STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395760	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cedar Crest Post Acute	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on clinical record review, facility documentation review, and staff interview, it was determined that the facility failed to ensure that physician prescribed medications were administered as ordered to one of four sampled residents. (Resident CR 1) Findings include:Resident CR 1 was admitted to the facility with diagnoses that included end stage kidney disease and emphysema. Facility provided documentation revealed that on April 16, 2026, the resident was administered medications to treat hypertension (metoprolol and amlodipine), a medication to treat attention deficit disorder (Ritalin), a medication to prevent blood clots (Eliquis), and a medication to reduce stomach acid (Protonix). Review of the resident's physician orders for April 2026 revealed that the medications were not ordered for Resident CR 1.In an interview on April 30, 2026, at 10:30 a.m., the Director of Nursing confirmed that Resident CR 1 was administered medications not prescribed by the physician. 28 Pa. Code 211.12 (d)(1)(3)(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