

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2025
NAME OF PROVIDER OR SUPPLIER  Phoebe Allentown Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1925 Turner Street Allentown, PA 18104	

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 clinical record review and staff interview, it was determined that the facility failed to ensure that physician's orders were implemented for two of 15 sampled residents. (Resident 1 and 2)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included dementia and anxiety. Physician's orders dated April 17, 2025, directed staff to administer morphine sulfate (a medication for pain) three times per day and haloperidol (a medication for mood disorders) two times per day. A physician's order dated April 19, 2025, directed staff to administer haloperidol three times per day. There was a lack of evidence in the clinical record that staff had administered the morphine as ordered at 9:00 a.m., or 1:00 p.m. on April 17, 2025. There was a lack of evidence that staff had administered the haloperidol at 9:00 a.m. on April 17, 2025, and 6:00 a.m., on April 20, 2025. There was no evidence that the resident had refused the medications.</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included peripheral vascular disease (poor circulation), chronic kidney disease, and congestive heart failure. Physician's orders dated April 4, 2025, directed staff to cleanse her right wrist with normal saline solution (wound cleanser), pat dry, apply Xeroform (non-stick material) to the wound bed, and cover with a silicone foam gauze dressing daily and as needed. There was a lack of evidence in the clinical record that staff applied the treatment as ordered on April 12 and 16, 2025. There was no evidence that the resident had refused the treatments.</p> <p>During interviews at 3:32 p.m., and 5:00 p.m., on April 24, 2025, the Director of Nursing confirmed that staff should have documented if the resident had refused the medications and treatments. In addition, she confirmed that there was no documented evidence that staff had offered or administered the treatments and medications on those dates as ordered by the physician.</p> <p>28 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
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