STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395481	A. Building B. Wing	04/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Center	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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, review of facility documentation, review of facility's policy and residents and staff interviews, it was determined that the facility failed to maintain an effective pest control program to ensure that the building was free of rodents.Findings include: Review of the facility policy titled PM 105 Infection Control Practices indicated that the facility is responsible for maintaining a pest-free environment through the use of a contracted pest control vendor, providing services on a periodic basis (weekly, monthly, or as needed). Review of pest control service reports revealed ongoing and repeated interventions for rodent activity throughout the facility. On April 3, 2026, at 8:00 PM, pest control documentation indicated the placement of two snap traps in the staff bathroom, identification of rodent feces in the corner near vending machines, and capture of a mouse in the maintenance office. Additionally, a mouse was reported in resident room [ROOM NUMBER], prompting placement of rodenticide (Nectus) within the heater area and the setting of two traps along the wall near the heater and television stand. Further review showed that on March 27, 2026, pest control services were performed in the kitchen, resident rooms [ROOM NUMBERS], and the third-floor therapy area due to mouse activity. On March 13, 2026, services were provided across multiple resident rooms (324, 113, 216, and 222) and common areas, including replacement of glue boards and snap traps, indicating widespread and persistent rodent concerns. During interviews conducted on April 7, 2026, at approximately 6:15 PM, two of eight alert and oriented residents (R2 and R4) reported observing mice in their rooms. During an interview with family members of Resident R1 on April 7, 2026, at 6:20 p.m. reported observing mice within the resident's room and provided photographic evidence to support their concerns. They identified structural deficiencies, including holes in the baseboards and near the heating/air conditioning unit, which could allow rodent entry. The family further reported that traps had been placed and subsequently removed along with a deceased mouse, and that the baseboard was later filled. Observations conducted during a facility tour on April 7, 2026, at approximately 6:30 PM revealed evidence of rodent activity on the first floor. In room [ROOM NUMBER], mouse droppings were observed on the floor near the window and on top of the heating/air conditioning unit. In room [ROOM NUMBER], mouse droppings were observed on the floor near bed A, behind the headboard, as well as a hole in the baseboard along the bathroom wall. Interview with first-floor Staff member, Employee E5 on April 7, 2026, at 6:30 p.m. confirmed having witnessed mice on the unit, although the staff member indicated there had been some recent improvement. Observation of the kitchen and dry food storage areas on April 7, 2026, at approximately 7:45 p.m. revealed no visible evidence of rodent droppings, and all food items appeared intact and properly stored. Interview with kitchen staff member, Employee E11 at the of the observation confirmed sightings of mice in the hallway adjacent to the kitchen. Interview with Nurse aides Employee E6, Employee 7, Employee E8 and Licensed staff Employee E9 and Employee E10 on April 7, 2026, at 8:00 p.m. confirmed rodent sightings on those floors, indicating the issue was not isolated to a single area of the facility. 28 Pa. Code 201.18(a)(b)(1) Management 28 Pa. Code 201.14(a) Responsibility of licensee

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