

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395075	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/26/2024
NAME OF PROVIDER OR SUPPLIER  New Eastwood Healthcare and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Fairview Avenue Easton, PA 18042	

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)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 09315</p> <p>Based on clinical record review, facility provided documentation and staff interview, it was determined that the facility failed to ensure that a notice of non coverage for skilled care services and the appeal process was provided to the resident or representative for one of four residents reviewed. (Resident 1)</p> <p>Findings include:</p> <p>Review of Information for Notice of Non-coverage for Medicare (Form CMS-10123-NOMNC) revealed that the facility must inform the resident or resident representative when skilled services will end, and also provide information regarding the ability to appeal the decision.</p> <p>Clinical record reiew revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included chronic pain syndrome, deconditioning and osteomyelitis. The resident had an order by the physician for skilled therapy services. It was determined by therapy, that the last day for covered therapy services was to be on January 12, 2024. There was no documentation that the resident or representative was notified that skilled services would end on that day, nor that the decision could be appealed.</p> <p>In an interview on January 26, 2024, at 10:40 a.m., the Administrator confirmed that the notice was not provided.</p> <p>28 Pa. Code 201.18(e)(1) Management.</p>

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
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