

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  09/28/2024
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 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>14599</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that a physician's order for wound care was implemented for one of four sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included dementia. On September 12, 2024, at 12:39 a.m., a nurse noted that the resident fell while in her room and sustained a skin tear to her left shin. Later that day, at 3:00 p.m., the physician ordered that nursing staff clean the wound and apply a sterile gauze dressing every evening. According to the Treatment Administration Record, the resident's dressing was not changed until September 18, 2024.</p> <p>In an interview on September 28, 2024, at 11:00 a.m., the Assistant Director of Nursing confirmed that there was no documented evidence that the resident's wound was cared for between September 12 and 18, 2024.</p> <p>CFR 483.25 Quality of Care</p> <p>Previously Cited 11/20/23</p> <p>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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