

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Riverton Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 803 North Wahneta St Allentown, PA 18103	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on a clinical record review and staff interview, it was determined that the facility failed to implement physicians' orders for two of 21 sampled residents. (Residents 7 and 109) Findings include: Clinical record review revealed that Resident 7 had diagnoses that included diabetes mellitus. A physician's order dated October 9, 2025, directed staff to weigh the resident every two weeks. A review of the Medication Administration Record (MAR) for October 2025 and November 2025 revealed that there was no evidence that staff weighed Resident 7 as ordered. Clinical record review revealed that Resident 109 had diagnoses that included hypertension (high blood pressure) and chronic systolic (congestive) heart failure. On November 6, 2025, the physician ordered that staff weigh Resident 109 daily for four weeks, ending December 5, 2025, and every Monday, Wednesday, and Friday thereafter, for treatment of congestive heart failure, and notify the physician if the resident gained more than two pounds (lbs.) in 24 hours or five pounds in a week. Review of Resident 109's MAR for November and December 2025, revealed that staff failed to weigh the resident on November 7, 8, 9, 10, 13, 14, 15, 22, and 27, and December 2, 2025, as ordered. Review of Resident 109's MAR for November and December 2025, revealed that Resident 109 gained more than two pounds in 24 hours on the following occasions: November 18-19, 2025: 7.6 lbs. gain November 25-26, 2025: 6.6 lbs. gain There was no evidence that the physician had been notified of the weight changes greater than two pounds in 24 hours. In an interview on December 5, 2025, at 11:44 a.m., the Director of Nursing confirmed that there was no documented evidence that residents 7 and 109 were weighed and that the physician was notified of changes as ordered. CFR 483.25 Quality of Care Previously Cited 8/6/2528 Pa. Code 211.12(d)(1)(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Riverton Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 803 North Wahneta St Allentown, PA 18103	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, and staff interview, it was determined that the facility failed to implement an intervention to promote wound healing for one of two sampled residents with skin impairments. (Resident 120) Findings include: Clinical record review revealed that Resident 120 was admitted to the facility on [DATE], with diagnoses that included end stage renal disease, anemia, and cirrhosis of the liver. The resident had a stage three pressure ulcer on the right heel. A physician's order dated December 1, 2025, directed staff to apply a heel boot to the right foot every shift. On December 3, 2025, at 10:30 a.m., 11:58 a.m., and 1:00 p.m., the resident was observed in bed; the heel boot was not in place. On December 4, 2025, at 10:45 a.m. and 12:45 p.m., the resident was observed in bed; the heel boot was not in place. In an interview on December 5, 2025, at 10:25 a.m., the Assistant Director of Nursing (ADON) stated that the heel boot should have been applied as ordered. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Riverton Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 803 North Wahneta St Allentown, PA 18103	
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>Based on clinical record review, observation, and staff interview, it was determined that the facility failed to provide physician ordered nutritional supplements for three of 21 sampled residents. (Residents 19, 64, 86) Findings include: Clinical record review revealed that Resident 19 had diagnoses that included brain compression, cerebral infarction (ischemic stroke), and dysphagia (difficulty swallowing). A physician's order dated November 24, 2025, directed staff to provide a regular diet with nutritional supplementation. Review of the care plan revealed an intervention for staff to provide the resident's diet as ordered which included nutritional supplementation three times per day. On December 3, 2025, at 12:18 p.m., the resident was observed eating lunch in the dining room. The meal ticket indicated that the resident was to receive a Mighty Shake, a nutritional supplement, with his meal. There was no Mighty Shake observed. On December 4, 2025, at 12:27 p.m., the resident was observed eating the lunch meal in the dining room. The meal ticket again indicated that the resident was to receive a Mighty Shake with the meal. There was no Mighty Shake observed with the resident's meal. Clinical record review revealed that Resident 64 had diagnoses that included paraplegia (impairment or loss of motor and sensory function in the lower half of the body), severe protein-calorie malnutrition, and dysphagia (difficulty swallowing). A physician's order dated September 25, 2025, directed staff to provide a regular diet with double portions of protein foods, fortified foods, and nutritional supplementation twice a day. Review of the care plan revealed an intervention for staff to provide the resident's diet as ordered which included pudding, yogurt, and fortified foods at meals daily. On December 3, 2025, at 12:26 p.m., the resident was observed eating lunch in the dining room. The meal ticket indicated that the resident was to receive yogurt, pudding, and a Magic Cup, a nutritional supplement, with her meal. There was no yogurt, pudding, or Magic Cup observed with her meal. On December 4, 2025, at 12:23 p.m., the resident was observed eating the lunch meal in the dining room. The meal ticket again indicated that the resident was to receive yogurt, pudding, and a Magic Cup with her meal. There was no yogurt, pudding, or Magic Cup observed with the resident's meal. Clinical record review revealed that Resident 86 had diagnoses that included chronic obstructive pulmonary disease, dysphagia (difficulty swallowing), and diabetes mellitus. A physician's order dated May 8, 2025, directed staff to provide a regular diet with nutritional supplementation. Review of the care plan revealed an intervention for staff to provide the resident's diet as ordered which included nutritional supplementation four times per day. On December 3, 2025, at 12:20 p.m., the resident was observed eating lunch in the dining room. The meal ticket indicated that the resident was to receive a Magic Cup, a nutritional supplement, and chocolate pudding with her meal. There was no Magic Cup or chocolate pudding observed. In an interview on December 5, 2025, at 11:51 a.m., the Director of Nursing confirmed that residents with physician's orders for nutritional supplements should receive supplements with meals. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Riverton Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 803 North Wahneta St Allentown, PA 18103	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, and interview, it was determined that the facility failed to ensure that residents were served preferred food items and items listed on the menu for three of 21 residents. (Residents 19, 79, 86) In addition, based on review of the current menu, it was determined that the facility failed to serve the residents a food item listed on the menu for one meal on two of three nursing units. (Second and Third floor nursing units) Findings include:</p> <p>Clinical record review revealed that Resident 19 had diagnoses that included brain compression, cerebral infarction (ischemic stroke), and dysphagia (difficulty swallowing). The Minimum Data Set (MDS) assessment, dated October 1, 2025, revealed the resident had no cognitive impairment. A review of Resident 19's care plan revealed he was at risk for malnutrition due to brain compression, cerebral infarction, and dysphagia; and weight changes with an intervention for staff to honor food preferences as able. Review of a nutrition assessment dated [DATE], revealed that the resident was on a regular diet and was able to eat independently once he was set up with his meal. Observation on December 3, 2025, at 12:18 p.m., revealed that the resident was in the dining room and had been served lunch. Review of his meal card indicated that he preferred to have chocolate milk with every meal. He had been served apple juice. At that time, the resident stated that he preferred chocolate milk.</p> <p>Clinical record review revealed that Resident 86 had diagnoses that included chronic obstructive pulmonary disease, dysphagia, and diabetes mellitus. The MDS assessment dated [DATE], revealed the resident had no cognitive impairment. A review of Resident 86's care plan revealed she was at risk for malnutrition due to heart failure, diabetes; and weight changes due to a diuretic regimen with an intervention for staff to honor food preferences as able. Review of a nutrition assessment dated [DATE], revealed that the resident was on a regular diet and was able to eat independently once she was set up with her meal. Observation on December 3, 2025, at 12:20 p.m., revealed that the resident was in the dining room and had been served lunch. Review of her meal card indicated that she preferred to have chocolate milk with every meal. She had been served apple juice. At that time, the resident stated that she preferred chocolate milk.</p> <p>Clinical record review revealed that Resident 79 had a diagnosis of diabetes. A review of the care plan revealed that the resident was at risk for malnutrition due to advanced age and chronic kidney disease. There was a current intervention for staff to honor her food preferences. Review of a nutrition assessment dated [DATE], revealed that the resident was on a regular diet and was able to eat independently once she was set up with her meal. Observation on December 4, 2025, at 9:18 a.m., revealed that the resident was in her room in bed and had been served her breakfast. Review of her meal tray card indicated that she preferred to have apple juice. She had been served orange juice. At this time, the resident stated that she preferred apple juice over orange juice.</p> <p>Review of the facility menus revealed the lunch meal on Wednesday, December 3, 2025, was to include Maryland-style crab cakes, Old Bay seasoned fries, cucumber dill salad, and assorted cookies. Observation on December 3, 2025, at lunch time, 12:00 p.m., on the second floor, revealed that residents did not receive the cucumber dill salad with their regular meal. Observation on December 3, 2025, from 12:15 p.m. through 12:40 p.m., in the third-floor dining room, revealed that the meal should have included cucumber dill salad, and the residents received no salad and no substitution for the salad.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Riverton Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 803 North Wahneta St Allentown, PA 18103	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>28 Pa. Code 201.18(b) Management.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395171	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Riverton Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 803 North Wahneta St Allentown, PA 18103	

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 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>Based on observation and staff interview, it was determined that the facility failed to store, prepare, and serve foods in a sanitary manner in the food service department to prevent the potential for foodborne illness. Findings include: Observation during the initial kitchen tour on December 3, 2025 at 10:30 a.m., revealed the following: Inside the stand up freezer, there were two plastic bags of French fries and three additional paper bags of French fries that were not labeled or dated. There was one bag of chicken fingers that was not labeled or dated. There were two containers of ice cream in a plastic bag that were not labeled or dated. There was a white plastic bag of a food item in this same freezer that was not labeled or dated. In this stand up freezer, there was an accumulation of crumbs on the bottom of the freezer. The convection ovens were very soiled with grease on the doors and the racks. There was an accumulation of burnt crumbs on the bottoms of both of the ovens. There was an area of a black substance stained on the right side of the back splash of the stove next to the convection ovens. In the main freezer, there was a package of tortillas that had been opened and re-sealed but was not labeled or dated. In an interview during the initial tour of the dietary department, the Food Service Director stated that all food items were to be labeled and dated. 28 Pa. Code 201.14(a) Responsibility of Licensee</p>