

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2024
NAME OF PROVIDER OR SUPPLIER Holy Family Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Spring Street Bethlehem, PA 18018	
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 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>09315</p> <p>Based on review of the LPN (Licensed Practical Nurse) Act, clinical record review and staff interview, it was determined that the facility failed to ensure that professional standards of quality regarding the administration of physician prescribed medications was followed for one of four residents that received medication. (Resident 1)</p> <p>Findings include:</p> <p>Pa. Code Title 49 Professional and Vocational Standards Department of State Chapter 21, State Board of Nursing 21.145 Function of the Licensed Practical Nurse states that the LPN is prepared to functions as a member of the health care team based on preparation, knowledge, skills and understanding of past experiences in nursing situations and the LPN administers medications and carries out the therapeutic treatments ordered for the patient.</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included COPD (chronic obstructive pulmonary disease), anxiety and hypotension. Clinical record review revealed that on January 31, 2024, at 9:40 p.m. LPN 1 failed to identify Resident 1 by name band identification, photo identification or verbal confirmation prior to the administration of medications. As a result, Resident 1 received another resident's medications in error including a medication to treat hypertension (Lisinopril), a medication for schizophrenia (Quetiapine), a medication for tremors (Ropinirole) and a medication for depression (Mirtazapine).</p> <p>In an interview on February 6, 2024, at 11:10 a.m., the Director of Nursing confirmed that LPN 1 failed to follow the accepted standard of identifying a resident prior to the administration of medication.</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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