

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

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Seton Manor Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. 45125 Based on clinical record review and resident and staff interview, it was determined that the facility failed to ensure a call bell was accessible for one of 25 sampled residents. (Resident 96) Findings include: Clinical record review revealed that Resident 96 had diagnoses that included left hip fracture, Parkinson's disease (a movement disorder that affects the nervous system and causes tremors and stiffness of the body), and anxiety. Review of the Minimum Data Set (MDS) assessment, dated February 12, 2025, revealed Resident 96 was alert and oriented and dependent on staff for Activities of Daily Living (ADL's), including toileting, dressing, and personal hygiene. Review of the care plan revealed that Resident 96 was at risk for falls with an intervention for staff to check that the call bell was in reach before leaving the room. On March 5, 2025, at 9:36 a.m., Resident 96 was observed in bed with the call bell on the floor next to the bed, out of reach. In an interview at that time, Resident 96 stated that the call bell could not be reached and that he did not have it for the last three weeks. On March 6, 2025, at 9:45 a.m., Resident 96 was observed in bed with the call bell on the floor next to the bed in the same place as March 5, 2025, out of reach. CFR 483.10(e)(3) Reasonable Accommodation of Needs and Preferences. Previously cited 4/26/24 28 Pa. Code 211.12(d)(1)(5) 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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. 45125 Based on clinical record review, observation, and resident and staff interview, it was determined that the facility failed to provide services to maintain adequate grooming and hygiene for two of 25 sampled residents who required assistance with activities of daily living (ADLs). (Residents 42 and 96) Findings include: Clinical record review revealed that Resident 42 had diagnoses that included ambulatory dysfunction, muscle weakness, and osteoarthritis. Review of the care plan revealed that the resident required assistance from staff for ADLs. On March 4, 2025, at 12:30 p.m., the resident was observed eating his lunch in bed. His fingernails were long, pointy, and sharp. On March 6, at 12:40 p.m., the resident was observed sitting up in bed with his nails still uncut. In an interview at that time, Resident 42 stated he would like his nails cut, and staff has not offered to do them. There were no documented refusals. Clinical record review revealed that Resident 96 had diagnoses that included Parkinson's disease (a movement disorder that affects the nervous system and causes tremors and stiffness of the body). Review of the care plan revealed that the resident required assistance from staff for ADLs. On March 5, 2025, at 9:36 a. m., the resident was observed in bed. His fingernails on both hands were long, pointy, jagged, and had dirt underneath them. On March 6, at 9:30 a.m., the resident was observed sitting up in bed with his nails still uncut. In an interview at that time, Resident 96 stated he would like his nails cut, and would not refuse to have his nails cut. There were no documented refusals. In an interview on March 6, 2025, at 1:30 p.m., the Assistant Administrator confirmed that nail care is to be done on shower days as needed. 28 Pa. Code 211.12(d)(1)(5) Nursing services.		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. 45125 Based on observation, it was determined that the facility failed to dispose of trash and refuse properly. Findings include: Observation of the dumpster area on March 4, 2025, at 10:30 a.m., revealed one of the lids on top of the dumpster was crooked and not covering the top. There were multiple pieces of crushed plastic and paper debris and used gloves around the outside of the dumpster. In front of the dumpster, there was an area with smashed carrots. There was a bag covered with a brown substance that was wedged below the dumpster and sticking out with gauze debris around it. Behind the dumpster, there was a large piece of meat that was covered with a white substance. 28 Pa Code 201.18(b)(3) Management.		