

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395711	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/17/2026
NAME OF PROVIDER OR SUPPLIER  Elkins Crest Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  265 E. Township Line Road Elkins Park, PA 19027	
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 0609  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to immediately report an injury of unknown origin to the State Survey Agency for one of six sampled residents. (Resident 2) Findings include: Review of the facility policy entitled, Resident Abuse, last reviewed August 1, 2025, revealed that all incidents and allegations of abuse, including injuries of unknown source were to be reported immediately to the Administrator, Director of Nursing, and to the State Agency. Clinical record review revealed Resident 2 had diagnoses that included hemiplegia (paralysis that affects one side of the body), stroke, and dementia. The Minimum Data Set assessment dated [DATE], indicated that the resident was cognitively impaired, required staff assistance with toileting and personal hygiene, and was dependent on staff for transfers. A review of nursing notes revealed that on November 28, 2025, at 1:19 p.m., a nurse aide observed bruising to Resident 2's right arm and right hip. A registered nurse assessed the bruises and indicated that two faded purple bruises were observed to resident's right hip and right upper arm and that the resident was unable to recall how the bruises occurred. There was a lack of evidence to support that the facility reported the injury of unknown source to the State Survey Agency. In an interview at 1:00 p.m., the Director of Nursing confirmed the facility did not report the incident to the State Survey Agency. 28 Pa. Code 201.18(e)(1) Management. 28 Pa. Code 211.12(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
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