STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	396063	A. Building B. Wing	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seton Manor Nursing and Rehabilitation Center	1000 Seton Drive Orwigsburg, PA 17961

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 39422 Based on facility policy review and clinical record review, it was determined that the facility failed to promptly notify a resident's physician of change in condition for one of four sampled residents. (Resident CR1) Findings include: A review of the facility policy entitled, Change in a Resident's Condition or Status, last reviewed December 27, 2023, revealed that staff were to promptly notify the physician if there was a change in medical condition. Clinical record review revealed that Resident CR1 had diagnoses that included heart failure, dementia, and atrial fibrillation (irregular heart rhythm). A physician's order dated October 26, 2024, directed staff to administer a medication, (Eliquis) two times a day to prevent blood-clots. On November 5, 2024, at 4:05 a.m. , a nurse documented that Resident CR1 had fallen that morning at 3:10 a.m. The resident sustained a large hematoma (localized collection of clotted blood) with a lump to the right side of her forehead. According to the nurse's note at 4:10 a.m., the resident complained of pain and was medicated with Tylenol. There was no evidence to support that the physician was notified of the resident's fall and complaint of pain until 11:01 a.m. on November 5, 2024. The physician instructed staff to send the resident to the hospital for testing. The resident was transferred to the hospital at approximately 12:00 p.m. 28 Pa. Code 211.12(d)(1)(5) Nursing services. Previously cited 4/26/24

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