

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395701	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2025
NAME OF PROVIDER OR SUPPLIER Abington Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Edella Road Clarks Summit, PA 18411	

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)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy and clinical record review and resident interview, it was determined the facility did not ensure prompt efforts were made to resolve a resident's grievance and/or concerns for two of five residents reviewed. (Resident 1 and 2). Findings include: A review of the facility policy titled, Grievance Process Procedure, indicated concerns may be presented to any staff member and if unable to be resolved at that time a grievance/concern form will be initiated and submitted to be completed. The policy further revealed the facility will investigate the grievance and notify the person filing the grievance of resolution within 5 working days from the date of concern. A review of clinical record revealed Resident 1 was admitted to the facility on [DATE], with diagnoses to include osteoarthritis (a degenerative joint disease where the protective cartilage cushioning the ends of bones wears down, leading to pain, stiffness, and reduced mobility) A review of a quarterly Minimum Data Set assessment (MDS - a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated May 7, 2025, revealed that Resident 1 was cognitively intact with a BIMS score of 14 (Brief Interview for Mental Status, a tool within the Cognitive Section of the MDS that is used to assess the resident's attention, orientation, and ability to register and recall new information; a score of 13-15 indicates cognitively intact). A review of a Resident council Meeting minutes dated May 20, 2025, indicated two of seven residents attending had concerns related to call bell response times (Resident 1 and Resident 2). A review of resident council meeting minutes dated June 17, 2025, revealed that Resident 1 and Resident 2 were still experiencing extended call bell response times. A review of the facility complaint log for May 2025, included a grievance form for the above concern for Resident 1 and Resident 2. There was no evidence that the concern was investigated and resolved in a timely manner. An interview with Resident 1 conducted July 15, 2025, at approximately 10:00AM revealed her concern with call bell response times has not been resolved. The interview further revealed the resident had experienced pressing her call bell and waiting longer than one hour causing her to urinate and defecate on herself. Resident 2 was unavailable for interview. During an interview on July 15, 2025, at approximately 12:00PM with the Nursing Home Administrator confirmed the facility was unable to provide any further documentation that the grievance was resolved in a timely manner according to the facility policy. 28 Pa. Code 201.29(a) Resident rights</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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