

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 06/06/2024
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 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>14599</p> <p>Based on clinical record review, resident interview, and observation, it was determined that the facility failed to provide timely assistance with care in a manner that maintained dignity for two of 24 sampled residents. (Residents 30, 86)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 30 had mild cognitive impairment and required assistance from staff to get out of bed. According to the care plan, she also had depressed mood and would call out at times. The care plan indicated that staff was to respond to her requests for care and allow the resident to make decisions about her activities. On June 4, 2024, at 10:09 a.m., the resident was observed in bed and her call light was on. The resident stated, I want to get out of bed. Between 10:09 and 10:38 a.m., the call light remained on, and several staff members walked by the room without assisting the resident. At 10:38 a.m., a staff member turned off the call light and left the room without assisting the resident. The resident began to call out, Help me! until staff assisted her at 11:07 a.m.</p> <p>Clinical record review revealed that Resident 86 was incontinent of urine, was able to communicate her needs, and required assistance to use the toilet. According to the care plan, staff was to assist the resident to the toilet frequently and upon request. On June 5, 2024, at 10:49 a.m., the resident turned on her call light. At that time she stated, I need to use the bathroom. At 10:52 a.m., a nurse entered the room and turned off her call light without assisting her to the bathroom. Staff did not assist the resident until 11:30 a.m.</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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<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>43883</p> <p>Based on clinical record review and observation, it was determined that the facility failed to implement physician's orders for one of 24 sampled residents. (Resident 45)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 45 had diagnoses that included muscle weakness, dementia, and Parkinson's disease. Review of the Minimum Data Set assessment, dated May 15, 2024, revealed that the resident had cognitive impairment. Review of the care plan revealed the resident has a potential for impaired skin integrity and staff was to apply Dermasaver gloves (gloves for skin protection) to both arms while the resident was in the wheelchair. On June 18, 2023, a physician ordered that staff to apply a Tubigrip (an elastic bandage for support) to the right hand under the Dermasaver glove. On June 4, 2024, at 1:12 p. m. and 2:07 p.m., and again on June 5, 2024, at 10:47 a.m. and 12:25 p.m., Resident 45 was observed in a wheelchair without the Dermasaver gloves or Tubigrip in place. There was no documented evidence that the resident had refused application of the Dermasaver gloves or Tubigrip.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		