

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  05/24/2025
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>Based on clinical record review and staff interview, it was determined that the facility failed to implement physician's orders for two of eight sampled residents. (Residents 1 and 2)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included diabetes mellitus and congestive heart failure. A physician's ordered dated May 6, 2025, directed staff to inject 24 units of insulin (Lispro) subcutaneously (insert a needle under the skin) three times a day for diabetes mellitus and hold if blood glucose was less than 150 milligrams per deciliter (mg/dl) or if the resident had not eaten a meal. A review of the Medication Administration Record for May 2025, revealed that staff administered the medication on May 10, 11, 12, 13, 15, and 20, 2025, when the resident's glucose was under 150 mg/dl.</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included diabetes mellitus, congestive heart failure, and chronic kidney disease. A physician's order dated August 21, 2024, directed staff to administer insulin (Lispro) based on a sliding scale (a method of managing diabetes by adjusting insulin doses in response to the individual's current blood glucose levels) subcutaneously with meals three times a day. Staff were to administer five units of insulin and notify the physician if the blood glucose was between 351 - 400 mg/dl. A review of the Medication Administration Record for May 2025, revealed that staff administered the medication on May 10 and May 12, 2025, when the resident's blood sugar was above 351 mg/dl. There was no documented evidence that the physician was notified.</p> <p>In an interview on May 24, 2025, at 2:10 p.m., the Nurse Manager confirmed that the physician's orders for Residents 1 and 2 were not followed.</p> <p>CFR 483.25 Quality of Care</p> <p>Previously cited 9/28/24 and 11/7/24</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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