

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396077	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Northampton Post Acute		STREET ADDRESS, CITY, STATE, ZIP CODE 4100 Freemansburg Avenue Easton, PA 18045	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>43883</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to adequately monitor and assess a significant weight change for one of seven sampled residents at risk for weight loss. (Resident 100)</p> <p>Findings include:</p> <p>A review of the facility policy entitled, Nutritional Assessment, last reviewed January 1, 2024, revealed that staff would conduct a nutritional assessment as indicated by a change in condition that placed the resident as risk for impaired nutrition.</p> <p>Clinical record review revealed that Resident 100 had diagnoses that included dementia and depression. Review of the care plan revealed that the resident was at risk for a nutritional problem. On September 12, 2023, the resident weighed 142.4 pounds (lbs.). On October 6, 2023, the resident weighed 129.6 lbs., which reflected a significant weight loss of 8.9 percent in less than 30 days. On October 9, 2023, the resident weighed 129.4 lbs., which confirmed the weight loss. There was no evidence that the dietitian assessed the resident until February 16, 2024.</p> <p>In an interview on May 30, 2024, at 3:17 p.m., the Administrator confirmed that the resident was not assessed by the dietitian prior to February 16, 2024.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>43883</p> <p>Based on facility policy review, clinical record review, and staff interview, it was determined that the facility failed to provide services consistent with professional standards of practice for one of three residents receiving dialysis. (Resident 125)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Nursing Home Dialysis Transfer Agreement, last reviewed January 1, 2024, revealed that the facility would ensure that appropriate medical, social, administrative, and other information would have accompanied all designated residents at the time of the transfer to the dialysis center. The information was to include appropriate medical records that included history of illness, treatment that was presently being provided to the resident (including medications), any changes in condition, medication, diet, or fluid intake.</p> <p>Clinical record review revealed that Resident 125 had diagnoses that included end stage renal disease that required hemodialysis and anemia. Review of the resident's dialysis communication forms revealed that section one of the form, which was to be completed prior to transfer and included medications, vital signs, and status of the shunt site (point of access for dialysis), was not completed on April 2, 4, 16, 18, 20, 23, 25, and 30, 2024, and May 14, 16, 21, 23, 25, 28, and 30, 2024.</p> <p>In an interview on May 30, 2024, at 3:17 p.m., the Administrator confirmed that the communication forms should have been completed prior to the resident's transfer to dialysis on the identified dates.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43883</p> <p>Based on observation, it was determined that the facility failed to prepare and serve food under sanitary conditions in the kitchen.</p> <p>Findings include:</p> <p>Observation of the tray line service on May 29, 2024, at 11:22 a.m., revealed the following:</p> <p>There was uncooked beef on the floor and shelf under a food preparation table. There were clean cutting boards, and bins of food product that included flour and powdered mashed potatoes on that shelf. Dietary Employee 2 (DE 2) was observed preparing resident meal trays. DE 2 proceeded to turn away from the tray line and obtained food items from the oven on multiple occasions. DE 2 then returned to the tray line and continued handling resident plates and ready to eat food items, without changing gloves or performing hand hygiene.</p> <p>CFR 483.60 Food Procurement Store/Prepare/Serve-Sanitary.</p> <p>Previously cited 7/18/23.</p> <p>28 Pa. Code 201.18(b)(3) Management.</p> <p>28 Pa. Code 207.2(a) Administrator's responsibility.</p>		