

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>07/31/2025</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 0677 SS=D	Based on an Abbreviated Survey in response to a complaint, completed on July 31, 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 0677		

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 0677  SS=D	Continued from page 1  483.24(a)(2) ADL Care Provided for Dependent Residents  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;  This REQUIREMENT is not met as evidenced by:	F 0677	IA: Residents R1, R2 and R3 were reviewed for their shower/bath schedule and received a shower per schedule. Whole house audit was completed to ensure all residents shower schedule is correct and meets the needs of the resident. Education: DON or designee will educate CNAs and licensed staff on timely provision of activities of daily living (ADL) assistance and following assigned shower/bathing schedule. Audits: Showers will be audited 3 times weekly for 2 weeks and monthly times 1 month to ensure residents are receiving showers as assigned.	Completion Date: <b>08/12/2025</b> Status: <b>APPROVED</b> Date: <b>08/07/2025</b>

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F 0677  SS=D	<p>Continued from page 2</p> <p>Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to provide Activity of Daily Living (ADL) assistance for three of five residents (Residents R1, R2, and R3).</p> <p>Findings include:</p> <p>Based on review of facility policy "Activities of Daily Living (ADLs), Supporting" dated 2/20/25, indicated residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>Review of the clinical record indicated Resident R1 was admitted to the facility on 6/27/24.</p> <p>Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated</p>	F 0677		

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F 0677  SS=D	Continued from page 3  5/19/25, indicted diagnoses of Cerebral Palsy (group of disorders that affect a person's ability to move and maintain balance and posture), anxiety, and depression. Section GG - Functional Abilities, Question GG0130E indicated the resident was coded "4" supervision or touching assistance for shower/bathe self: the ability to bathe self, including washing, rinsing, and drying (excludes washing of back and hair).  Review of Resident R1's Kardex (a snapshot of resident care needs) indicated Resident R1 is scheduled for a bath/shower every Wednesday and Saturday evening shift with limited assistance of one.  Review of Resident R1's July 2025 shower documentation indicated no shower or bath was provided on: 7/2/25, 7/5/25, 7/9/25, 7/16/25, 7/19/25, 7/23/25, 7/26/25, and 7/30/25.  Review of a Nursing Progress Note dated 7/2/25, at 9:58 p.m. stated, "Resident refused her shower then at 9:30 wanted it, we told her they didn't have	F 0677		

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F 0677  SS=D	Continued from page 4  time."  Review of the clinical record indicated Resident R2 was admitted to the facility on 8/20/24.  Review of Resident R2's MDS dated 5/15/25, indicated diagnoses of high blood pressure, dementia (a group of symptoms that affects memory, thinking and interferes with daily life), and hemiplegia (paralysis on one side of the body). Section GG - Functional Abilities, Question GG0130E indicated the resident was coded "1" dependent for shower/bathe self: the ability to bathe self, including washing, rinsing, and drying (excludes washing of back and hair).  Review of Resident R2's Kardex indicated Resident R2 is scheduled for a bath/shower every Wednesday and Saturday evening shift with extensive assistance of one.  Review of Resident R2's July 2025 shower documentation indicated no shower or bath was	F 0677		

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F 0677  SS=D	Continued from page 5  provided on: 7/2/25, 7/9/25, 7/19/25, 7/23/25, 7/26/25, and 7/30/25.  Review of the clinical record indicated Resident R3 was admitted to the facility on 6/13/25.  Review of Resident R3's MDS dated 6/21/25, indicated diagnoses of high blood pressure, hemiplegia, and muscle weakness. Section GG - Functional Abilities, Question GG0130E indicated the resident was coded "4" supervision or touching assistance for shower/bathe self: the ability to bathe self, including washing, rinsing, and drying (excludes washing of back and hair).  Review of Resident R3's Kardex indicated Resident R3 is scheduled for a bath/shower every Wednesday and Saturday evening with limited assistance of one.  Review of Resident R3's July 2025 shower documentation indicated no shower or bath was provided on: 7/5/25, 7/9/25, 7/16/25, 7/19/25,	F 0677		

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F 0677  SS=D	Continued from page 6  7/23/25, 7/26/25, and 7/30/25.  During an interview on 7/31/25, at 11:53 a.m. the Director of Nursing was unable to locate additional documentation to indicate Residents R1, R2, and R3 were offered and/or refused baths/showers on the dates listed above and that the facility failed to provide activities of daily living assistance for Residents R1, R2, and R3.  28 Pa. Code: 211.10(d) Resident care policies. 28 Pa. Code: 211.12(c)(d)(1)(3)(5) Nursing services.	F 0677		

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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>IA: 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 evening shift and one nurse aide per 15 residents on night shift. The facility has hired additional staff, holds daily staffing meetings to track staffing and added additional agencies to utilize for staffing needs.</p> <p>Education: DON or designee will provide the staffing coordinator and HR with education on the Pennsylvania staffing requirements for ratios.</p> <p>Audits: Staffing coordinator or designee will audit the staffing ratios 3 times weekly for 2 weeks and monthly times 1 month.</p>	<p>Completion Date: <b>08/12/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>08/07/2025</b></p>

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P 5520	Continued from page 1  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 17 of 21 days (6/30/25, 7/1/25, 7/4/25, 7/5/25, 7/14/25, 7/15/25, 7/16/25, 7/17/25, 7/18/25, 7/19/25, 7/20/25, 7/21/25, 7/22/25, 7/23/25, 7/24/25, 7/25/25, and 7/26/25), one nurse aide per 11 residents on evening shift for nine of 21 days (6/29/25, 6/30/25, 7/1/25, 7/2/25, 7/4/25, 7/15/25, 7/17/25, 7/18/25, and 7/21/25), and one nurse aide per 15 residents on night shift on five of 21 days (7/4/25, 7/5/25, 7/15/25, 7/17/25, and 7/26/25).  Findings include:  Review of facility census data and nursing time schedules from 6/29/25 through 7/5/25, 7/13/25 through 7/19/25, and 7/20/25 through 7/26/25, revealed the following NA staffing shortages.  Day Shift:	P 5520		

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P 5520	Continued from page 2  6/30/25, Census 67, 5.29 Full-Time Equivalents (FTEs) present, 6.70 FTEs required.7/1/25, Census 69, 5.65 FTEs present, 6.90 FTEs required7/4/25, Census 69, 6.56 FTEs present, 6.90 FTEs required.7/5/25, Census 69, 6.18 FTEs present, 6.90 FTEs required.7/14/25, Census 64, 5.32 FTEs present, 6.40 FTEs required.7/15/25, Census 65, 5.47 FTEs present, 6.50 FTEs required.7/16/25, Census 66, 6.45 FTEs present, 6.60 FTEs required.7/17/25, Census 67, 4.00 FTEs present, 6.70 FTEs required.7/18/25, Census 67, 4.56 FTEs present, 6.70 FTEs required.7/19/25, Census 65, 5.19 FTEs present, 6.50 FTEs required.7/20/25, Census 65, 5.78 FTEs present, 6.50 FTEs required.7/21/25, Census 65, 5.18 FTEs present, 6.50 FTEs required.7/22/25, Census 64, 5.19 FTEs present, 6.40 FTEs required.7/23/25, Census 65, 6.40 FTEs present, 6.50 FTEs required.7/24/25, Census 67, 6.00 FTEs present, 6.70 FTEs required.7/25/25, Census 64, 6.00 FTEs present, 6.40 FTEs required.7/26/25, Census 65, 6.00	P 5520		

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P 5520	Continued from page 3  FTEs present, 6.50 FTEs required. Evening Shift:  6/29/25, Census 68, 6.11 FTEs present, 6.18 FTEs required.6/30/25, Census 67, 4.77 FTEs present, 6.09 FTEs required.7/1/25, Census 69, 5.92 FTEs present, 6.27 FTEs required.7/2/25, Census 69, 5.78 FTEs present, 6.27 FTEs required.7/4/25, Census 69, 5.45 FTEs present, 6.27 FTEs required.7/15/25, Census 65, 5.78 FTEs present, 5.91 FTEs required.7/17/25, Census 67, 6.03 FTEs present, 6.09 FTEs required.7/18/25, Census 67, 4.44 FTEs present, 6.09 FTEs required.7/21/25, Census 65, 5.46 FTEs present, 5.91 FTEs required. Night Shift:  7/4/25, Census 69, 2.43 FTEs present, 4.60 FTEs required.7/5/25, Census, 69, 3.34 FTEs present, 4.60 FTEs required.7/15/25, Census 65, 3.94 FTEs present, 4.33 FTEs required.7/17/25, Census 67, 3.97 FTEs present, 4.47 FTEs required.7/26/25, Census 65, 3.97 FTEs present,	P 5520		

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P 5520	Continued from page 4  4.33 FTEs required. During an interview on 7/31/25, at 12:29 p.m. the Director of Nursing 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 5  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	IA: The residents had no negative outcome for not meeting the minimum of one LPN per 30 residents on evening shift. The facility has hired additional staff, holds daily staffing meetings to track staffing and added additional agencies to utilize for staffing needs. Education: DON or designee will provide the staffing coordinator and HR with education on the Pennsylvania staffing requirements for ratios. Audits: Staffing coordinator or designee will audit the staffing ratios 3 times weekly for 2 weeks and monthly times 1 month.	Completion Date: <b>08/12/2025</b> Status: <b>APPROVED</b> Date: <b>08/07/2025</b>

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P 5530	Continued from page 6  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 30 residents during the evening shift on one of 21 days (7/3/25).  Findings include:  Review of facility census data and nursing time schedules from 6/29/25 through 7/5/25, 7/13/25 through 7/19/25, and 7/20/25 through 7/26/25, revealed the following LPN staffing shortages.  Evening Shift:  7/3/25, Census 69, 1.78 Full-Time Equivalents (FTE) present, 2.30 FTEs required. During an interview on 7/31/25, at 12:29 p.m. the Director of Nursing confirmed the staffing shortages and that the facility failed to provide one LPN per 30 residents during the evening shift as required with no additional excess higher-level staff to compensate	P 5530		

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>07/31/2025</b>
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
P 5530	Continued from page 7  this deficiency.	P 5530		
P 5640	Nursing services.  (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 5640	IA: The residents had no negative outcome for not meeting the minimum 3.2 number of general nursing hours to each resident in a 24-hour period. The facility has hired additional staff, holds daily staffing meetings to track staffing and added additional agencies to utilize for staffing needs. Education: DON or designee will provide the staffing coordinator and HR with education on the Pennsylvania staffing requirements for the 3.2 number of general nursing hours to each resident in a 24-hour time period. Audits: Staffing coordinator or designee will audit PPD 3 times weekly for 2 weeks and monthly times 1 month.	Completion Date: <b>08/12/2025</b> Status: <b>APPROVED</b> Date: <b>08/07/2025</b>

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>07/31/2025</b>
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>				
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P 5640	Continued from page 8  Based on review of nursing time schedules and staff interviews it was determined that the facility administrative staff failed to provide the minimum number of general nursing hours to each resident in a 24 hour period on seven of 21 days (6/30/25, 7/1/25, 7/4/25, 7/5/25, 7/17/25, 7/18/25, and 7/21/25).  Findings include:  Review of facility census data and nursing time schedules from 6/29/25 through 7/5/25, 7/13/25 through 7/19/25, and 7/20/25 through 7/26/25, revealed that the facility failed to maintain 3.20 hours of general nursing care (PPD) to each resident in a 24-hour period on the following dates:  6/30/25, Census 67, PPD 3.007/1/25, Census 69, PPD 3.167/4/25, Census 69, PPD 2.917/5/25, Census 69, PPD 2.977/17/25, Census 67, PPD 3.107/18/25, Census 67, PPD 3.077/21/25, Census 65, PPD 3.02	P 5640		

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>07/31/2025</b>
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>				
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P 5640	Continued from page 9  During an interview on 7/31/25, at 12.29 p.m. the Director of Nursing confirmed that the facility failed to provide the minimum number of general nursing hours to each resident in a 24-hour period on seven of 21 days as required.	P 5640		



# Certified End Page

**HILLCREST REHABILITATION & HEALTHCARE CENTER**

**STATE LICENSE NUMBER: 021002**

**SURVEY EXIT DATE: 07/31/2025**

**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