

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 01/06/2026
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, facility documentation review, and staff interview, it was determined that the facility failed to implement physician's orders for one of six sampled residents. (Resident 1) Findings include: Review of the facility policy entitled Medication Administration, last reviewed September 22, 2025, revealed that medications were to be administered as prescribed in accordance with manufacturer's specifications and in accordance with written orders of the prescriber. Clinical record review revealed that Resident 1 had diagnoses that included heart disease. The Minimum Data Set assessment dated [DATE], indicated that he was alert and oriented and was at risk for pressure sores. A review of the care plan revealed that the resident was at risk for altered skin integrity due to impaired mobility, incontinence, and a history of moisture associated skin damage (MASD). There was an intervention for staff to administer medications as ordered by the physician. There was a physician's order effective December 23, 2025, for staff to apply a preventative barrier cream to the resident's buttocks twice a day. Review of a skin assessment dated [DATE], revealed that the resident did have MASD to the right and left gluteus (buttocks). Review of facility documentation dated January 3, 2026, at 5:18 p.m., revealed that staff (NA 1) took a cream from the treatment cart and applied a topical analgesic used to relieve muscle and joint pain (capsaicin cream), instead of the preventative barrier cream to Resident 1's buttocks. In an interview on January 6, 2026, at 12:54 p.m., the Director of Nursing confirmed that staff did not follow physician's orders and applied the incorrect cream to the resident's buttocks. The facility failed to administer medications as per the facility policy and as ordered by the physician. 28 Pa. Code 211.12(d)(1)(2)(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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