

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/26/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395481	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2025
NAME OF PROVIDER OR SUPPLIER Hillcrest Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1245 Church Road Wyncote, PA 19095	
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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 06525 Based on clinical record review, interviews with staff and residents, reviews of policies, procedures and facility documentation, investigation, it was determined that that facility staff failed to immediately report an allegation of resident verbal and physical abuse for one of fourteen residents reviewed. Resident R1) Findings include: A review of the facility policy titled abuse prohibition dated October 24, 2022 revealed that the facility prohibits abuse, mistreatment, neglect, misappropriation of resident property and exploitation of all residents. The policy said that the facility was responsible for implementation of an abuse prohibition program. The facility was responsible for investigation of incidents and allegations of abuse. The policy said that the administrator was responsible for immediate investigations of alleged abuse. The investigation was to be documented with any witnesses that were interviewed. The administrator was responsible to report allegations to the local authority, within 24 hours. The administrator will take all corrective actions necessary to prevent any further occurrences. The administrator was responsible for reporting all completed investigations within five working days to the Department of Health using the State on-line reporting system. Clinical record review for Resident R1 revealed a quarterly assessment MDS (an assessment of care needs) dated March 4, 2025 that indicated that this resident had memory problems and that cognition was severely impaired. The assessment also indicated that this resident had no physical limitations of functioning of the upper or lower extremities and was ambulating 50 feet with supervision and use of an assistive device (wheeled walker). Clinical record review for Resident R2 revealed a quarterly assessment MDS (an assessment of care needs) dated January 7, 2025 that indicated this resident was cognitively intact. The assessment also indicated that this resident had adequate hearing and vision. Interview with Resident R2 at 10:00 a.m., on March 17, 2025 revealed that this resident was the roommate of Resident R1. On February 24, 2025, Resident R2 witnessed verbal abuse of Resident R1 by the nursing assistant Employee E5. Resident R2 reported on February 24, 2025 to the licensed nurse Employee E6, that was responsible for Residents R1 and R2's care on February 24, 2025 that the nursing assistant Employee E5 was cursing, calling names. Resident R2 reported that he does not want this nursing assistant to take care of him or his roommate any longer. (continued on next page)		

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: 395481	Facility ID: 395481 If continuation sheet Page 1 of 2

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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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the documented investigation submitted to the Department on February 25, 2025 revealed that Resident R2 reported to the facility that Employee E5 uses foul language toward his roommate, Resident R1. The documented investigation indicated that Employee E5 told Resident R2 that she was the head n***** in charge. Continued review of the report submitted by the facility to the Department of Health on February 24, 2025 revealed that Employee E5, a nursing assistant had verbally abused Resident R1 and Employee E6, a nurse had neglected to report verbally abuse of Resident R1 to the supervisor on duty on February 24, 2025 during the three to eleven nursing shift. 28 Pa. Code 201.18(b)(1)(3)(e)(1) Management 28 Pa. Code 211.12(b)(d)(1) Nursing services		