

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395208	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/17/2025
NAME OF PROVIDER OR SUPPLIER: HILLCREST REHABILITATION & HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 100 LITTLE DRIVE LOWER BURRELL, PA 15068		
STATE LICENSE NUMBER: 021002				
(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 0760 SS=D	Based on an Abbreviated Survey in response to four complaints, and an incident completed on December 17, 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 0760		

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 0760 SS=D	Continued from page 1 483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:	F 0760	Resident R1's orders were clarified, and order correct and in place at time of survey. The residents had no negative outcome from receiving the incorrect insulin. Current resident's insulin orders audited to ensure that the insulin order for each resident is correct. DON, or designee to Inservice licensed staff on administering medications policy and administering insulin medication orders policy. DON, or designee to conduct audit on diabetic insulin administration for accuracy of medication orders to ensure that they are given as ordered and documented in the administration n record. Audits will be completed weekly x 2 weeks then monthly x 2 months. Results of the audits will be reviewed at the Quality Assurance meetings until substantial compliance has been met	Completion Date: 01/07/2026 Status: APPROVED Date: 01/02/2026

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F 0760 SS=D	Continued from page 2 Based on review of facility policy, clinical record review, and interviews with staff, it was determined that the facility failed to ensure that residents are free of significant medication errors for one of five residents reviewed (Resident R1). Findings include: Review of facility policy "Administering Medications" dated 2/20/25, indicated medications are administered in a safe and timely manner, and as prescribed. The individual administering the medication checks the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication. Review of the clinical record indicated Resident R1 was admitted to the facility on 12/30/24. Review of Resident R1's Minimum Data Set (MDS - a periodic assessment of care needs) dated 10/17/25, indicated diagnoses of anemia (too little	F 0760		

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F 0760 SS=D	Continued from page 3 iron in the blood), high blood pressure, and Diabetes Mellitus (a metabolic disorder in which the body has high sugar levels for prolonged periods of time). Review of a physician order dated 10/13/25, indicated to administer insulin glargine (Lantus - a long-acting insulin given to lower blood sugar levels) inject 30 units subcutaneously (beneath the skin into the fatty tissue layer) at bedtime for diabetic. Review of a progress note dated 10/21/25, completed by Licensed Practical Nurse (LPN) Employee E1 stated, "During night med pass this writer administered the resident the wrong insulin, writer administered 30 units humalog insulin (a rapid-acting insulin given to lower blood sugar levels) when the resident was to receive 30 units of lantus, writer immediately notified RN (Registered Nurse) supervisor of the error and physician notified, resident made aware of error as well as the residents contact and cousin, blood glucose at the time of incident 170, BP (blood pressure) 134/76,	F 0760		

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F 0760 SS=D	Continued from page 4 TPR (temperature) 97.5, 74 (heart rate), 98% RA (oxygen saturation on room air), writer immediately notified RN supervisor and physician called and orders received to monitor blood glucose q15 (every fifteen minutes) x 4. Then Q 1 hour x 4, resident given multiple snacks and a sandwich as well as milk and orange juice. Residents contact person as well as the resident notified of medication error." During an interview on 12/17/25, at 3:35 p.m. the Director of Nursing confirmed that the facility failed to ensure that residents are free of significant medication errors for one of five residents reviewed (Resident R1). 28 Pa. Code: 201.14(a) Responsibility of licensee. 28 Pa. Code: 201.18 (b)(1) Management. 28 Pa. Code: 211.10 (c) Resident Care policies. 28 Pa. Code: 211.12 (d)(1)(5) Nursing services.	F 0760		

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P 5520	Nursing services. (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. This REGULATION is not met as evidenced by:	P 5520	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 has agency contracts to utilize for staffing needs. The Director of Nursing or designee will provide the staffing coordinator and HR with education on the Pennsylvania staffing requirements for ratios. The Staffing coordinator or designee will audit the staffing ratios 3 times weekly for 2 weeks and monthly times 1 month.	Completion Date: 01/07/2026 Status: APPROVED Date: 01/02/2026
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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 14 of 21 days (11/9/25, 11/10/25, 11/11/25, 11/12/25, 11/14/25, 11/15/25, 12/4/25, 12/6/25, 12/9/25, 12/10/25, 12/12/25, 12/13/25, 12/14/25, and 12/16/25) and one nurse aide per 11 residents on evening shift for two of 21 days (11/10/25 and 11/13/25). Findings include: Review of facility census data and nursing time schedules from 11/9/25 through 11/15/25, 12/3/25 through 12/9/25, and 12/10/25 through 12/16/25, revealed the following NA staffing shortages. Day Shift: 11/9/25, Census 70, 4.94 Full-Time Equivalents (FTEs) present, 7.00 FTEs required. 11/10/25, Census 71, 5.47 FTEs present, 7.10	P 5520		

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P 5520	Continued from page 2 FTEs required. 11/11/25, Census 74, 5.72 FTEs present, 7.40 FTEs required. 11/12/25, Census 74, 6.03 FTEs present, 7.40 FTEs required. 11/14/25, Census 70, 6.90 FTEs present, 7.000 FTEs required. 11/15/25, Census 67, 4.91 FTEs present, 6.70 FTEs required. 12/4/25, Census 62, 5.52 FTEs present, 6.20 FTEs required. 12/6/25, Census 65, 6.24 FTEs present, 6.50 FTEs required. 12/9/25, Census 65, 6.40 FTEs present, 6.50 FTEs required. 12/10/25, Census 66, 6.39 FTEs present, 6.60 FTEs required. 12/12/25, Census 65, 6.15 FTEs present, 6.50 FTEs required. 12/13/25, Census 67, 6.16 FTEs present, 6.70 FTEs required. 12/14/25, Census 65, 5.63 FTEs present, 6.50 FTEs required.	P 5520		

Pennsylvania Department of Health

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P 5520	Continued from page 3 12/16/25, Census 65, 5.49 FTEs present, 6.50 FTEs required. Evening Shift: 11/10/25, Census 71, 6.29 FTEs present, 6.45 FTEs required. 11/13/25, Census 71, 5.76 FTEs present, 6.45 FTEs required. During an interview on 12/17/25, at 12:56 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 and one nurse aide per 11 residents on evening shift as required with no additional excess higher-level staff to compensate this deficiency.	P 5520		



Certified End Page

HILLCREST REHABILITATION & HEALTHCARE CENTER

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SURVEY EXIT DATE: 12/17/2025

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