STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:
	395481	A. BLDG: 00 B. WING:	02/12/2025

NAME OF PROVIDER OR SUPPLIER:	STREET ADDRESS, CITY, STATE, ZIP CODE:
HILLCREST CENTER STATE LICENSE NUMBER: **034402**	**1245 CHURCH ROAD** **WYNCOTE, PA 19095**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 Based on an Abbreviated survey in response to a complaint completed on February 12, 2025, it was determined that Hillcrest Center was not in compliance with the following requirements of the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0000		

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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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	1. All residents received care in accordance with their plan of care and attending physician orders. 2. The Clinical Leadership Team and scheduler review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. Facility continues to offer incentives, coordinate staffing schedules, and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff. 3. All Nursing Staff have been educated on the 7/1/2024 Nursing Ratios and PPD requirements and the importance of maintaining the schedule as posted. 4. To monitor and maintain ongoing compliance the DON or designee will audit staffing weekly x4 weeks then monthly for two months. Results will be taken to the QAPI for review and revision as needed.	Completion Date: **02/25/2025** Status: **APPROVED** Date: **02/18/2025**

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 5520	Continued from page 1 Based on document review and staff interview, it was determined that the facility failed to ensure a required minimum of one Nurse Aide (NA) per 10 residents on day shift for five of twenty- one days reviewed (December 27, 29, 30, 2024 and January 20, 2025 and February 3, 2025), one of NA per 12 residents on an evening shift for three of the twenty-one days reviewed (December 31, 2024, January 1, 30, 2025,) and one NA per 15 residents on the overnight shift for ten of twenty- one days reviewed (December 27, 28, 2024 and January 16,18, 19, 20, 21, 22, 30, 31 2025). Findings include: Review of facility provided staffing ratio/resident census information for February 2 - 8, 2025, revealed the following NA ratios, which did not meet the minimum nurse aide ratio required for the facility census of residents on those shifts: December 27, 2024, day shift -169 residents 15 NAs (min 16.9), night shift 8 NAs (min 11.27)	P 5520		

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P 5520	Continued from page 2 December 28, 2024, night shift - 169 residents 8 NAs (min 11.27) December 29, 2024, day shift -167 residents 16 NAs (min 16.7) December 30, 2024, day shift -166 residents 13 NAs (min 16.6) December 31, 2024, evening shift -166 residents 13 NAs (min 15.6) January 1, 2025, evening shift - 167 residents 14 NAs (min 15.18) January 16, 2025, night shift - 172 residents 11.06 NAs (min 11.47) January 18, 2025, night shift - 171 residents 6 NAs (min 11.27) January 20, 2025, night shift - 171 residents 10 NAs (min 11.40) January 21, 2025, night shift - 169 residents 10 NAs (min 11.27) January 22, 2025, night shift - 170 residents 9 NAs (min 11.33) January 30, 2025, evening shift 177 residents 16 NAs (min 16.27) night shift -10 NAs (min 11.93) January 31, 2025, night shift - 178 residents 10	P 5520		

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P 5520	Continued from page 3 NAs (min 11.87) February 3, 2025, day shift - 175 residents 17 NAs (min 17.5) During an interview with the Nursing Home Administrator and Director of Nursing on February 12, 2025, at 3:00 p.m., it revealed that the facility did not staff below minimum requirements, but experienced call outs due to inclement weather and illness and were not able to fill all open slots.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 4 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	1. All residents received care in accordance with their plan of care and attending physician orders. 2. The Clinical Leadership Team and scheduler review the schedule daily. In the event of call offs the facility follows staffing policies including exhausting all possible replacements from internal staffing pool and contracted agency staff. Facility continues to offer incentives, coordinate staffing schedules, and replace call-offs per policy while actively continuing to hire for all open positions and additional pool staff. 3. All Nursing Staff have been educated on the 7/1/2024 Nursing Ratios and PPD requirements and the importance of maintaining the schedule as posted. 4. To monitor and maintain ongoing compliance the DON or designee will audit staffing weekly x4 weeks then monthly for two months. Results will be taken to the QAPI for review and revision as needed.	Completion Date: **02/25/2025** Status: **APPROVED** Date: **02/18/2025**

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P 5640	Continued from page 5 Based on review of facility staffing sheets, it was determined that the facility failed to provide a minimum of 3.2 hours of direct resident care for each resident in a 24 period for nine out of twenty-one sampled days. (weeks of December 27, 2024- January 2, 2024, January 16, 2025-January 22, 2025, January 31, 2025 - February 5, 2025). Findings include: Review of facility nursing staffing sheets for the weeks of December 27, 2024- January 2, 2024, January 16, 2025-January 22, 2025, January 31, 2025 - February 5, 2025, revealed the following days where the staffing hours of direct resident care fell below the required 3.2 hours: -December 27, 2025- 2.94 hrs. -December 28, 2025- 3.11 hrs. -December 31, 2025- 3.15 hrs. -January 1, 2025- 3.16 hrs. -January 17, 2025- 3.15 hrs. -January 18, 2025- 3.16 hrs.	P 5640		

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P 5640	Continued from page 6 -January 19, 2025- 3.14 hrs. -January 20, 2025- 3.14 hrs. -February 3, 2025-3.08 hrs. During interview on February 12, 2025, at 3:00 p.m., with facility administration confirmed that the facility failed to meet the nursing hour requirements for these nine days.	P 5640		

Certified End Page

HILLCREST CENTER

STATE LICENSE NUMBER: 034402

SURVEY EXIT DATE: 02/12/2025

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