STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395264	A. Building B. Wing	08/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jewel Healthcare and Rehabilitation Center	535 North 17th Street Allentown, PA 18104

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. Based on clinical record review and staff interview, it was determined that the facility failed to implement physician's orders for two of 27 sampled residents. (Residents 2, 13)Findings include: Clinical record review revealed that Resident 2 had diagnoses that included end stage kidney disease and diabetes mellitus (DM). On July 11, 2025, the physician ordered staff to administer insulin (Lispro) three times a day for DM. Staff were not to administer the medication if Resident 2's blood sugar was less than 100 milligrams per deciliter (mg/dL). Review of Resident 2's Medication Administration Record (MAR) revealed that staff administered the medication two times in July 2025 and three times in August 2025, when the resident's blood sugar was less than 100 mg/dL.Clinical record review revealed that Resident 13 had diagnosis of diabetes mellitus and hypertension (high blood pressure). On July 16, 2025, the physician ordered staff to administer insulin (Lispro) subcutaneously (fatty tissue layer beneath the skin) with meals. Staff were not to administer the medication if Resident 13's blood sugar was less than 120 mg/dL. Review of the MAR for July and August 2025, revealed that Resident 13 received the medication on six occasions, when the resident's blood sugar was less than 120 mg/dL. Physician's orders dated August 8, 2025, directed staff to administer a blood pressure medication (hydrochlorothiazide) once daily. Staff were to hold the medication if the resident's systolic blood pressure (SBP, the measure of the pressure when the heart beats) was below 110 millimeters mercury (mm/Hg). Review of Resident 13's MAR revealed that staff administered the medication two times in August 2025 when the resident's SBP was less than 110 mm/Hg. Physician's orders dated August 11, 2025, directed staff to administer a blood pressure medication (metoprolol) twice daily. Staff were to hold the metoprolol if the resident's SBP was <110 and heart rate was below 65 beats per minute (bpm). On August 20, 2025, the physician ordered staff to administer a blood pressure medicine (amlodipine besylate) once daily. Staff were not to administer the medication if Resident 13's SBP was less than 115 mm/Hg. Review of the MARs for August 2025 revealed no evidence that staff obtained the resident's heart rate or blood pressure prior to administration of the metoprolol on 23 occasions, additionally staff administered the medication two times in August 2025 when the resident's SBP was less than 110 mm/Hg. Review of the MARs for August 2025 revealed no evidence that staff obtained Resident 13's blood pressure prior to administration of the amlodipine on eight occasions. In an interview on August 28, 2025, at 9:54 a.m., the Director of Nursing confirmed that the medications were administered outside of the established parameters for Residents 2 and 13 and that there was no evidence that staff obtained or recorded Resident 13's blood pressure or heart rate prior to the administration of the medications as ordered.28 Pa. Code 211.12(d)(1)(5) Nursing services.

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