

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Bethlehem South Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 Westgate Drive Bethlehem, PA 18017	

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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45125</p> <p>Based on clinical record review, observation, and resident and staff interview, it was determined that the facility failed to ensure each resident received timely treatment and services to maintain visual abilities for one of four sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included anxiety and hypertension (high blood pressure). Review of the Minimum Data Set assessment dated [DATE], revealed that the resident had vision problems and needed corrective lenses. Review of the care plan revealed that Resident 1 was to use glasses everyday to watch television as an activity.</p> <p>On June 11, 2024, at 12:14 p.m., Resident 1 was observed in her room with the television on and not wearing glasses. In an interview at that time, she stated I have not had my glasses since March. Review of facility documentation revealed that a referral for eye care services was placed on March 13, 2024. Further review of facility documentation from April 22, 2024, revealed Resident 1's Power of Attorney also wanted eye care services to be provided. There was no documented evidence that the resident received eye care services per referral.</p> <p>In an interview on June 11, 2024, at 2:37 p.m., the Social Services Director confirmed that Resident 1 had not received eyecare services and should have been seen.</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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