

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  11/07/2024
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 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43883</b></p> <p>Based on clinical record review, observation, review of facility activities schedules, resident interview, and staff interview, it was determined that the facility failed to provide an activities program that met the needs and interest of residents for one of 35 sampled residents. (Resident 18)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 18 had diagnoses that included Parkinson's disease and depression. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident did not have cognitive impairment and required assistance from staff for activities of daily living. Review of the care plan revealed that the resident preferred Bingo as an activity of interest. Staff were to offer activities consistent with the resident's known interest and assist with transport to and from activities of choice. Review of a recreation assessment dated [DATE], revealed that the resident participated in group engagement and occasionally participated in group activities. During an interview on November 5, 2024, at 10:59 a.m., Resident 18 stated that she preferred to attend bingo, but staff do not offer or provide assistance with transport to the activity. Review of the facility's activity schedule for November 2024, revealed that a group bingo activity was scheduled for November 6, 2024, at 2:00 p.m. Observation on November 6, 2024, at 1:57 p.m., revealed that residents were engaged in the bingo activity. At 2:04 p.m., Resident 18 was observed in her room; she stated that staff did not offer for her to attend or to assist with transport to the bingo activity. At 2:35 p.m., the resident was again observed in her room while the bingo game was ongoing. There was no evidence that staff had offered the resident to attend the bingo activity or that the resident refused.</p> <p>In an interview on November 7, 2024, at 1:25 p.m., the Activities Director confirmed that staff should offer residents to attend activities of interest and there was no evidence that staff offered the resident to attend bingo on November 6, 2024.</p> <p>28 Pa. Code 201.18(b)(3) 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
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<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>45840</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure physician's orders were implemented for one of 35 sampled residents. (Resident 13)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 13 had diagnoses that included chronic respiratory failure and quadriplegic cerebral palsy. A physician's order dated September 25, 2024, directed staff to apply Prevalon boots (devices used to properly position the heels to reduce pressure) at all times except during care. Review of the comprehensive care plan revealed that the resident was at risk for skin breakdown. Multiple observations on November 5 and 6, 2024, between 9:00 a.m. and 1:00 p.m., revealed Resident 13 in bed and the Prevalon boots were not applied.</p> <p>In an interview on November 7, 2024, at 9:48 a.m., the Administrator confirmed that staff did not apply the Prevalon boots as ordered by the physician.</p> <p>CFR 483.25 Quality of Care</p> <p>Previously Cited 11/20/23 and 9/28/24</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 17709</p> <p>Based on clinical record review, observation, and staff interview, it was determined that the facility failed to implement interventions to prevent further decline and/or improve range of motion for two of nine sampled residents with limited range of motion. (Residents 59, 63)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 59 had diagnoses that included senile degeneration of the brain and protein-calorie malnutrition. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident was cognitively impaired and required extensive assistance from staff for personal hygiene and dressing. Review of the care plan revealed that the resident was at risk for self-care deficit related to physical limitations. There was an intervention dated May 10, 2024, for staff to apply bilateral palm guards (orthotic devices) during morning care and removed at night. Observation on November 5, 2024, revealed the resident was in bed at 10:22 a.m., 12:15 p.m., and 1:55 p.m., without the bilateral palm guards in place. On November 6, 2024, the resident was in bed at 9:03 a.m., 10:50 a.m., and 12:24 p.m., without the bilateral palm guards in place.</p> <p>Clinical record review revealed that Resident 63 had diagnoses that included Parkinson's disease and dementia. The MDS assessment dated [DATE], indicated that the resident was cognitively impaired and had limitations in range of motion on both sides of her upper and lower extremities. Review of the care plan revealed that the resident was at risk for a loss of range of motion. There was an intervention dated August 9, 2024, for staff to apply a left palm guard during morning care and remove at night. Review of an occupational therapy discharge summary dated August 16, 2024, revealed that there was a recommendation for staff to apply a left palm guard with morning care and remove at night. Observation on November 5, 2024, revealed that the resident was in her wheelchair at 11:15 a.m., 11:45 a.m., and 1:00 p.m., without the left palm guard in place.</p> <p>In an interview on November 7, 2024, at 9:06 a.m., the Director of Nursing confirmed that staff was to apply bilateral palm guards in accordance with the resident's care plan.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		