

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 09/19/2025
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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and resident and staff interviews, it was determined that the facility failed to ensure that the resident was invited to participate in the care planning process for one of 25 residents reviewed (Resident 121). Findings include: A clinical record review revealed Resident 121 was admitted to the facility on [DATE], with diagnosis to include sepsis (a life-threatening condition that occurs when the body's immune system overreacts to an infection, leading to widespread inflammation and organ damage) and myocardial infarction (occurs when blood flow to the heart muscle is blocked, causing damage or death of heart tissue). A review of the quarterly Minimum Data Set assessment (MDS- a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated September 12, 2025, revealed that Resident 121 was cognitively intact with a BIMS score of 15 (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). During an interview with resident 121 on September 17, 2025, at 12:05 PM, Resident 121 stated she had not been invited to participate in the care planning process for development of her comprehensive person-centered care plan including preferences related to shower times. The interview revealed the resident was showered on September 16, 2025, at 11:00PM, even though the resident's preference is to shower during day shift, specifically early morning. The resident verbalized the concerns with the late shower time to the staff members involved, and the resident stated she was told she would be showered when the staff has time. The resident stated she was cold with her hair wet all night long due to the late shower and had trouble sleeping. A further review of the clinical record revealed no documented evidence that a care plan conference had been conducted for Resident 121 or that the resident had been invited to participate in the development or review of his comprehensive care plan or preferences. During an interview with the Director of Nursing (DON) on September 17, 2025, at 1:45PM, it was determined the resident was scheduled for evening shower times. The clinical record revealed no evidence that the resident had been offered to choose her shower times. The DON confirmed there was no documentation to show that a care plan conference had been held for Resident 121 since admission or that the resident had been invited to participate in the care planning process. 28 Pa. Code 201.29 (a) Resident rights. 28 Pa. Code 211.12(d)(3) Nursing services.		

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

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 09/19/2025
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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the Resident Assessment Instrument (RAI) Manual, a review of clinical records, resident observation, and staff interviews, it was determined that the facility failed to complete an accurate Minimum Data Set (MDS) for one of 25 residents sampled (Resident 35). Findings include: The Long-Term Care Facility Resident Assessment Instrument (RAI) User's Manual, which provides instructions and guidelines for completing the Minimum Data Set (MDS a federally mandated standardized assessment conducted at specific intervals to plan resident care) dated October 2024, requires the assessment accurately reflects the resident's status, a registered nurse conducts or coordinates each assessment with the appropriate participation of health professionals, and the assessment process includes direct observation, as well as communication with the resident and direct care staff on all shifts. A review of the clinical record revealed Resident 35 was admitted to the facility on [DATE], with diagnoses to include dysphagia (difficulty swallowing). A review of the admission MDS (May 23, 2025), Section A 1005 (identification information, including ethnic background and race) indicated 'Resident Unable to Respond'. Upon further review of the clinical record, the resident centered care plan for Resident 35 (initiated May 18, 2025, revised September 2, 2025) described the use of a Spanish communication board and Spanish music among the nursing interventions to care for cognitive loss. Resident 35's daughter is involved in care as indicated by her presence in the building and via phone in multiple instances according to a clinical record review. According to the RAI Manual, if the resident is not able to respond, a family member, significant other, and/ or guardian/legally authorized guardian may be contacted for the requested information. The RAI manual further indicates if the resident cannot respond and no other resources (family, significant other, or legally authorized representatives or medical records) provide the necessary information, code as the resident is unable to respond. The clinical record did not illustrate any attempt to contact the representative for Resident 35 to gather accurate data regarding ethnic background. An interview with the Registered Nurse Assessment Coordinator on September 18, 2025, at 9:26 AM confirmed the coding as described for Resident 35 was not accurate. 28 Pa. Code 211.5(f)(iii) Medical records. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

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 09/19/2025
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, a review of clinical records and staff interview, it was determined the facility failed to develop and implement a comprehensive person-centered care plan that included specific and individualized interventions to address hearing aid needs for one out of 25 residents sampled (Resident 122). Findings include: A clinical record review revealed Resident 122 was admitted to the facility on [DATE], with diagnoses that included cerebral infarction (a condition where blood flow to the brain is interrupted, leading to tissue damage) and parkinsonism (neurological disorder that causes involuntary shaking, difficulty with balance, and stiffness in the body) Observation on September 18, 2025, at 11:50 AM revealed that Resident 122 had one hearing aid located on the nightstand. An interview conducted on September 18, 2025, at 11:50AM revealed the resident lost one hearing aid approximately 1-2 weeks prior to the interview date. The resident stated staff has not helped him find the lost hearing aid and the facility has not tried to help the resident obtain a replacement hearing aid. Review of Resident 122's inventory sheet revealed the resident came to the facility with 2 hearing aids in his possession. Review of the clinical record revealed a progress note dated September 13, 2025, at 11:55PM documenting on assessment the resident only possessed one hearing aid. The progress note further revealed, the author notified laundry services, dietary services, and the supervisor of the missing hearing aid. Review of Resident 122's inventory sheet confirmed the resident came to the facility with 2 hearing aids in his possession. A review of the facility's grievance logs revealed no grievance filed by staff regarding the lost hearing aid through survey date September 17, 2025. A review of the resident's care plan revealed no documentation regarding the resident's hearing aid. The care plan lacked any information regarding the resident's hearing ability, care of, storage of, or maintenance of the hearing aid. Further review of the clinical record revealed no documented evidence the facility developed a care plan to reflect Resident 122's hearing status including the resident possessing hearing aids upon admission to the facility, and the plan/timeline to maintain the resident's hearing status. During an interview on September 18, 2025, at approximately 11:00 AM, the Director of Nursing revealed the facility is unable to provide any further documentation of the resident's care plan including documentation of the resident's hearing deficit. The facility failed to ensure each resident's comprehensive person-centered care plan includes identified problems and services that are to be provided to assist the residents to attain or maintain their highest practicable physical, mental, and psychosocial well-being. 28 Pa Code 211.12 (d)(1)(3) Nursing services.		

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 09/19/2025
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of facility policy, clinical records, and staff interview, it was determined the facility failed to develop and implement an individualized plan of care to address the toileting needs of one of 25 sampled residents (Resident 12), including restoring the bladder function to the extent possible and preventing recurrence of urinary tract infections. Findings include: A review of facility policy titled 'Urinary Incontinence-Clinical Protocol' reviewed on September 25, 2024, revealed nursing staff will identify, and document circumstances related to incontinence, and based on the category and causes of incontinence, staff will provide scheduled toileting, prompted voiding, or other interventions to try to improve the individual's continence status. The policy further indicated; the facility will review the progress of individuals with impaired continence until continence is restored or improved as much as possible or it is identified that further improvement is unlikely. Documentation of resident's responses to attempted interventions such as scheduled toileting, prompted voiding, or medications used to treat incontinence will occur in the medical record. A review of Resident 12's clinical record revealed Resident 12 was admitted to the facility on [DATE], with diagnoses to include chronic obstructive pulmonary disease (COPD- an ongoing lung condition caused by damage to the lungs which results in swelling and irritation). A review of a Resident 12's significant change, comprehensive Minimum Data Set Assessment (MDS-a federally mandated standardized assessment conducted at specific intervals to plan resident care), dated April 7, 2025, revealed Resident 12 as cognitively impaired with a BIMS score of 6 (brief interview for mental status, a tool to assess the residents attention, orientation and ability to register and recall new information). A score of 6 indicates severe cognitive impairment and suggests the individual may require significant assistance with daily activities. On April 7, 2025, the MDS described Resident 12 as requiring assistance from staff for toileting, toileting hygiene, and transfers and had an indwelling urinary catheter (plastic tube inserted in the bladder to drain urine). A retrospective review of the clinical record from April 4, 2025, to April 6, 2025, illustrated a 'Voiding Trial' to evaluate Resident 12's tendency to retain urine (bladder doesn't completely empty). On April 7, 2025, an indwelling urinary catheter was inserted into the bladder due to findings from the 'Voiding Trial' indicating Resident 12 was retaining urine as evidenced by findings from bladder scans (a noninvasive and portable medical device that measures urine in the bladder) and the need to receive straight catheterization (thin tube called a catheter into the bladder which lets the urine flow out). Upon clinical record review, Resident 12 was hospitalized from [DATE] to April 30, 2025, for surgical incision and drainage of a right hip wound. (due to a buildup of fluid, a surgical site must be opened and drained). Upon return from an acute care hospital stay on April 30, 2025, Resident 12 did not have a catheter and experienced bladder and bowel incontinence. The facility provided an electronic report documenting the level of continence status after returning from acute care as follows: May 1, 2025, at 2:16 AM and 7:18 AM: incontinent. May 2, 2025, at 6:26 AM: continent. May 3, 2025, at 5:52 AM, 12:16 PM, and 9:37 PM: incontinent. There was no additional documentation of continence/incontinence status, monitoring for urinary retention, or ongoing evaluation of bladder function. No policies were provided that addressed monitoring continence or urinary retention after catheter removal or following a hospital stay with changes in continence status. A review of the resident's person-centered care plan, initiated and revised on September 5, 2025, indicated Resident 12 experienced bladder incontinence. The stated goal was for the resident to be maintained in a clean and dry dignified state. Interventions included medication administration per physician orders, application of skin barrier creams, reporting signs of urinary tract infection (such as flank pain, burning, fever, hematuria, or change in mental status), reporting changes in urine characteristics, reporting skin integrity changes, and use of absorbent products as needed. However, the care plan did not identify the type of incontinence, nor did it include individualized interventions such as a toileting program, prompted (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

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 09/19/2025
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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	voiding, or scheduled toileting to restore continence or reduce complications. There was no evidence the facility conducted an evaluation of voiding patterns or developed an individualized toileting plan upon the resident's return from acute care on April 30, 2025. An interview with the Director of Nursing on September 19, 2025, at 10:23 AM confirmed the facility could not provide documentation showing Resident 12 was evaluated for continence/incontinence status, type of incontinence, or urine retention after return from the hospital without a catheter, despite the resident's known history of urinary retention. 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services. 28 Pa. Code 211.10(a)(d) Resident care policies.		