

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395708	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/27/2024
NAME OF PROVIDER OR SUPPLIER Gardens for Memory Care at Easton, The		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Washington Street Easton, PA 18042	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43883</p> <p>Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to ensure that safety interventions were in place for one of three sampled residents at risk for behavioral symptoms. (Residents 1, 2)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included traumatic brain injury and dementia with behavioral disturbance. Review of the care plan revealed that the resident was to have a stop sign on his door to prevent other residents from entering his room. In addition, staff were to ensure the stop sign was at the door post at all times, deter other residents from entering the room, and replace the stop sign when it was detached. Further review of the care plan revealed that the resident had anxiety and ineffective coping when his belongings were touched. Review of a trauma assessment dated [DATE], revealed that Resident 1 exhibited physical behaviors towards another resident who had intruded on his space. The trigger was identified as other residents wandering into his space. The intervention was for a stop sign to be placed on Resident 1's door.</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included dementia with mood and psychotic disturbance, and anxiety. Review of the care plan revealed that the resident was independent for ambulation. Further review of the care plan revealed that the resident wandered throughout the nursing unit. On November 23, 2024, staff noted that the resident exhibited aggressive behaviors and was wandering into other resident's rooms.</p> <p>Review of facility documentation revealed that on November 24, 2024, Resident 1 exhibited physical behaviors towards Resident 2 after the resident had entered Resident 1's room. There was a lack of evidence to support that the stop sign was in place to deter wandering residents from entering Resident 1's room and prevent potential triggers for behaviors, per Resident 1's plan of care.</p> <p>In an interview on November 27, 2024, at 2:26 p.m., the Administrator confirmed that the stop sign was not in place.</p> <p>CFR 483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices</p> <p>Previously cited 6/13/2024</p> <p>(continued on next page)</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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