

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/18/2026
NAME OF PROVIDER OR SUPPLIER  Riverton Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE  803 North Wahneta St Allentown, PA 18103	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, facility policy review and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for one of six sampled residents. (Resident 1) Findings include: Review of the facility policy entitled, Administering Medications, dated December 1, 2025, revealed that staff should check the medication label three times to verify the right resident, right medication, right dosage, right time, and the right route before the medication was administered. Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included heart failure, hypertension (high blood pressure), and atrial fibrillation (irregular heart rhythm). Review of a physician's progress note dated February 28, 2026, revealed that staff had administered a medication used to prevent and treat anxiety disorders and seizures (clonazepam), an antidepressant medication (trazadone), and a medication used to treat high cholesterol (simvastatin) to Resident 1. A further review of the clinical record revealed that the medications were prescribed for Resident 6. There was no documented evidence that Resident 1 had an order for the medications. In an interview on March 18, 2026, at 2:00 p.m., the Assistant Director of Nursing confirmed that staff had administered Resident 6's medications to Resident 1. 28 Pa. Code 211.12(d)(1)(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
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