

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395760	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2025
NAME OF PROVIDER OR SUPPLIER Cedar Crest Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 1265 South Cedar Crest Blvd Allentown, PA 18103	

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)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, and resident interview, it was determined that the facility failed to accommodate the needs and maintain dignity for two of seven sampled residents. (Residents 1 and 3)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included a stroke with hemiplegia on her right dominant side, aphasia (inability to swallow), dysphagia (speech impairment), and depression. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident needed help with self care, had limitations in range of motion on one side of her upper extremities, and required maximum assistance with toileting and dressing. Further review of the MDS assessment revealed that family had relayed to the facility that it was very important for the resident to choose her own activities, clothing, and bed time. A review of the care plan revealed that the resident had a communication deficit and there was an intervention for staff to anticipate and meet her needs. In addition, the care plan revealed the resident had an activities of daily living (ADL) self care deficit. There were interventions for staff to assist her with dressing and toileting and to encourage her to use the call bell for assistance. Review of a nurse practitioner's note dated April 23, 2025, revealed that Resident 1 does try to express herself and does appear to have some understanding of questions asked.</p> <p>On May 3, 2025, at 10:40 a.m., 11:00 a.m., 11:15 a.m., and 11:30 a.m., observation revealed that the resident was in bed and only dressed in a hospital gown. The hospital gown was falling down in the front and was not tied or snapped in order to fully cover her upper chest. Her hair was not combed and it did not appear that she had received assistance with her hygiene care, including getting out of bed and getting dressed. During the observations, her call bell was tangled and hanging behind her night stand and out of her reach. In an interview with Resident 1 at 10:40 a.m., when asked if she had her call bell, she shook her head no and was turning her head to see if she could find it. She was not aware of where the call bell was and she did not have access to it to call staff for assistance.</p> <p>Further observation at 12:00 p.m., revealed that Resident 1 was dressed and seated at bed side in her wheelchair. Her hair was combed and she had been served her lunch. In an interview at that time, when asked if she felt better now that she was out of bed, dressed and had received care, she smiled and nodded yes.</p> <p>(continued on next page)</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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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Clinical record review revealed that Resident 3 had diagnoses that included diabetes, fibromyalgia (chronic pain in muscles and soft tissues surrounding joints), and major depressive disorder. A review of the care plan revealed that she had an ADL self care deficit and there was an intervention for staff to encourage her to use the call bell for assistance.</p> <p>On May 3, 2025, at 10:45 a.m., observation revealed that Resident 3 was in her room calling out for help. At that time, she stated, I need to go to the bathroom. When asked where her call bell was located, she was unable to locate it. Observation revealed that the call bell was draped over the night stand, hanging inside the open drawer of the night stand, and was out of her reach.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		