulse ox and a low-grade temp. Placed on 2L(liters) O2(oxygen) with positive results. Her appetite is poor and fluids are encouraged. Spoke with Nurse Practitioner 1 Employee E4 who said that patient will be seen on rounds byNurtse Practitioner 2 Employee E5. Further review of Resident R1's clinical record revealed that there was no documentation by Nurse Practitioner 1 Employee E4 related to Resident R1's change in condition that was reported to her by licensed nurse Employee E3. Further, there was no documented evidence that Nurse Practitioner 1 Employee E4 had addressed Resident R1's change in status and Oxygen saturation of 89.0%. Review of Resident R1's physician's orders dated December 1, 2026, at 12:36PM revealed an order for: STAT Chest X-ray: 2-view for cough, weakness. Review of Chest XC-ray results and conclusion dated December 1, 2026, at 4:38PM revealed Bilateral patchy infiltrates. Review of Resident R1's Medical Practitioner Note (Nurse Practitioner 2), Employee E5 note dated December 1, 2026, at 9:05PM revealed Resident seen for follow up - staff reported increased weakness and decreased PO (oral) intake over the weekend as well as needing supplemental oxygen 2/2 low SpO2 at 89%. Review resident R1's progress note dated December 7, 2025, at 6:10PM revealed that Resident R1 was admitted to local hospital with diagnoses of B/L (bilateral) pneumonia (infection that inflames the air sacs of one or both lungs), UTI (urinary tract infection), leukocytosis, hyponatremia low sodium in the body). Interview with Director of Nursing Employee E2 conducted on May 7, 2026, at 11:24 AM, confirmed that Nurse Practitioner 1 Employee E4 did not address Resident R1's change of status and did not have any documentation after licensed nurse Employee E3 notified Employee E4 of Resident R1's change in status and oxygen saturation of 89%. Licensed nurse Employee E3, Nurse Practitioner 1 Employee E4 and Nurse Practitioner 2 Employee E5 were not available for interview. 28 Pa. Code 211.12(d)(5) Physician 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 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 an interview with staff, it was determined that the facility failed to ensure that a physician's order was in place before administering oxygen for one of ten residents observed (Resident R1).Findings include: Review of Resident R1's clinical record revealed Resident R1 was admitted to the facility on [DATE], with diagnosis of but not limited to Centrilobular Emphysema (chronic lung disease). Review of progress note dated November 30, 2025, at 10:00 p.m. written by licensed nurse Employee E3 revealed a change in condition. At the time of evaluation resident/patient vital signs, weight and blood sugar were: Blood Pressure 92/43 (normal blood pressure 110/80) , Pulse: 90 (normal pulse 60 per 100 beats per minute) - RR (respiration rate):18.0 (normal 30 to 60 breath per minute)-Temperature: T 99.5 (normal body temperature 97.-95.5 degrees Fahrenheit), Weight: 91.2 pounds, Pulse Oximetry: O2 89.0 % ([NAME] oxygen level 95%-100%) - Method: Room Air. Outcomes of Physical Assessment: Positive findings reported on the resident/patient evaluation for this change in condition were: Relevant medical history is: COPD Dementia, Functional Status Evaluation: General weakness, Respiratory Status Evaluation: Shortness of breath. Nursing observations, evaluations, and recommendations are: Resident is very weak/tired this shift. She is SOB (short of breath) at times, with decreased pulse ox and a low-grade temp. Placed on 2L(liters) O2(oxygen) with positive results. Her appetite is poor and fluids are encouraged. Spoke with Nurse Practitioner 1 Employee E4 who said that patient will be seen on rounds by Nurse practitioner 2 Employee E5. Review of resident R1's Medical Practitioner Note (Physician/NP) note dated December 1, 2026, at 9:05PM revealed Resident seen for follow up - staff reported increased weakness and decreased PO (oral) intake over the weekend as well as needing supplemental oxygen 2/2 low SpO2 at 89%. Further review of Resident R1's progress notes revealed the following notes: on December 2, 2025, at 12:01PM Respiratory: No shortness of breath noted. Humidification: Yes. Oxygen via nasal cannula; on December 2, 2026, at 10:19PM Respiratory: No signs of difficulty breathing. No shortness of breath noted. Humidification: Yes. Oxygen via nasal cannula; n December 6, 2026, at 12:27PM Respiratory: No signs of difficulty breathing. Humidification: Yes. Oxygen via nasal cannula. Interview with Employee E2 conducted on May 7, 2026, at 11:24 AM confirmed that oxygen was administered to Resident R1 on November 30, 2025, December 2, 2025, and December 6, 2025, without a physician's order. Further interview with Employee E2 revealed that that a physician's order is needed in order to administer oxygen. Further, Employee E2 revealed that there should have been a physician's order for oxygen before the nurse's administered oxygen to Resident R1. Further interview with Employee E2 revealed that the facility did not have a policy related to oxygen administration. 28 Pa. Code 211.10 (c) Resident care policies 28 Pa. Code 211.12(d)(1) Nursing services