

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 07/26/2024
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 0623</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>17709</p> <p>Based on review of facility policy, clinical record review, and staff interview, it was determined that the facility failed to notify the residents and the residents' representatives of the transfers and the reasons for the moves in writing upon transfer from the facility for three of four sampled residents who were transferred to the hospital. (Residents 1, 2, 3)</p> <p>Findings include:</p> <p>Review of the facility policy entitled Discharge and Transfer, last reviewed March 14, 2024, indicated that the facility was to notify the resident and resident representative in writing prior to the transfer. Transfer and discharge included the movement of a resident to a bed outside of the certified Center.</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included schizoaffective disorder and epilepsy. On June 29, 2024, the resident was transferred to the hospital for a change in condition.</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included heart disease. On May 31, 2024, the resident was transferred and admitted to the hospital for a change in condition.</p> <p>Clinical record review revealed that Resident 3 had diagnoses that included acute kidney failure. On July 7, 2024, the resident was transferred and admitted to the hospital after a change in condition.</p> <p>There was no documented evidence that the resident or the resident's responsible party or legal representative was provided written information regarding each resident's transfer to the hospital.</p> <p>In an interview on July 26, 2024, at 1:00 p.m., the Administrator stated that there was no documented evidence that the resident and resident's responsible parties were notified in writing regarding the transfers out to the hospital as per facility policy.</p> <p>CFR 483.15 (C)(3)-(6)(8) Notice Requirements Before Transfer/Discharge.</p> <p>Previously cited 11/2/23.</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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