

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  09/05/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>48578</p> <p>Based on clinical record review and observation, it was determined that the facility failed to provide care and services in a manner respectful of each resident's dignity for one of 18 sampled residents. (Resident 79)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 79 had diagnoses that included obstructive uropathy, urinary retention, and enlarged prostate. On August 6, 2024, a physician ordered that Resident 79 utilize an indwelling urinary catheter for urination. Review of the care plan revealed that staff was to maintain a dignity bag or privacy cover over the collection bag when in social settings and when visible to others. Observations on September 3, 2024, at 11:45 a.m., revealed that Resident 79 was seated at an exercise machine in the physical therapy room, and at 1:10 p.m., was seated in a wheelchair in a common lounge area. The indwelling urinary catheter bag was not covered and contained urine. Multiple residents and staff were in the area when observed.</p> <p>28 Pa. Code 211.12(d)(5) Nursing services.</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
---	-------	-----------

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  09/05/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45840</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to implement physician's orders for four of 18 sampled residents. (Residents 35, 47, 49, 244)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 35 had diagnoses that included generalized edema and acute kidney failure. A physician's order dated August 8, 2024, directed staff to weigh the resident every Thursday. A review of the Medication Administration Record (MAR) for August 2024, revealed that there was no evidence that staff weighed Resident 35 as ordered on August 22 and 29, 2024.</p> <p>Clinical record review revealed that Resident 47 had diagnoses that included end-stage renal disease requiring dialysis and congestive heart failure. A physician's order dated August 31, 2024, directed staff to weigh the resident daily. A review of the MAR for September 2024, revealed that there was no evidence that staff weighed Resident 47 as ordered on September 1 and 3, 2024.</p> <p>Clinical record review revealed that Resident 49 had diagnoses that included severe protein-calorie malnutrition and congestive heart failure. A physician's order dated August 16, 2024, directed staff to weigh the resident every Friday. A review of the MAR for August 2024, revealed that there was no evidence that staff weighed Resident 49 as ordered on August 23, 2024.</p> <p>Clinical record review revealed that Resident 244 had diagnoses that included congestive heart failure and chronic kidney disease. A physician's order dated August 29, 2024, directed staff to weigh the resident daily. A review of the MAR for August 2024, revealed that there was no evidence that staff weighed Resident 244 as ordered on August 30 and 31, 2024.</p> <p>In an interview on September 5, 2024, at 8:35 a.m. and 1:12 p.m., the Regional Clinical Nurse confirmed that there was no documented evidence that the residents were weighed as ordered.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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  09/05/2024
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 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>43883</p> <p>Based on clinical record review, observation, and staff interview, it was determined that the facility failed to provide physician ordered therapeutic diets for two of 18 sampled residents. (Residents 12, 14)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 12 had diagnoses that included Alzheimer's disease, dysphagia, and protein calorie malnutrition. A physician's order dated December 20, 2020, directed staff to provide a mechanical soft diet with the addition of enhanced foods. Review of the care plan revealed an intervention for staff to provide the resident's diet as ordered, which included enhanced foods. On September 4, 2024, at 12:27 p.m., the resident was observed eating the lunch meal in the dining room. The tray ticket indicated that the resident was to receive fortified mashed potatoes, an enhanced tray food. There was no fortified food item or enhanced mashed potatoes observed on the resident's tray.</p> <p>Clinical record review revealed that Resident 14 had diagnoses that included muscle weakness, muscle wasting, and dysphagia. A physician's order dated October 9, 2023, directed staff to provide a mechanical soft diet with enhanced foods. Review of the care plan revealed an intervention for staff to provide the resident's diet as ordered which included enhanced foods three times per day. On September 3, 2024, at 12:46 p.m., the resident was observed eating lunch in the dining room. The tray ticket indicated that the resident was to receive fortified pudding, an enhanced food, with her meal. There was no pudding observed on the resident's tray. On September 4, 2024, at 12:27 p.m., the resident was observed eating the lunch meal in the dining room. The tray ticket again indicated that the resident was to receive fortified pudding with the meal; there was no pudding observed with the resident's meal.</p> <p>In an interview on September 5, 2024, at 8:35 a.m., the Regional Clinical Nurse confirmed that residents with physician's orders for enhanced foods should receive fortified food items with meals.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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  09/05/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43883</p> <p>Based on observation, it was determined that the facility failed to store food under sanitary conditions in the kitchen.</p> <p>Findings include:</p> <p>Observation of the kitchen on September 3, 2024, at 9:47 a.m., revealed the following:</p> <p>In the walk-in freezer, there was an accumulation of ice at the entry way, on the shelves, and on boxes of potato hashbrowns and nutrition shakes. The ice build up prevented the door from latching and forming a seal when closed.</p> <p>In the walk-in refrigerator, there was a pan of raw ground meat stored above a pan of raw whole beef. At the coffee preparation area, there was an accumulation of dust on the underside of a window air conditioning unit that was above coffee filters and plastic lids. On a storage shelf under a food preparation area, there were two containers of peanut butter stored next to spray bottles of chemical sanitizing solution. In the milk cooler, there was no thermometer observed in the cooler. There was an accumulation of spilled milk on the bottom of the cooler. There was an odor of spoiled milk in the cooler. There were two fans with an accumulation of dust on the grate covers that were stored near clean dish racks in the dish washing area.</p> <p>CFR 483.60 Food Procurement Store/Prepare/Serve-Sanitary.</p> <p>Previously cited 10/5/23</p> <p>28 Pa. Code 201.18(b)(3) Management.</p>		