

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 09/04/2025
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, and resident and staff interview, it was determined that the facility failed to implement comprehensive care plan interventions to address individual resident needs as identified in the comprehensive assessment for one of seven sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included chronic obstructive pulmonary disease, osteoarthritis, and osteoporosis. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident was able to communicate her needs clearly and required staff assistance for mobility. Review of the current care plan revealed that Resident 1 was at risk for falls with an intervention for staff to ensure that the resident had a reacher (an assistive tool to help retrieve objects) placed within her reach. In an interview at 1:30 p.m., on September 4, 2025, Resident 1 stated, I haven't had my reacher in a while. I would like to have it. Observation of Resident 1's room revealed that the reacher was not available to the resident. At 1:45 p.m., Licensed Practical Nurse Supervisor 1 (LPNS 1) looked in Resident 1's room and could not find the reacher. In an interview on September 4, 2025, at 1:45 p.m., LPNS 1 confirmed that the reacher for Resident 1 was a current intervention and that it was not in the resident's room for her to use. CFR 483.21(b)(1) Comprehensive Care Plans Previously cited 10/10/24 28 Pa. Code 211.12(d)(1)(5) Nursing services.</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
---	-------	-----------