

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 07/25/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to provide adequate supervision to prevent accidents/hazards for one of six sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnosis that included dementia, chronic obstructive pulmonary disease, and emphysema. Review of the Minimum Data Set (MDS) assessment dated [DATE], indicated that Resident 1 required supervision to touch-assistance for showering or bathing. Review of Resident 1's care plan revealed that the resident was at risk for decreased ability to perform activities of daily living (ADLs) related to limited mobility and required setup assistance for bathing. Review of facility documentation revealed that on July 5, 2025, at 6:15 a.m., Resident 1 requested to shower. At that time, the nurse aide (NA 1) set the resident up in the shower. At 6:25 a.m. NA 1 checked on the resident, Resident 1 was not done showering. NA 1 told the resident to ring the call bell when finished. At 7:30 a.m., NA 1 noticed that Resident 1 still had not called, went in the shower room and observed that the resident had fallen. In an interview on July 25, 2025, at 11:30 a.m., the Assistant Director of Nursing and Administrator confirmed that the facility failed to provide adequate supervision of the resident while in the shower. 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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