

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395540	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/25/2024
NAME OF PROVIDER OR SUPPLIER  Easton Skilled Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2600 Northampton Street Easton, PA 18045	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>14599</p> <p>Based on clinical record review, resident interview, review of facility documentation, and observation, it was determined that the facility failed to honor resident preferences or allergies during meal service for two of five sampled residents. (Residents 4 and 5)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 4 had no memory impairment and could communicate clearly and be understood. In an interview conducted on March 25, 2024, at 10:30 a.m., the resident stated that she often didn't receive the food that she ordered. According to the resident's meal selection sheet (a document completed weekly by the resident to select food choices) she requested hot coffee and apple juice for her beverages and angel food cake for dessert during lunch that day. When her lunch tray was observed at 12:30 p.m., she received hot chocolate instead of coffee and ice cream instead of cake. The resident stated that she didn't like these items.</p> <p>Clinical record review revealed that Resident 5 had various food allergies that included mushrooms. On March 25, 2024, the resident was served Salisbury steak with mushroom gravy. The resident stated, I can't eat that. I'm allergic to mushrooms.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b) 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
---	-------	-----------