

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  06/13/2024
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17709</b></p> <p>Based on clinical record review, facility policy review, observation, and staff interview, it was determined that the facility failed to ensure that assessed safety measures were in place for one of six sampled residents at risk for falls. (Resident 20) In addition, the facility failed to ensure that a resident at risk for elopement did not leave the secured nursing unit without staff knowledge for one of three sampled residents who were at risk for elopement. (Resident 75)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 20 was admitted to the facility on [DATE], with diagnoses that included Alzheimer's disease, insomnia, and history of falling. Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed that the resident had cognitive impairment. On August 23, 2023, the physician ordered for the resident to have bilateral (both sides) fall mats next to her bed. Review of the care plan revealed that Resident 20 was at risk for falls with an intervention for bilateral fall mats. Observations on June 11, 2024, from 9:09 a.m. through 12:00 p.m., revealed Resident 20 in bed with no fall mats.</p> <p>Review of the facility policy entitled, Elopement last reviewed January 31, 2024, revealed the facility was to provide a safe and secure environment for residents and to be proactive in preventing resident elopements. Elopement was defined as a resident leaving a safe area of the facility without authorization and without the facility's knowledge and supervision.</p> <p>Clinical record review revealed that Resident 75 had diagnoses that included Alzheimer's disease, dementia with severe psychotic disturbance, anxiety, hallucinations, and psychosis. The MDS assessment dated [DATE], revealed that the resident had memory impairment. A review of the care plan revealed that the resident was at risk for elopement due to dementia. There was an intervention for staff to distract her from wandering by offering diversional activities. On December 7, 2023, a physician documented that the resident frequently wanders. Review of the monthly psychoactive medication evaluations for March and April 2024, revealed that the resident had wandering behaviors that included going in and out of rooms, looking for her husband, and checking door knobs. The elopement risk evaluation dated March 3, 2024, indicated that the resident was disoriented, ambulated independently and was considered a high risk for elopment. On April 4, 2024, a nurse documented that the resident had exit-seeking behaviors that included touching alarm buttons, watching staff while opening doors and standing by the front door.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of an incident report dated May 6, 2024, at 11:10 a.m., revealed that the resident had been found outside of the secured nursing unit in a vestibule area near the front door to the nursing unit, alone without supervision. The investigation into the incident revealed that a nurse aide had left the unit and failed to ensure that the door was locked and that no residents followed her out the door. Review of a witness statement from licensed practical nurse (LPN1) revealed that as she was coming into the building she found the resident standing in front of the doors to the second floor nursing unit. LPN1 stated that the Resident 75 said she got locked out and that she was waiting for her husband. Review of a witness statement from a registered nurse RN1 revealed that the resident had been exit-seeking, wandering, and asking where her husband was prior to leaving the secured nursing unit.</p> <p>In an interview on June 13, 2024, at 9:08 a.m., RN2 stated that the resident had been at risk for elopement and did leave the secured nursing unit without staff knowledge or supervision.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		