

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395117	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2025
NAME OF PROVIDER OR SUPPLIER Lutheran Home at Tipton, The		STREET ADDRESS, CITY, STATE, ZIP CODE One South Home Avenue Tipton, PA 19562	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to implement safety interventions for one of three sampled residents at risk for falls. (Resident 5)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 5 had diagnoses that included neurocognitive disorder with Lewy body dementia (a progressive brain disorder that can cause cognitive decline, motor problems, sleep disturbances, and visual hallucinations) and seizures. The Minimum Data Set (MDS) assessment dated [DATE], revealed the resident was cognitively impaired and dependent on staff for care. Review of the care plan revealed that the resident was at risk for falls, exhibited resistance to care, and required the assistance of two staff members for care. On June 6, 2025, a nurse noted that the resident was being changed by a single nurse aide (NA) and that the resident jerked her legs while on her side, causing her to roll out of bed. Review of the facility investigation revealed that only one staff member had been present during care and that the resident was not positioned properly in the bed. In an interview on June 27, 2025, at 12:40 p.m., NA 1 stated that the resident had required the assistance of two staff for care since early May 2025.</p> <p>In an interview on June 27, 2025, at 1:30 p.m., the Director of Nursing confirmed that the nurse aide did not follow the resident's care plan.</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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