

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  09/24/2025
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, it was determined that the facility failed to ensure that physician's orders were followed for one of five sampled residents. (Resident 1) Findings Include: Clinical record review revealed that Resident 1 was admitted to the facility with diagnoses that included heart failure and obesity. On August 18, 2025, a physician directed staff that Resident 1's as needed opioid medication for pain control (Percocet 5-325 mg) was not to be administered with the routine every 12 hour opioid medication (Oxycontin 15 mg. ER). Staff were ordered to ensure that there was an hour between the administration of the medications. Review of the Medication Administration Record (MAR) for September 2025, revealed that both medications were administered at the same time (2100) on September 21, 2025. CFR 483.25 Quality of Care Previously cited 9/28/24, 11/7/24, 5/24/2528 Pa. Code 211.25 (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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