

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395208</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>02/05/2025</b>
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NAME OF PROVIDER OR SUPPLIER: <b>HILLCREST REHABILITATION &amp; HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE: <b>100 LITTLE DRIVE LOWER BURRELL, PA 15068</b>
STATE LICENSE NUMBER: <b>021002</b>	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0684 SS=D	Based on an Abbreviated Survey in response to five complaints, completed on February 5, 2025, it was determined that Hillcrest Rehabilitation & Healthcare Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0684  SS=D	Continued from page 1  483.25 Quality of Care  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.  This REQUIREMENT is not met as evidenced by:	F 0684	Immediate Action: On 2/5/2025 while the DOH surveyors were present, the appointment with cardio for resident R1 was scheduled for 2/6/2025 and transport was arranged. Resident R1 had no ill effects from the appointment being after the date it was to be scheduled. Education: Education was provided to all licensed nursing staff on the process for making appointments listed on the hospital discharge orders. Audits: All admission charts are reviewed during the AM clinical meeting. During review appointments will be audited to ensure they are made timely in accordance with the discharge orders. Audits will be completed weekly times 2 weeks and monthly times 1 month.	Completion Date: <b>03/04/2025</b> Status: <b>APPROVED</b> Date: <b>02/14/2025</b>

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F 0684  SS=D	Continued from page 2  Based on review of facility policy, clinical record review, and staff interviews, it was determined that the facility failed to make certain that residents were provided appropriate treatment and care for one of three residents (Residents R1).  Findings include:  Review of facility policy "Resident Rights", indicated basic rights to all residents of this facility. Resident to be notified of his or her medical condition and of any changes in his or her condition. Be informed of, and participate in, his or her care planning and treatment.  Review of facility policy "Medication and Treatment Orders", indicated orders for treatments will be consistent with principles of safe and effective order writing.  Review of Resident R1's clinical record indicated the resident was admitted to the facility on 12/24/24.	F 0684		

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F 0684  SS=D	Continued from page 3  Review of Resident R1's MDS dated 12/30/24, indicated diagnoses of high blood pressure, arthritis, and coronary artery disease (damage or disease in the heart's major blood vessels).  Review of Resident R1's physician orders dated 12/25/24, indicated a follow up appointment to be made with cardiology one month after stent placement (a medical procedure used to open up narrowed or blocked blood vessels).  Review of Resident R1's clinical record on 2/5/25, at 11:33 a.m. failed to have cardiology follow up appointment records to review.  During an interview on 2/5/25, at 12:05 p.m. Scheduler Employee E1 stated, "I was not aware of that appointment, and it has not been made. She has not gone to that appointment".  During an interview on 2/5/25, at 2:01 p.m. Director of Nursing confirmed that the facility failed to make an appointment per physician order for Resident R1.	F 0684		

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F 0684  SS=D	Continued from page 4  28 Pa. Code 201.18 (b)(1) Management 28 Pa. Code 201.29(a) Resident Rights 28 Pa. Code 211.10 (c)(d) Resident Care policies 28 Pa. Code 211.12 (d)(1)(2)(3)(5) Nursing services	F 0684		

Pennsylvania Department of Health

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P 5360	<p>Resident care policies.</p> <p>(b) The policies shall be reviewed at least annually and updated as necessary.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5360	<p>Immediate Action: Policy and Procedures were reviewed, and the signature sheet was updated.</p> <p>Education: The NHA and DON were educated by the chief nursing officer on the regulations for annual review of policies and procedures.</p> <p>Audits: Audits will be completed through the QA/QI process monthly times 2 months to ensure the signature sheet is complete.</p>	<p>Completion Date: <b>03/04/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>02/14/2025</b></p>

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P 5360	Continued from page 1  Based on a review of facility policies and procedures signatures and dates, and staff interview, it was determined that the facility failed to review policies at least annually.  Findings include:  There was no documented evidence that the facility's policies were reviewed on an annual basis.  During an interview on 2/5/25, at 3:00 p.m. the Nursing Home Administrator (NHA) provided a sign in sheet for a Quality Assessment and Performance Improvement meeting from 4/26/24, and stated "This is all I have, I don ' t have a policy review date signature sheet".  During an interview on 2/5/25, at 3:05 p.m. NHA confirmed that the facility failed to review and update the policies and procedures on an annual basis.  28 Pa. Code 211.10(b) Resident care policies	P 5360		

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P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>Immediate Action: The residents had no negative outcome for not meeting the minimum of one nurse aide per 10 residents on day shift, one nurse aide per 11 residents on evenings and one nurse aide per 15 on the night shift. The facility has hired additional staff, hold daily staffing meetings to track staffing, and added additional agencies to utilize for staffing needs.</p> <p>Education: DON/designee will provide the Staffing Coordinator/HR with re-education on the Pennsylvania staffing requirements for ratios.</p> <p>Audits: Staffing coordinator/designee will audit the ratios 3 times weekly for 2 weeks and monthly x1 month.</p>	<p>Completion Date: <b>03/04/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>02/14/2025</b></p>

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P 5520	Continued from page 3  Based on review of nursing time schedules and staff interviews, it was determined that the facility administrative staff failed to provide a minimum of one nurse aide (NA) per 10 residents during the day shift for 16 of 21 days (1/12/25, 1/13/25, 1/14/25, 1/15/25, 1/16/25, 1/17/25, 1/18/25, 1/19/25, 1/21/25, 1/22/25, 1/24/25, 1/26/25, 1/29/25, 1/30/25, 1/31/25, and 2/1/25), one nurse aide per 11 residents on evening shift for two of 21 days (1/14/25 and 1/24/25), and one nurse aide per 15 residents on night shift, on one of 21 days (1/23/25).  Findings include:  Review of facility census data and nursing time schedules from 1/12/25 through 1/18/26, 1/19/25 through 1/25/25, and 1/26/25 through 2/1/25 revealed the following NA staffing shortages.  Day Shift:  Date            Census            Full Time Equivalent (FTE) Present FTE Required	P 5520		

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P 5520	Continued from page 4	P 5520		
	1/12/25    65    5.63                    6.50			
	1/13/25    65    6.43                    6.50			
	1/14/25    66    6.23                    6.60			
	1/15/25    64    6.00                    6.40			
	1/16/25    63    5.10                    6.30			
	1/17/25    69    6.47                    6.90			
	1/18/25    69    6.43                    6.90			
	1/19/25    69    5.23                    6.90			
	1/21/25    70    5.00                    7.00			
	1/22/25    73    7.20                    7.30			
	1/24/25    73    6.23                    7.30			
	1/26/25    73    6.37                    7.30			
	1/29/25    71    6.03                    7.10			
	1/30/25    70    6.47                    7.00			
	1/31/25    70    5.43                    7.00			
	2/1/25     70    6.63                    7.00			
	Evening Shift:			
	Date            Census        FTE Present    FTE			
	Required			

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P 5520	Continued from page 5  1/14/25    66    5.37    6.00 1/24/25    73    6.10    6.64  Night Shift:  Date        Census        FTE Present    FTE Required  1/23/25    73        4.27        4.87  During an interview on 2/5/25, at 3:15 p.m. the Nursing Home Administrator confirmed that the facility failed to provide a minimum of one nurse aide per 10 residents during the day shift, one nurse aide per 11 residents on evening shift, and one nurse aide per 15 residents on night shift as required with no additional excess higher-level staff to compensate this deficiency.	P 5520		
P 5530		P 5530		

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P 5530	Continued from page 6  Nursing services.  (4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.  This REGULATION is not met as evidenced by:	P 5530	Immediate Action: The residents had no negative outcome for not meeting the minimum of one LPN per 25 residents on day shift. The facility has hired additional staff, hold daily staffing meetings to track staffing, and added additional agencies to utilize for staffing needs. Education: DON/designee will provide the Staffing Coordinator/HR with re-education on the Pennsylvania staffing requirements for ratios. Audits: Staffing coordinator/designee will audit the ratios 3 times weekly for 2 weeks and monthly x1 month.	Completion Date: <b>03/04/2025</b> Status: <b>APPROVED</b> Date: <b>02/14/2025</b>

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P 5530	<p>Continued from page 7</p> <p>Based on review of nursing time schedules and staff interview it was determined that the facility administrative staff failed to provide a minimum of one licensed practical nurse (LPN) per 25 residents during the day shift on six of 21 days (1/16/25, 1/18/25, 1/19/25, 1/24/25, 1/26/25, and 2/1/25).</p> <p>Findings include:</p> <p>Review of facility census data and nursing time schedules from 1/12/25 through 1/18/26, 1/19/25 through 1/25/25, and 1/26/25 through 2/1/25 revealed the following LPN staffing shortages.</p> <p>Day Shift:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Date</th> <th style="text-align: left;">Census</th> <th colspan="2" style="text-align: left;">Full Time Equivalents (FTE)</th> </tr> <tr> <th style="text-align: left;">Present</th> <th style="text-align: left;">FTE Required</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>1/16/25</td> <td>63</td> <td>2.44</td> <td>2.52</td> </tr> <tr> <td>1/18/25</td> <td>69</td> <td>2.00</td> <td>2.76</td> </tr> <tr> <td>1/19/25</td> <td>69</td> <td>2.06</td> <td>2.76</td> </tr> <tr> <td>1/24/25</td> <td>73</td> <td>2.50</td> <td>2.92</td> </tr> </tbody> </table>	Date	Census	Full Time Equivalents (FTE)		Present	FTE Required			1/16/25	63	2.44	2.52	1/18/25	69	2.00	2.76	1/19/25	69	2.06	2.76	1/24/25	73	2.50	2.92	P 5530		
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# Certified End Page

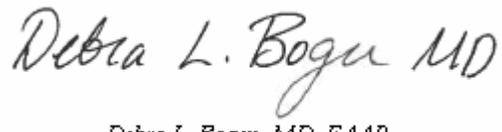
**HILLCREST REHABILITATION & HEALTHCARE CENTER**

**STATE LICENSE NUMBER: 021002**

**SURVEY EXIT DATE: 02/05/2025**

**I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey**

  
Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
Department of Health**

THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY