

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  05/12/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>43883</p> <p>Based on clinical record review, observation, staff and resident interview, and review of facility documentation, it was determined that the facility failed to provide a reasonable accommodation of needs for one of six sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included muscle weakness and history of stroke. Review of the care plan revealed that the resident was incontinent and required assistance from two staff for transfers. On May 12, 2025, at 10:55 a.m., the resident's call bell was observed to be lit outside the room. At 11:11 a.m., the call bell remained lit. At that time, the resident stated that she activated the bell about 20 minutes ago, she needed to be changed, and staff had not yet responded to determine her needs. The resident stated that she often waited extended periods of time for a response to the call bell. At 11:20 a.m., nurse aide (NA) 1 entered the room. At 11:22 a.m., 27 minutes later, NA 1 and NA 2 entered the room to provide the resident with the requested assistance.</p> <p>Review of the Device Activity Report for the call bell in the resident's room confirmed that her call bell was activated from 10:51 a.m., through 11:21 a.m. on May 12, 2025.</p> <p>In an interview on May 12, 2025, at 12:59 p.m., the Director of Nursing stated that the expected response times for call bells was ten minutes or less.</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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