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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>395325 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY COMPLETED<br><br>08/28/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Moravian Manor |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>300 West Lemon Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <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>Number of residents sampled:</p> <p>Number of residents cited:</p> <p>Based on observations and interview with staff, it was determined that the facility failed to treat each resident with respect and dignity during meal service in one of two dining rooms (Herrnhut). Findings include: Observation on August 26, 2025, at 11:47 a.m. revealed Employee E4 wearing disposable gloves while feeding Resident 9. Observations on August 27, 2025, at 11:54 a.m. revealed Employee E4 wearing disposable gloves while feeding Resident 19 and Employee E5 wearing disposable gloves while feeding Resident 14. Observations on August 28, 2025, at 11:54 a.m. revealed Employee E6 wearing disposable gloves while feeding Resident 14. Employee E6 was also standing while feeding Resident 14. Employee E3 was standing and wearing disposable gloves while assisting Resident 19. Employee E8 was wearing disposable gloves while feeding Resident 9. An additional observation revealed licensed staff E7 wearing disposable gloves while feeding Resident 37. Interview with the Nursing Home Administrator on August 28, 2025, at 12:55 p.m. revealed that wearing gloves while feeding is not the facility's protocol. Staff should be using good hand hygiene. Additionally, staff should not be standing while feeding residents.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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