

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

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Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395711                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                        | (X3) DATE SURVEY<br>COMPLETED<br><br>09/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Elkins Crest Health & Rehabilitation Center                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>265 E. Township Line Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                 |
| F 0584<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, it was determined that the facility failed to provide a safe, clean, and comfortable environment on two of three nursing units. (Floors 2 and 3) Findings include: Findings include: Observations on September 9, 2025, from 9:45 a.m. through 1:00 p.m. and on September 10, 2025, from 10:00 a.m. through 1:00 p.m. revealed the following: Peeling paint was observed on the wall under the fire extinguisher in the hallway by room [ROOM NUMBER]. Peeling paint and a dried brown liquid were observed on the floor in front of the closets in room [ROOM NUMBER]. The hallway wall between rooms [ROOM NUMBERS] was marred. A bedside tray table in room [ROOM NUMBER] was missing a drawer, another drawer was crooked, and a metal drawer track was observed on the floor. A bed curtain in room [ROOM NUMBER] was off its track. Debris was observed on the floor in room [ROOM NUMBER]. Marks were observed on the walls in the second-floor dining room. The handrail in the hallway across from the second-floor nursing station was missing a piece. The handrail next to the elevator was loose. Flies were observed in rooms 208, 224, and at the second-floor nursing station. There was damage to the wall behind the A bed and ceiling tiles were damaged in the bathroom of room [ROOM NUMBER]. The radiator cover was damaged, and a sliding closet door was off the tracks in room [ROOM NUMBER]. The entrance door and a floor tile were damaged in room [ROOM NUMBER]. A sliding closet door was missing in room [ROOM NUMBER]. The wall across from bed A was damaged. Floor tiles in the bathroom in 325 were damaged. There was an uncovered electrical outlet with wires exposed on the wall behind bed A in room [ROOM NUMBER]. An electrical outlet to the left of the television in the third floor dining room had no cover. Ceiling tiles, the radiator under the television, and the piano in the third floor dining room were damaged. Wheelchair bumper rails in the hallway between rooms 314 and the shower room, and between rooms [ROOM NUMBERS] were damaged. A red substance was observed on the back of the 3rd floor High side med cart. The sharp's container cabinets on both 3rd floor med carts had broken vents on the sides. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1) Management.</p> |                                                                                                 |                                                 |

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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Centers for Medicare & Medicaid Services

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| F 0641<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Ensure each resident receives an accurate assessment.<br><br>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessment was completed to accurately reflect the current status of one of 33 sampled residents. (Resident 7) Findings include: Clinical record review revealed that Resident 7 had diagnoses that included cerebrovascular accident (stroke), respiratory failure, and dysphagia (difficulty swallowing). After a change in condition on May 21, 2025, the physician ordered the resident to begin receiving hospice services. The MDS assessments, dated May 21 and August 21, 2025, did not indicate that Resident 7 received hospice services. In an interview on September 12, 2025, at 1:10 p.m., the Director of Nursing confirmed that Residents 7's MDS assessments were inaccurate and the resident was receiving hospice services. |                                                                                                 |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review and staff interview, it was determined that the facility failed to develop and implement a comprehensive care plan that addressed an individual resident's needs as identified in the comprehensive assessment for two of 33 sampled residents. (Residents 75 and 76) Findings include: Clinical record review revealed that Resident 75 had diagnoses that included senile degeneration of the brain, major depression, and difficulty in walking. According to the Minimum Data Set (MDS) assessment dated [DATE], the resident was occasionally incontinent of urine. The MDS Care Area Assessment (CAA) summary, dated February 13, 2025, indicated that the resident's urinary incontinence was to be addressed in the care plan. There was no documented evidence that interventions to address Resident 75's urinary incontinence were addressed in the care plan. Clinical record review revealed that Resident 76 had diagnoses that included dementia, muscle weakness, and difficulty in walking. According to the MDS assessment dated [DATE], the resident was occasionally incontinent of urine. The MDS CAA summary, dated January 2, 2025, revealed the resident's urinary incontinence was to be addressed in the care plan. There was no documented evidence that interventions to address Resident 76's urinary incontinence were addressed in the care plan. In an interview on September 12, 2025, at 10:10 a.m., the Director of Nursing confirmed the identified care areas were not addressed in the care plans. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p> |                                                                                                 |                                                 |

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| F 0686<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide appropriate pressure ulcer care and prevent new ulcers from developing.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, observation, and staff interview, it was determined that the facility failed to provide necessary treatment and services to promote healing and to prevent new pressure sores from developing for one of two sampled residents with pressure sores. (Resident 4) Findings include: Clinical record review revealed that Resident 4 had diagnoses that included anoxic brain injury (lack of oxygen to the brain), respiratory failure, and diabetes. The Minimum Data Set assessment dated [DATE], indicated that the resident was non-verbal, dependent on staff for activities of daily living, had a pressure sore, and was at risk for developing additional pressure sores. On July 22, 2025, a physician's order directed staff to keep the resident's ears floating using a supportive neck pillow every shift. A review of the wound care physician's note, dated August 21, 2025, indicated the resident had bilateral open ear wounds. The care plan indicated that the resident had bilateral ear wounds and was at risk for worsening skin problems due to reduced mobility. Interventions included keeping the resident's ears floating by applying a neck support pillow with turning and repositioning every two hours. On September 9, 2025, at 11:05 a.m. and on September 11, 2025, at 11:30 a.m., 12:30 p.m., and 2:25 p.m., the resident was observed lying in bed without the neck pillow in place. The resident's right ear was in direct contact with the bed pillow. On September 12, 2025, at 8:48 a.m., the resident was observed lying in bed without the neck pillow in place with his head facing forward. Bilateral ear wounds were observed. On September 12, 2025, at 10:10 a.m., the Director of Nursing confirmed that the neck pillow was supposed to be in place, and that it was not at the time of the observations. 28 Pa. Code 211.12(d)(1)(5) Nursing services. |                                                                                                 |                                                 |

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| F 0790<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Provide routine and 24-hour emergency dental care for each resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and resident and staff interviews, it was determined that the facility failed to provide routine and emergency dental services for one of 33 sampled residents. (Resident 67)Findings include: Clinical record review revealed that Resident 67 was admitted on [DATE], and had diagnoses that included spinal stenosis, nutritional deficiency, and chronic inflammatory demyelinating polyneuritis (an autoimmune disorder that damages nerve cells).During an interview on September 9, 2025, at 11:00 a.m. Resident 67 stated some of her teeth were damaged while she was hospitalized in October 2024. A dentist had referred her to an oral surgeon for extractions but no appointment had been made. On May 21, 2025, a dentist examined the resident and noted that she needed the damaged teeth removed by an oral surgeon. There was no documentation in the clinical record to support that the facility scheduled an examination with the oral surgeon to meet the needs of the resident.During an interview on September 12, 2025, at 9:45 a.m., the Director of Nursing, confirmed that the facility had failed to provide recommended dental services to Resident 67.28 Pa. Code 211.12(d)(1)(3)(5) Nursing services. 28 Pa Code 211.15 Dental services. |                                                                                                 |                                                 |

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| F 0628<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to notify the State Ombudsman's office in writing of the transfer from the facility for six of six sampled residents who were transferred to the hospital. (Residents 2, 4, 6, 15, 16, 155) Findings include:</p> <p>Clinical record review revealed that Resident 2 was transferred to the hospital on May 12, 2025, after a significant change in condition. There was no documented evidence that the facility sent copies of the written discharge or transfer notices to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>Clinical record review revealed that Resident 4 was transferred to the hospital on June 17, 2025, and on August 11, 2025, after significant changes in condition. There was no documented evidence that the facility sent copies of the written discharge or transfer notices to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>Clinical record review revealed that Resident 6 was transferred to the hospital on October 23, 2024, after a significant change in condition. There was no documented evidence that the facility sent copies of the written discharge or transfer notices to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>Clinical record review revealed that Resident 15 was transferred to the hospital on June 14, 2025, and on June 27, 2025, after significant changes in condition. There was no documented evidence that the facility sent copies of the written discharge or transfer notices to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>Clinical record review revealed that Resident 16 was transferred to the hospital on April 2, 2025, after a significant change in condition. There was no documented evidence that the facility sent copies of the written discharge or transfer notices to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>Clinical record review revealed that Resident 155 was transferred to the hospital on July 8, 2025, after a significant change in condition. There was no documented evidence that the facility sent copies of the written discharge or transfer notices to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>In an interview on September 12, 2025, at 9:45 a.m., the Director of Nursing confirmed that the written copies of the discharge or transfer notices were not sent to the Office of the State Long Term Care Ombudsman.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> |                                                                                                 |                                                 |

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| F 0732<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | Post nurse staffing information every day.<br><br>Based on observation and staff interview, it was determined that the facility failed to ensure that current and accurate nurse staffing information was posted in the facility at the beginning of each shift. Findings include:<br><br>Observations during a tour of the facility conducted on September 9, 2025, at 9:45 a.m., revealed that staffing information posted in the lobby was dated for September 5, 2025.<br><br>In an interview on September 12, 2025, at 10:15 a.m., the Director of Nursing confirmed that the correct staffing information should have been posted.<br><br>28 Pa. Code 201.18(b)(3) Management. |                                                                                                 |                                                 |

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>395711                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                        | (X3) DATE SURVEY<br>COMPLETED<br><br>09/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Elkins Crest Health & Rehabilitation Center                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>265 E. Township Line Road<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                 |
| F 0814<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | Dispose of garbage and refuse properly.<br><br>Based on observation, it was determined that the facility failed to dispose of trash and refuse properly. Findings include: Observation of the dumpster area on September 9, 2025, at 10:30 a.m., revealed the side door of the dumpster was open. The grassy area adjacent to the dumpster had multiple pieces of plastic and paper debris. There were two dumpster lids laying on the ground next to the dumpster. 28 Pa Code 201.18(b)(3) Management. |                                                                                                 |                                                 |