

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Moravian Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 300 West Lemon Street Lititz, PA 17543	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>41765</p> <p>Based on a review of the facility's policy, clinical records, and staff interview, it was determined that the facility failed to thoroughly investigate an injury of unknown origin for one of the 18 residents reviewed (Resident 53).</p> <p>Findings include:</p> <p>Review of the facility's policy titled Abuse Investigation, with a review date of May 17, 2023, revealed that all reports of resident abuse, neglect, and injuries of unknown origin are promptly investigated by facility management. The investigation includes interviewing staff members (on all shifts) who had contact with the resident during the alleged incident.</p> <p>Review of Resident 53's diagnosis list includes Alzheimer's Disease (irreversible, progressive degenerative disease of the brain, resulting in loss of reality contact and functioning ability), and Vascular Dementia with behavioral disturbances.</p> <p>Review of Resident 53's clinical record including the nursing progress notes dated June 20, 2024, at 10:17 p. m., revealed that during the weekly skin assessment, a 20.0 x 9.0 cm (centimeter). yellow bruise area was observed on the resident's right upper arm. The same note also revealed that the resident was combative and resistant to care as observed by the writer on the night the bruise was observed, the physician and the responsible party were notified.</p> <p>Interview with the Director of Nursing on July 31, 2024, at 11:30 a.m., revealed an investigation for an injury of unknown origin is to include statements from staff that had contact with the resident 24 hours before discovering the bruise.</p> <p>Review of the facility's documentation/investigation revealed the facility did not perform a thorough investigation as evidenced by missing statements from several of the staff that cared for Resident 53, 24 hours before discovering the bruise on Resident 53's right upper arm.</p> <p>Interview with the Director of Nursing on July 31, 2024, confirmed the facility did not obtain statements from several staff that cared for the resident within the 24 hours prior to discovering the bruise.</p> <p>The facility failed to ensure Resident 53's bruise of unknown origin was thoroughly investigated.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395325	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Moravian Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 300 West Lemon Street Lititz, PA 17543	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>28 Pa. Code 201.14(a) Responsibility of Licensee</p> <p>Previously cited 9/15/23</p> <p>28 Pa. Code 201.18(b)(1)(3)(e)(1) Management</p> <p>Previously cited 9/15/23</p> <p>28 Pa. Code 201.29(a)(d) Resident Rights</p> <p>Previously cited 9/15/23</p> <p>28 Pa. Code 211.5(f) Clinical Records</p> <p>Previously cited 9/15/23</p>		